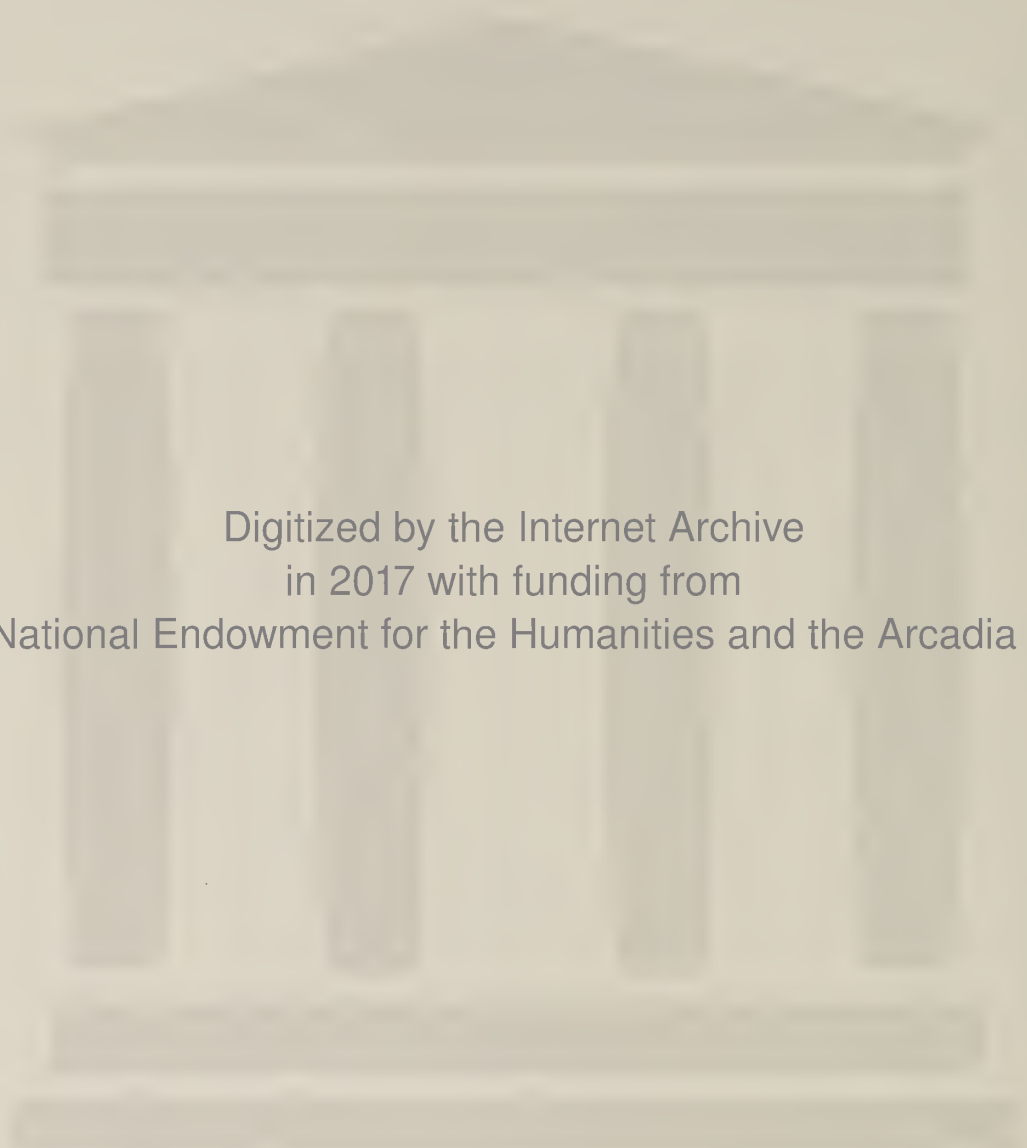




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Pennsylvania Medicine®

VOLUME 98 • NUMBER 1
JANUARY 1995

New Year Brings New Directions:

**Legislation Could Build Steam
Again in '95—page 16**

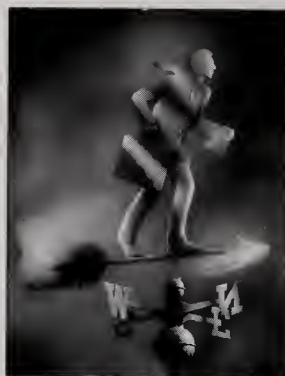
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Cover photo courtesy of Uniphoto, New York

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Michael P. Lance

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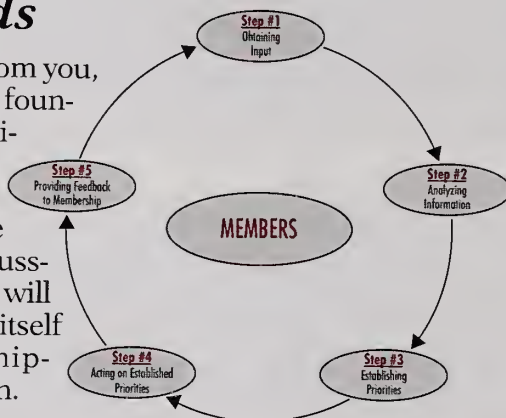
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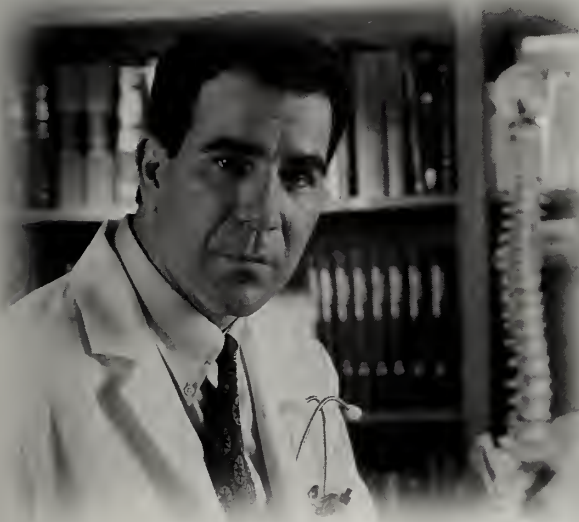
teeth. A couple of our friends weren't so lucky. When I came to Pennsylvania, I checked out all my options. Know what? No company can match PMSLIC's record, or offer the same value-added services. Through the years, we've all heard many new carriers guarantee us big savings. But I can't see the value of saving a few dollars in the short run, if it means risking my future. Hey, if you don't believe me, give Phil a call. ”



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BLUE SHIELD SEEKING REFUNDS OF MEDICARE OVERPAYMENTS:

Pennsylvania Blue Shield-Medicare advised the State Society at press time that on January 9, 1995, it would mail a refund request letter to 241 Pennsylvania providers regarding an overpayment the carrier made last year. According to Blue Shield, the overpayment was the result of a systems problem beginning January 3, 1994, and ending January 6, 1994. The problem caused Medicare to reimburse diagnostic services at a "total component" level rather than at the "professional component" level. Blue Shield says the affected providers failed to bill for the service properly because they excluded the "26" modifier on the billed service. The Society is reviewing the overpayment request and will take action as appropriate. Physicians who provided a "total component" service should appeal any refund request; note that, generally, total component can only be billed by a physician if the place of service is the office, not inpatient or outpatient.

WORKERS' COMP RATES UP 3.2 PERCENT: Physicians who perform services under the state's new Workers' Compensation Act should pay close attention to payments from insurers: Services performed on or after January 1 are to be paid at a 3.2 percent increase over the 113 percent of the 1994 Medicare allowance. The act froze payments at the 113 percentage, but, after active lobbying by the State Society, also requires annual updates based on statewide average weekly wage statistics to be applied cumulatively thereafter. The calculations of the freeze were as of December 31, 1994; therefore 1995 Medicare allowances do not apply. Insurers who have not recognized the higher allowance should be reported to the Bureau of Workers' Compensation through a Petition for Fee Review. In related news, regulations implementing Pennsylvania's new workers' comp law will move back to the General Assembly this month. The Independent Regulatory Review Commission (IRRC) rejected the regulations in late November; its suggested revisions were not addressed by the state in time for IRRC to re-review and process the regs.

MIDDLE COURT ORDERS PAYMENTS TO PHYSICIANS: In the case of *State Society v. Snider*, the Middle District Court has directed the state Department of Public Welfare (DPW) to reimburse physicians who provide medical services to qualified Medicare beneficiaries for copayments and deductibles under the Medicaid program. As a result, DPW will soon issue checks to physicians for retroactive payments for claims processed on or after September 26, 1994. The order, which has rendered null and void portions of Pennsylvania's Medicaid plan, requires interest to accrue on supplemental payments not paid by December 30, 1994, at a rate of 5.69 percent. Direct questions about the decision to the Society's Department of Medical Economics at (800) 228-7823.

CLAIMS BOARD RULES THAT DPW BREACHED PHILADELPHIA CONTRACT:

The State Board of Claims has ruled that the Pennsylvania Department of Public Welfare breached its contract with physicians and others who said they were never paid for services provided to low-income Philadelphia-area residents under the HealthPass program. Services were provided between 1986 and 1989. The board's decision could force payment of about \$31 million, the *Philadelphia Inquirer* reported, with about \$1.7 million owed to physicians. However, a portion may be offset by \$23 million in fees already paid by the state to Pennsylvania hospitals.

JCAHO RELEASES HOSPITAL PERFORMANCE REPORTS: The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has begun to release to the public performance reports for hospitals surveyed since January 1, 1994. Included in the reports are an overall evaluation, national comparisons, and areas for improvement; outcomes data will not be added for several years. The release of the reports comes amidst criticism from the American Medical Association and the American Hospital Association about the commission's survey process and lack of responsiveness. Reports are \$30 each and available from JCAHO's customer service center at (708) 916-5800.



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Keep A Watchful Eye in '95

John W. Mills, MD
Medical Editor

Twelfth Night will be dimming rapidly in our memory as you read this January offering. But recall, for just a moment, those familiar words from a children's Christmas song, "...better watch out, better not cry, I'm telling you why, Santa Claus is coming to town...." Heed those words, for warnings have been sounded that the "Feds" are coming to town, and our profession had better be vigilant.

The HHS Inspector General's office has had an unprecedented number of successful prosecutions pursuing health fraud and abuse, including 1,265 providers cut from Medicare and Medicaid, plus fraud control units funded in 43 states. A total of \$37 million has been recovered from Medicare providers.

In addition, the Justice Department has had a 67 percent increase in prosecutions and will add 150 additional FBI agents on health fraud and 120 specially trained federal prosecutors. Civil and criminal recoveries topped \$530 million in 1993—statistics courtesy of *AMNews*.

Prior to last fall's election, it was predicted that Congress would expand fraud enforcement regardless of any health system reform action. With the GOP landslide, it's a bit uncertain how aggressive Congress will be in such action. There is always the issue of stemming the money lost to fraud and abuse in those huge federal programs—Medicare and Medicaid. So despite the political party changes, it would appear that providers must be very careful and scrupulously honest in their billings to those federal programs. Obviously, physicians are not the only providers being monitored. But whether we like to admit it or not, some members of our profession have been indicted and convicted of fraud and abuse in those programs.

Another area that bears watching is the whole antitrust issue. We have been given guidelines by the Justice Department, but as is the case with so many legal issues, there are innumerable gray areas. Answers can involve lengthy and costly court

battles, which seem to benefit only the attorneys.

Expert legal advice on antitrust issues in medical practice is available and costly, but I venture to say it's much less expensive in time, dollars, and stress than a long court proceeding.

A third area where physicians must keep a weather eye concerns the self-referral bans issued under Stark I and II. Fortunately, Stark III was not passed by the 103rd Congress, but you can look for it to be reintroduced by its namesake, Representative Fortney (Pete) Stark (D-CA), this year.

The real problem with Stark I and II stems from the fact that final regulations for Stark I were approved by Congress in 1989 and were due for release in 1993, but they are still pending. Regulations for Stark II are nowhere in sight, yet the Health Care Financing Administration will begin tracking, via survey, the 11 designated services* in which ownership interests by doctors must be reported, and such reporting has been expanded to include compensation and investment agreement.

We all expect health system reform to be on the agenda again, and frankly, most of us, I believe, would welcome insurance reform, tort reform, portability of health care benefits, and antitrust relief. Listen to your patients with their horrendous insurance problems, which are not really any better under the new HMO-managed care networks; recall your everyday hassles with the bureaucracy of the Department of Public Welfare and their multitudinous "edits" and publications referring to other department publications. It seems that one needs a librarian on staff just to keep track of all the rules, regulations, and changes.

Let us hope our new governor and the GOP mandate can turn things around locally, as well as on the national level. We would hope for wise counsel from the AMA and the State Society to our newly elected political leaders.

In the meantime, keep a watchful eye. ○

* Note: The 11 services HCFA will begin tracking include: clinical laboratory services; physical therapy services; occupational therapy services; radiology services, including MRI, CT scans, and ultrasound services; radiation therapy services; durable medical equipment; parenteral and enteral nutrients, equipment, and supplies; prosthetics, orthotics, and prosthetic devices; home health services; outpatient prescription drugs; and inpatient and outpatient hospital services.



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What You Get for Your Dues

John H. Hobart, MD

Here is an invaluable tip for any physician who has the intestinal fortitude to stand in front of a group of born-and-educated-to-be-independent physicians and talk about, of all things, the virtues of organized medicine.

Regardless of what is happening in the state legislature, or the state health or welfare departments, or down the road at HCFA, or farther down the road in Washington, you are certain at some point to be asked a certain question: "What has organized medicine done for me?" Or, you might get a variation on the theme. Something like, "What do I get for my dues?"

I might venture to say it's quickly becoming the most frequently asked question I am called upon to answer as president. And my answer as president is the same as it was when I was—as I will be again in the future—simply a member of the Pennsylvania Medical Society.

When you join and support organized medicine, you get to be part of something that is our best chance of protecting the physician's role—your role—in the practice of medicine.

What do we really want to protect? Our profession embraces so many themes and variations that the answers could run to pages. I will confine myself here to "the short list" of reasons that I find myself turning to time and again as I attempt to respond to the colleagues—members and nonmembers—whom it has been my privilege to address.

First, I would say, we want to protect our ability to work with our patients to choose the tests, schedule the procedures, and prescribe the medications that have the best chance of helping them to stay well, to get better, or to function as well as possible with a chronic condition. This is medical decision-making, and where else

does it belong but in the room where physician and patient are working together on the patient's behalf?

Second, we want to protect our right to set professional and ethical standards, to identify and solve professional problems, and to practice in an environment of opportunity and freedom of choice. This is what any profession wants. Indeed, these are among the hallmarks of a profession. And physicians have certainly earned their professional stripes the hard way—over many decades in the history of the commonwealth and this country.

Perhaps most importantly, we want to protect our role in the democratic process. We want to be able to provide good, credible information about our health care

delivery system, and to gain the fair attention of the public and our legislators. We want to bring our experience and judgment to the table, where we can sit with other legitimate interests to help our lawmakers create laws, and our administrative officials write and enforce regulations, that will strengthen, improve, and broaden our health care system—not shrink, diminish, or weaken it.

Lastly, we must never allow ourselves or others to equate the verb "protect" with the desire to oppose all change, to stonewall to the

bitter end. To suggest that all change is bad is ridiculous; no system, not even the postal service, is perfect. But change for its own sake alone is without merit. As I tried to suggest above, we have many virtues in our present health care system, most of which are vital to the quality of care.

These goals will not be accomplished by one or two. They will not be accomplished by one or two hundred. They require the unified and sustained effort of many thousands. All will benefit. All should contribute. ☐

"Perhaps most importantly, we want to protect our role in the democratic process."



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FEBRUARY 1995

February 1st
Goodpasture's and Aiport's Syndromes Revisited
Raymond M. Hakim, M.D.
Professor of Medicine
Vanderbilt School of Medicine
Division of Nephrology
Vanderbilt Medical Center
Nashville, TN

February 8th
Diseases of the Aorta and Peripheral Vasculature
Randall B. Griep, M.D.
Professor and Chair of Surgery
Division of Cardiothoracic Surgery
Mt. Sinai Hospital
New York, NY

Medical and Surgical Management of Aortic Disease of Marfan's and Related Conditions
Reed E. Pyeritz, M.D.
Professor and Chair of Human Genetics
Professor of Medicine and Pediatrics
Medical College of Pennsylvania and Hahnemann University
Allegheny Singer Research Institute
Pittsburgh, PA

February 15th
Diabetic Nephropathy: Early Intervention and Prevention
Marc Pohl, M.D.
Professor of Medicine
Department of Nephrology and Hypertension
The Cleveland Clinic
Cleveland, OH

February 22nd
Treatment of Hyperlipidemia: Primary Prevention vs. Secondary Prevention
David Capuzzi, M.D., Ph.D.
Professor of Medicine
Medical College of Pennsylvania and Hahnemann University
Director, Lipid Disorders
Medical College of Pennsylvania Hospitals, Main Clinical Campus
Philadelphia, PA

MARCH 1995

March 1st
Clinical Pathological Conference
Tabassam Alam, MD
Chief Resident, Dept. of Medicine
Hahnemann University

Suhail Dohad, MD
Chief Resident, Dept. of Medicine
Hahnemann University

Peter Ramirez, MD
Chief Resident, Dept. of Medicine
Hahnemann University

March 8th
Office Management of Heart Disease for the Generalist
George A. Beller, MD
Professor of Medicine
Cardiovascular Division
University of Virginia School of Medicine
Charlottesville, VA

Leonard S. Dreifus, MD
Professor of Medicine
Division of Cardiovascular Diseases
Hahnemann University

Richard Gorlin, MD
Professor of Medicine
Division of Cardiology
Mount Sinai School of Medicine
New York, NY

March 15th
Cutaneous Vasculitis
Richard L. Spielvogel, MD
Professor of Medicine and Dermatology
Chair of Dermatology
Hahnemann University and Medical College Hospitals

March 22nd
Humoral Immunodeficiency for the Internist
Jonathan Jaffe, MD
Assistant Professor of Medicine
Co-Director, Allergy Center
Division of Allergy and Immunology
Hahnemann University

March 29th
Endoscopic Diagnosis of Gastrointestinal Disorders
J. Thomas Danzi, MD
Professor of Clinical Medicine
Senior Associate Dean for Clinical Affairs
Medical Director
Hahnemann University Hospital

APRIL 1995

April 5th
New Directions in Antiretroviral Therapy
Paul A. Volberding, MD
Professor of Medicine
University of California/San Francisco
School of Medicine
Director, AIDS Program
San Francisco General Hospital
San Francisco, CA

HIV-Associated Opportunistic Infections: An Overview
Henry Masur, MD
Clinical Professor of Medicine
George Washington University
School of Medicine
Chief, Department of Critical Care Medicine
Clinical Center, National Institutes of Health
Bethesda, MD

April 12th
Pathogenesis and Treatment of Acromegaly
Shlomo Melmed, MD
Professor of Medicine
Director, Division of Endocrinology and Metabolism
Cedars-Sinai Medical Center
Los Angeles, CA

April 19th
Atrial Arrhythmias: Newer Understanding of Atrial Fibrillation
Albert L. Waldo, MD
The Walter H. Pritchard Professor of Cardiology and Professor of Medicine
Case Western Reserve School of Medicine
Director, Cardiac Arrhythmia Service
University Hospital of Cleveland, OH

April 26th
Risk Management
Anita Miceli
Director of Risk Management
Hahnemann University Hospital

Medical Liability
Stephen A. Ryan, Esq.
Attorney-at-Law
Philadelphia, PA

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

FEBRUARY 8, 1995
Diseases of the Aorta and Peripheral Vasculature

Guest Lecturers: Randall B. Griep, MD and Reed E. Pyeritz, MD

MARCH 8, 1995
Office Management of Heart Disease for the Generalist

Guest Lecturers: George A. Beller, MD and Richard Gorlin, MD

APRIL 5, 1995
HIV and HIV-Related Opportunistic Infections

Guest Lecturers: Paul A. Volberding, MD and Henry Masur, MD

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

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BAD NEWS AND VERY BAD NEWS

Any sane person is shocked, saddened, depressed, and angry with the news from Union, South Carolina, about two young brothers intentionally drowned while secured in their car seats as the car was pushed into a lake by their "mother." This unbelievable and unthinkable act committed by this woman was reported multiple times in detail by the media. Americans are horrified by this news. To think that a woman in our country can think of this act as a solution to a problem is impossible to understand. But, yet, it is not unusual to hear or read reports of terrible criminal acts. Mass murder in a McDonald's, a post office, or on a train with an automatic weapon seems to be on the increase. Sure, some of the awareness of these awful crimes is due to our amazing communication via worldwide networks. Earthquakes, robberies, murders, and political activities are all reported moments after they happen. Bad news is a way of life for us.

Unfortunately, there is very bad news. The South Carolina incident occurs in some form every day but doesn't make the headlines. Ask any staff member of a hospital emergency room. Some urban children's hospitals have specially trained staff to deal with child abuse; it is *that* prevalent. What's the difference between the Union, South Carolina, incident and a baby being drowned or near-drowned in a bath tub? How about the shaken impact syndrome? Is drowning in a car any worse? What about the cigarette burns, hot water burns, and belt marks on infants? They all don't make headlines. The South Carolina murders are selected to be reported and followed for reasons known only to the media. The sad truth is that they are only two cases of the approximately 4,000 deaths per year in the U.S. from child abuse. There were 91 infant deaths in 1991 in the U.S. from AIDS and 380 infant homicides. Is murdering children an epidemic in our country? I think so.

Let's wash all of this down with hypocrisy. An adolescent who spray painted cars in Singapore was sentenced to be struck four times with a cane. The U.S. was in an uproar. President Clinton tried to

have the sentence modified or removed. The media interviewed anyone who knew anything about the situation day after day. All of this over a healthy adolescent fellow receiving four strikes with a cane. Where are our political leaders and the media when the dead four-month-old is brought into an emergency room with subdural hematomas, cigarette burns, belt marks, and emaciation? Let's have some outrage left for this baby.

We are frustrated and fed up with crime in America. Is the problem of maiming and murdering our children so prevalent that we have become tolerant or desensitized? Punishment of those responsible is just, but not the solution. Prevention is the only acceptable course of action. Prevention. This problem of murdering children is a legitimate concern for the federal government to address. Congress should be involved in a serious, comprehensive bill with the goal of eliminating from our society the abuse and killing of children. How could such a bill not receive bipartisan support? Physicians must show their human feelings and that caring for one another still exists. We cherish children. As a civilized society, we must make it clear to those in authority that harming children will not be tolerated. It must stop now.

The Pennsylvania Medical Society can demonstrate leadership by initiating action that will end the killing. It can do something significant for the children of the state and the nation. We hear something about the unborn every day. The time has come to focus on the lives of the born. Working with our national representatives and senators to introduce a bill that addresses this issue with support from the AMA is a good place to start. As physicians, we can't ignore this any longer.

Joseph A. C. Girone, MD
Philadelphia

Response: Dr. Girone has spotlighted a very poignant issue—child abuse. Prevention is the key to this problem; however, it is multifaceted. Legislative efforts have failed, as yet, to stem the tide. What we are facing is a breakdown in our society due to underlying socioeconomic problems, substance abuse, and, in a broader sense, a lack of spiritual morality and ethics. That's difficult to legislate. The State Society supports the AMA efforts on violence and has gone on record to that end. In a related effort, the Society's Educational and Scientific Trust continues its work with the Department of Aging on elder abuse and related issues.

John W. Mills, MD
Medical Editor

SEND US A FAX FULL

It's a new year, and your State Society is going in many new directions, described throughout this issue of PENNSYLVANIA MEDICINE. Help steer our direction: Give us your sharpest incites, most helpful anecdotes—and even your most scathing complaints. Jot a few thoughts below, and FAX them to us at (717) 558-7840. Please type comments or write legibly—we'll do our best to read it! Letters are published at the discretion of the editors and are subject to editing.

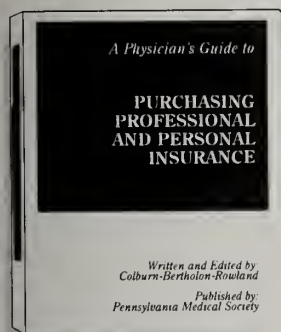
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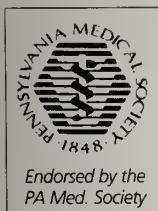
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Physicians Should Control PHOs

Herbert C. Perlman, MD

Now that managed care, with the resultant competition among physicians, has become more prevalent in Pennsylvania, a greater number of attempts are being made to organize physicians. Fortunately, there may be physician-owned health maintenance organizations (HMOs) in the future for many of us. Also, many physician organizations (POs) and physician-hospital organizations (PHOs) now exist.

It has been my personal experience that a PHO can be a very effective organization if it is physician controlled. It helps if physicians have a close working relationship with the hospital. A PHO is a good form of organization in locations like Carlisle, with one hospital. In this situation, physicians can be fairly sure that the hospital will not go out of business, leaving them without bargaining power.

In Carlisle, 10 years ago, we organized a delivery system known as Carlisle Health Care Alternatives or CHCA. The delivery system has interacted with HMOs and preferred provider organizations (PPOs) of insurance companies, such as Keystone Health Plan, HealthAmerica, Aetna, and U.S. Healthcare. Our board consists of nine individuals, six of whom are mem-

bers of a physician corporation, which includes most of the doctors of Carlisle. The other three board members are from the hospital board.

In this way, the CHCA board has been dominated by physicians. However, there has been no necessity to exert that dominance, since all votes for the last 10 years, with the exception of a recent one, have been unanimous. Additionally, the physician CHCA board members are mostly primary care physicians, by a ratio of 2 to 1.

The leverage that our PHO exerts consists of the contracting mechanism. In Carlisle, contracts are not signed between the HMOs and individual physicians. The individual physician signs a contract with CHCA, which then signs a contract with the HMO. Periodically, CHCA will cancel the contract to renegotiate various portions. At no time, however, has CHCA negotiated fees—as such fees are a matter of individual negotiations between the hospital, the physicians, and the insurance companies.

Using this method, the physicians in town have been able to safeguard their practices from possible dominance by the hospital. It must be emphasized that the prime ingredient is the ability to work to-

gether for the common good. Specialists and primary care physicians function as a unit, with a minimum of professional jealousy.

At this particular time in Pennsylvania, physicians are powerful relative to hospitals because we still have control of the treatment of patients. Setting up physician-dominated structural organizations can allow us even more control. ◊



“...the prime ingredient is the ability to work together for the common good.”

Dr. Perlman, a diagnostic radiologist from Carlisle, is the State Society's Fifth District trustee.

ONCE AGAIN



Voltaren[®] 25-50-75-MG TABLETS
diclofenac sodium

**More prescriptions
worldwide in 1992 than
Feldene[®], Naprosyn[®],
Relafen[®], Lodine[®], and
Daypro[®] combined*†**



*** Based on number of prescriptions worldwide (IMS MIDAS, 6/93).**

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Please see Brief Summary of Prescribing Information on adjacent page.

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VOLTAREN®
diclofenac sodium
Delayed-Release (enteric-coated) Tablets

CATAFLAM®
diclofenac potassium
Immediate-Release Tablets

Brief Summary (For full Prescribing Information, see Package Insert.)

INDICATIONS AND USAGE

Voltaren Delayed-Release or Cataflam Immediate-Release Tablets are indicated for the acute and chronic treatment of signs and symptoms of rheumatoid arthritis, osteoarthritis, and ankylosing spondylitis. Only Cataflam is indicated for the management of pain and primary dysmenorrhea, when prompt pain relief is desired, because it is formulated to provide earlier plasma concentrations of diclofenac (see CLINICAL PHARMACOLOGY, Pharmacokinetics and Clinical Studies).

CONTRAINDICATIONS

Diclofenac in either formulation, Voltaren or Cataflam, is contraindicated in patients with hypersensitivity to diclofenac. Diclofenac should not be given to patients who have experienced asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactoid reactions to diclofenac have been reported in such patients.

WARNINGS

Gastrointestinal Effects

Peptic ulceration and gastrointestinal bleeding have been reported in patients receiving diclofenac. Physicians and patients should therefore remain alert for ulceration and bleeding in patients treated chronically with diclofenac even in the absence of previous GI tract symptoms. It is recommended that patients be maintained on the lowest dose of diclofenac possible, consistent with achieving a satisfactory therapeutic response.

Risk of GI Ulcerations, Bleeding, and Perforation with NSAID Therapy: Serious gastrointestinal toxicity such as bleeding, ulceration, and perforation can occur at any time, with or without warning symptoms, in patients treated chronically with NSAID therapy. Although minor upper gastrointestinal problems, such as dyspepsia, are common, usually developing early in therapy, physicians should remain alert for ulceration and bleeding in patients treated chronically with NSAIDs even in the absence of previous GI tract symptoms. In patients observed in clinical trials of several months to 2 years' duration, symptomatic upper GI ulcers, gross bleeding, or perforation appear to occur in approximately 1% of patients for 3-6 months, and in not less than 2%-4% of patients treated for 1 year. Physicians should inform patients about the signs and/or symptoms of serious GI toxicity and what steps to take if they occur.

Studies to date have not identified any subset of patients not at risk of developing peptic ulceration and bleeding. Except for a prior history of serious GI events and other risk factors known to be associated with peptic ulcer disease, such as alcoholism, smoking, etc., no risk factors (e.g., age, sex) have been associated with increased risk. Elderly or debilitated patients seem to tolerate ulceration or bleeding less well than other individuals, and most spontaneous reports of fatal GI events are in this population. Studies to date are inconclusive concerning the relative risk of various NSAIDs in causing such reactions. High doses of any NSAID probably carry a greater risk of these reactions, although controlled clinical trials showing this do not exist in most cases. In considering the use of relatively large doses (within the recommended dosage range), sufficient benefit should be anticipated to offset the potential increased risk of GI toxicity.

Hepatic Effects

As with other NSAIDs, elevations of one or more liver tests may occur during diclofenac therapy. These laboratory abnormalities may progress, may remain unchanged, or may be transient with continued therapy. Borderline elevations (i.e., less than 3 times the ULN [=the Upper Limit of the Normal range]), or greater elevations of transaminases occurred in about 15% of diclofenac-treated patients. Of the hepatic enzymes, ALT (SGPT) is the one recommended for the monitoring of liver injury.

In clinical trials, meaningful elevations (i.e., more than 3 times the ULN) of AST (SGOT) (ALT was not measured in all studies) occurred in about 2% of approximately 5700 patients at some time during Voltaren treatment. In a large, open, controlled trial, meaningful elevations of ALT and/or AST occurred in about 4% of 3700 patients treated for 2-6 months, including marked elevations (i.e., more than 8 times the ULN) in about 1% of the 3700 patients. In that open-label study, a higher incidence of borderline (less than 3 times the ULN, moderate (3-8 times the ULN), and marked (>8 times the ULN) elevations of ALT or AST was observed in patients receiving diclofenac when compared to other NSAIDs. Transaminase elevations were seen more frequently in patients with osteoarthritis than in those with rheumatoid arthritis (see ADVERSE REACTIONS).

In addition to the enzyme elevations seen in clinical trials, rare cases of severe hepatic reactions, including jaundice and fatal fulminant hepatitis, have been reported.

Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac, because severe hepatotoxicity may develop without a prodrome of distinguishing symptoms. The optimum times for making the first and subsequent transaminase measurements are not known. In the largest U.S. trial (open-label) that involved 3700 patients monitored first at 6 weeks and 1200 patients monitored again at 24 weeks, almost all meaningful elevations in transaminases were detected before patients became symptomatic. In 42 of the 51 patients in all trials who developed marked transaminase elevations, abnormal tests occurred during the first 2 months of therapy with diclofenac. Based on this experience, if diclofenac is used chronically, the first transaminase measurement should be made no later than 8 weeks after the start of diclofenac treatment. As with other NSAIDs, if abnormal liver tests persist or worsen, if clinical signs and/or symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc.), diclofenac should be discontinued.

To minimize the possibility that hepatic injury will become severe between transaminase measurements, physicians should inform patients of the warning signs and symptoms of hepatotoxicity (e.g., nausea, fatigue, lethargy, pruritus, jaundice, right upper quadrant tenderness, and "flu-like" symptoms), and the appropriate action patients should take if these signs and symptoms appear.

PRECAUTIONS

General

Allergic Reactions: As with other NSAIDs, allergic reactions including anaphylaxis have been reported with diclofenac. Specific allergic manifestations consisting of swelling of eyelids, lips, pharynx, and larynx; urticaria; asthma; and bronchospasm, sometimes with a concomitant fall in blood pressure (severe asthmas) have been observed in clinical trials and/or the marketing experience with diclofenac. Anaphylaxis has rarely been reported from foreign sources; in U.S. clinical trials with diclofenac in over 6000 patients, 1 case of anaphylaxis was reported. In controlled clinical trials, allergic reactions have been observed at an incidence of 0.5%. These reactions can occur without prior exposure to the drug.

Fluid Retention and Edema: Fluid retention and edema have been observed in some patients taking diclofenac. Therefore, as with other NSAIDs, diclofenac should be used with caution in patients with a history of cardiac decompensation, hypertension, or other conditions predisposing to fluid retention.

Renal Effects: As a class, NSAIDs have been associated with renal papillary necrosis and other abnormal renal pathology in long-term administration to animals. In oral diclofenac studies in animals, some evidence of renal toxicity was noted. Isolated incidents of papillary necrosis were observed in a few animals at high doses (20-120 mg/kg) in several baboon subacute studies. In patients treated with diclofenac, rare cases of interstitial nephritis and papillary necrosis have been reported (see ADVERSE REACTIONS).

A second form of renal toxicity, generally associated with NSAIDs, is seen in patients with conditions leading to a reduction in renal blood flow or blood volume, where renal prostaglandins have a supportive role in the maintenance of renal perfusion. In these patients, administration of an NSAID results in a dose-dependent decrease in prostaglandin synthesis and, secondarily, in a reduction of renal blood flow, which may precipitate overt renal failure. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics, and the elderly. Discontinuation of NSAID therapy is typically followed by recovery to the pretreatment state.

Cases of significant renal failure in patients receiving diclofenac have been reported from marketing experience, but were not observed in over 4000 patients in clinical trials during which serum creatinine and BUN values were followed serially. There were only 11 patients (0.3%) whose serum creatinine and concurrent serum BUN values were greater than 2.0 mg/dL and 40 mg/dL, respectively, while on diclofenac (mean rise in the 11 patients creatinine 2.3 mg/dL and BUN 26.4 mg/dL).

Since diclofenac metabolites are eliminated primarily by the kidneys, patients with significantly impaired renal function should be more closely monitored than subjects with normal renal function.

Porphyria: The use of diclofenac in patients with hepatic porphyria should be avoided. To date, 1 patient has been described in whom diclofenac probably triggered a clinical attack of porphyria. The postulated mechanism, demonstrated in rats, for causing such attacks by diclofenac, as well as some other NSAIDs, is through stimulation of the porphyrin precursor delta-aminolevulinic acid (ALA).

Information for Patients

Diclofenac, like other drugs of its class, is not free of side effects. The side effects of these drugs can cause discomfort and, rarely, there are more serious side effects, such as gastrointestinal bleeding, and more rarely, liver toxicity (see WARNINGS, Hepatic Effects), which may result in hospitalization and even fatal outcomes.

NSAIDs are often essential agents in the management of arthritis and have a major role in the management of pain, but they also may be commonly employed for conditions that are less serious.

Physicians may wish to discuss with their patients the potential risks (see WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS) and likely benefits of NSAID treatment, particularly when the drugs are used for less serious conditions where treatment without NSAIDs may represent an acceptable alternative to both the patient and physician.

Laboratory Tests

Because serious GI tract ulceration and bleeding can occur without warning symptoms, physicians should follow chronically treated patients for the signs and symptoms of ulceration and bleeding and should inform them of the importance of this follow-up (see WARNINGS, Risk of GI Ulcerations, Bleeding, and Perforation with NSAID Therapy). If diclofenac is used chronically, patients should also be instructed to report any signs and symptoms that might be due to hepatotoxicity of diclofenac; these symptoms may become evident between visits when periodic liver laboratory tests are performed (see WARNINGS, Hepatic Effects).

Drug Interactions

Aspirin: Concomitant administration of diclofenac and aspirin is not recommended because diclofenac is displaced from its binding sites during the concomitant administration of aspirin, resulting in lower plasma concentrations, peak plasma levels, and AUC values.

Anticoagulants: While studies have not shown diclofenac to interact with anticoagulants of the warfarin type, caution should be exercised, nonetheless, since interactions have been seen with other NSAIDs. Because prostaglandins play an important role in hemostasis, and NSAIDs affect platelet function as well, concurrent therapy with NSAIDs, including diclofenac, and warfarin requires close monitoring of patients to be certain that no change in their anticoagulant dosage is required.

Digoxin, Methotrexate, Cyclosporine: Diclofenac, like other NSAIDs, may affect renal prostaglandins and increase the toxicity of certain drugs. Ingestion of diclofenac may increase serum concentrations of digoxin and methotrexate and increase cyclosporine's nephrotoxicity. Patients who begin taking diclofenac or who increase their diclofenac dose or any other NSAID while taking digoxin, methotrexate, or cyclosporine may develop toxicity characteristics for these drugs. They should be observed closely, particularly if renal function is impaired. In the case of digoxin, serum levels should be

monitored.

Lithium: Diclofenac decreases lithium renal clearance and increases lithium plasma levels. In patients taking diclofenac and lithium concomitantly, lithium toxicity may develop.

Oral Hypoglycemics: Diclofenac does not alter glucose metabolism in normal subjects nor does it alter the effects of oral hypoglycemic agents. There are rare reports, however, from marketing experiences of changes in effects of insulin or oral hypoglycemic agents in the presence of diclofenac that necessitated changes in the doses of such agents. Both hypo- and hyperglycemic effects have been reported. A direct causal relationship has not been established, but physicians should consider the possibility that diclofenac may alter a diabetic patient's response to insulin or oral hypoglycemic agents.

Diuretics: Diclofenac and other NSAIDs can inhibit the activity of diuretics. Concomitant treatment with potassium-sparing diuretics may be associated with increased serum potassium levels.

Other Drugs: In small groups of patients (7-10/interaction study), the concomitant administration of azathioprine, gold, chloroquine, D-penicillamine, prednisolone, doxycycline, or digoxin did not significantly affect the peak levels and AUC values of diclofenac.

Protein Binding

In vitro, diclofenac interferes minimally or not at all with the protein binding of salicylic acid (20% decrease in binding), tobutamide, prednisolone (10% decrease in binding), or warfarin. Benzylpenicillin, ampicillin, oxacillin, chlorfetracycline, doxycycline, cephalothin, erythromycin, and sulfamethoxazole have no influence in vitro on the protein binding of diclofenac in human serum.

Drug/Laboratory Test Interactions

Effect on Blood Coagulation: Diclofenac increases platelet aggregation time but does not affect bleeding time, plasma thrombin clotting time, plasma thromboplastin, or factors V and VII to XII. Statistically significant changes in prothrombin and partial thromboplastin times have been reported in normal volunteers. The mean changes were observed to be less than 1 second in both instances, however, and are unlikely to be clinically important. Diclofenac is a prostaglandin synthetase inhibitor, however, and all drugs that inhibit prostaglandin synthesis interfere with platelet function to some degree; therefore, patients who may be adversely affected by such an action should be carefully observed.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term carcinogenicity studies in rats given diclofenac sodium up to 2 mg/kg/day or (12 mg/m²/day approximately the human dose) have revealed no significant carcinogenicity in tumor incidence. There was a slight increase in benign mammary fibroadenomas in mid-dose-treated (0.5 mg/kg/day or 3 mg/m²/day) female rats [high-dose females had excessive mortality], but the increase was not significant for this common rat tumor. A 2-year carcinogenicity study conducted in mice employing diclofenac sodium at doses up to 0.3 mg/kg/day (0.9 mg/m²/day) in males and 1 mg/kg/day (3 mg/m²/day) in females did not reveal any oncogenic potential. Diclofenac sodium did not show mutagenic activity in *in vitro* point mutation assays in mammalian (mouse lymphoma) and microbial (yeast, Ames) test systems and was nonmutagenic in several mammalian *in vitro* and *in vivo* tests, including dominant lethal and male germinal epithelial chromosomal studies in mice, and nucleus anomaly and chromosomal aberration studies in Chinese hamsters. Diclofenac sodium administered to male and female rats at 4 mg/kg/day (24 mg/m²/day) did not affect fertility.

Teratogenic Effects

There are no adequate and well-controlled studies in pregnant women. Diclofenac should be used during pregnancy only if the benefits to the mother justify the potential risk to the fetus.

Pregnancy Category B: Reproduction studies have been performed in mice given diclofenac sodium (up to 20 mg/kg/day or 60 mg/m²/day) and in rats and rabbits given diclofenac sodium (up to 10 mg/kg/day or 60 mg/m²/day for rats, and 80 mg/m²/day for rabbits), and have revealed no evidence of teratogenicity despite the induction of maternal toxicity and fetal toxicity. In rats, maternally toxic doses were associated with dystocia, prolonged gestation, reduced fetal weights and growth, and reduced fetal survival. Diclofenac has been shown to cross the placental barrier in mice and rats.

Labor and Delivery

The effects of diclofenac on labor and delivery in pregnant women are unknown. Because of the known effects of prostaglandin-inhibiting drugs on the fetal cardiovascular system (closure of ductus arteriosus), use of diclofenac during late pregnancy should be avoided and, as with other nonsteroidal anti-inflammatory drugs, it is possible that diclofenac may inhibit uterine contraction.

Nursing Mothers

Diclofenac has been found in the milk of nursing mothers. As with other drugs that are excreted in milk, diclofenac is not recommended for use in nursing women.

Pediatric Use

Safety and effectiveness of diclofenac in children have not been established.

Geriatric Use

Of the more than 6000 patients treated with diclofenac in U.S. trials, 31% were older than 65 years of age. No overall difference was observed between efficacy, adverse event or pharmacokinetic profiles of older and younger patients. As with any NSAID, the elderly are likely to tolerate adverse reactions less well than younger patients.

ADVERSE REACTIONS

Adverse reaction information is derived from blinded, controlled and open-label clinical trials, as well as worldwide marketing experience. In the description below, rates of more common events represent clinical study results; rare events are derived principally from marketing experience and publications, and accurate rate estimates are generally not possible.

In a 6-month, double-blind trial comparing Voltaren Delayed-Release Tablets (N=197) to Cataflam Immediate-Release Tablets (N=106) vs. ibuprofen (N=197), adverse reactions were similar in nature and frequency. In 718 patients treated for shorter periods, i.e., 2 weeks or less, with Cataflam Immediate-Release Tablets, adverse reactions were reported one-half to one-tenth as frequently as by patients treated for longer periods.

The incidence of common adverse reactions (greater than 1%) is based upon controlled clinical trials in 1543 patients treated up to 13 weeks with Voltaren Delayed-Release Tablets. By far the most common adverse effects were gastrointestinal symptoms, most of them minor, occurring in about 20%, and leading to discontinuation in about 3% of patients. Peptic ulcer or GI bleeding occurred in clinical trials in 0.6% (95% confidence interval: 0.2% to 1%) of approximately 1800 patients during their first 3 months of diclofenac treatment and in 1.6% (95% confidence interval: 0.8% to 2.4%) of approximately 800 patients followed for 1 year.

Gastrointestinal symptoms were followed in frequency by central nervous system side effects such as headache (7%) and dizziness (3%).

Meaningful (exceeding 3 times the Upper Limit of Normal) elevations of ALT (SGPT) or AST (SGOT) occurred at an overall rate of approximately 2% during the first 2 months of Voltaren treatment. Unlike aspirin-related elevations, which occur more frequently in patients with rheumatoid arthritis, these elevations were more frequently observed in patients with osteoarthritis (2.6%) than in patients with rheumatoid arthritis (0.7%). Marked elevations (exceeding 8 times the ULN) were seen in 1% of patients treated for 2-6 months (see WARNINGS, Hepatic Effects).

The following adverse reactions were reported in patients treated with diclofenac:

Incidence Greater Than 1% - Causal Relationship Probable: (All derived from clinical trials.)

Body as a Whole: Abdominal pain or cramps, *headache, *fluid retention, abdominal distention.

Digestive: Diarrhea, *indigestion, *nausea, *constipation, *flatulence, liver test abnormalities, *PUB, i.e. peptic ulcer, with or without bleeding and/or perforation, or bleeding without ulcer (see above and also WARNINGS).

Nervous System: Dizziness

Skin and Appendages: Rash, pruritus.

Special Senses: Tinnitus.

*Incidence, 3% to 9% (incidence of unmarked reactions is 1%-3%).

Incidence Less Than 1% - Causal Relationship Probable: (The following reactions have been reported in patients taking diclofenac under circumstances that do not permit a clear attribution of the reaction to diclofenac. These reactions are being included as alerting information to physicians. Adverse reactions reported only in worldwide marketing experience or in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Malaise, swelling of lips and tongue, photosensitivity, anaphylaxis, anaphylactoid reactions.

Cardiovascular: Hypertension, congestive heart failure.

Digestive: Vomiting, jaundice, melena, aphthous stomatitis, dry mouth and mucous membranes, bloody diarrhea, hepatitis, hepatic necrosis, appetite change, pancreatitis with or without concomitant hepatitis, colitis.

Hemic and Lymphatic: Hemoglobin decrease, leukopenia, thrombocytopenia, hemolytic anemia, aplastic anemia, agranulocytosis, purpura, allergic purpura.

Metabolic and Nutritional Disorders: Azotemia.

Nervous System: Insomnia, drowsiness, depression, diplopia, anxiety, irritability, aseptic meningitis.

Respiratory: Epistaxis, asthma, laryngeal edema.

Skin and Appendages: Alopecia, urticaria, eczema, dermatitis, bullous eruption, erythema multiforme major, angioedema, Stevens-Johnson syndrome.

Special Senses: Blurred vision, taste disorder, reversible hearing loss, scotoma.

Urogenital: Nephrotic syndrome, proteinuria, oliguria, interstitial nephritis, papillary necrosis, acute renal failure.

Incidence Less Than 1% - Causal Relationship Unknown: (Adverse reactions reported only in worldwide marketing experience or in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Chest pain.

Cardiovascular: Palpitations, flushing, tachycardia, premature ventricular contractions, myocardial infarction.

Digestive: Esophageal lesions.

Hemic and Lymphatic: Bruising.

Metabolic and Nutritional Disorders: Hypoglycemia, weight loss.

Nervous System: Paresthesia, memory disturbance, nightmares, tremor, tic, abnormal coordination, convulsions, disorientation, psychotic reaction.

Respiratory: Dyspnea, hyperventilation, edema of pharynx.

Skin and Appendages: Excess perspiration, exfoliative dermatitis.

Special Senses: Vitreous floaters, night blindness, amblyopia.

Urogenital: Urinary frequency, nocturia, hematuria, impotence, vaginal bleeding.

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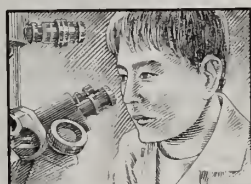
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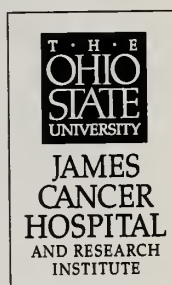


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The Arthur G. James Cancer Hospital and Research Institute, Columbus, Ohio

THE JAMES

THE NEXT GENERATION OF HOPE

Busy Legislative Session Ends on Quiet Note

Larry L. Light
David J. Thompson

For the past two years, legislators and special interest groups have been working furiously on hundreds of issues, a good number of which were health care related. With the exception of the controversial and hard-fought workers' compensation reform measure passed in June 1993, the list of passed legislation did not adversely impact the practice of medicine. Take a look back at 1993-94 on Capitol Hill through this brief review of Society efforts and successes.

Historically, the end of a legislative session produces grueling all-night sessions and a fury of activity throughout the halls of the Capitol. Typically, this organized confusion provides lawmakers with a unique opportunity to quickly move legislative proposals that would otherwise be impossible during a regular session day.

Perhaps it was the outcome of the November election, or the internal political struggles of reorganization within the Senate and House leadership, that led to a reasonably quiet end to the 175th legislative session early on the morning of November 23, 1994.

Yet, this past two-year session has been less than quiet in the health care arena: The State Society's Department of Legislative Affairs reviewed more than 6,800 pieces of legislation and lobbied or monitored more than 325 bills relating to physicians, medicine, and health care. Listed below are a few items that occasionally took center stage.

Allied health scope of practice

The Society's lobbying efforts were never more apparent than when our organization successfully hindered the expansion of allied health care practitioners' scope of practice. Throughout the legislative session, allied health care providers fought hard to expand their scope of practice. Optometrists, physical therapists, psychologists, and nurses all pursued legislation,

which the State Society and specialty societies strongly opposed.

Senate Bill 1061, introduced by Senator Roy Afflerbach (D-Lehigh), proposed to allow optometrists the use of therapeutic drugs to treat patients. After both defeat and subsequent passage by the Senate, this legislation was held by the House Professional Licensure Committee without further action. The Society and the Academy of Ophthalmology opposed the bill.

That committee did, however, hold a public hearing in July 1993 on House Bill 1531, which would have allowed the state physical therapy board to enact regulations permitting physical therapists to treat patients without a referral from a physician. Introduced by Representative Dwight Evans (D-Philadelphia), the bill was reported to the legislature with several amendments early in 1994; strong opposition delayed two scheduled votes, and the bill failed to pass.

House Bill 877 and Senate Bill 370, the psychologists' continuity of care bills introduced by Representative Mark Cohen (D-Philadelphia) and Senator Doyle Corman (R-Centre), did not progress as far as the other two allied health bills. Although approved by the House Health and Welfare Committee, the House version of the psychologists' bill—which would have directed hospitals to grant privileges to psychologists so that they could admit patients and manage their care—became stalled in the House Appropriations Committee. The Society opposed the bill on the grounds that psychologists are not trained to provide clinical medical care in a hospital setting.

A final allied health practice measure sought to allow certified registered nurse practitioners (CRNPs) to write prescriptions for their patients. Senate Bills 1574 and 1575 were introduced as part of a comprehensive effort to increase access to primary care providers.

The Society agreed with the State Board of Medicine that CRNP training would not properly allow the same unlimited right of prescription as that grant-

Mr. Light is the Society's director of governmental affairs; Mr. Thompson is assistant director.

ed to physicians, and that CRNPs should be restricted as are physician assistants. The Society opposes any legislation of this type unless it proposes restrictions and responsibilities similar to those placed on physician assistants. Senator John Peterson (R-Venango), prime sponsor of the bill and chairman of the Senate Public Health and Welfare Committee, did not bring the bills up for committee vote.

All of these bills are likely to be reintroduced in the new session, convened on January 3, and new legislation is also possible from the pharmacists and chiropractors. Along with the specialty societies, Society allies in these fights have included the Insurance Federation, Pennsylvania Blue Cross and Blue Shield plans, and the Hospital Association of Pennsylvania (HAP).

In related action, the General Assembly passed a bill allowing physician assistants to practice, with additional restrictions, in the time period between graduation and the determination that they have passed their licensure examination. Senate Bill 1576 was sponsored by Senator Peterson.

Medical liability/tort reform

While there was no action on specific medical liability or tort reform bills in the 1993-94 legislative session, the issue was frequently discussed in the legislative arena. Late in 1993, the Casey Administration brought the tort reform issue to the General Assembly by proposing legislation to tax health care providers to pay for the continued operation of the health care conciliation panels.

Although that proposal was set aside, the governor's staff did then request that the State Society, HAP, and the trial lawyers be prepared to discuss the medical liability reform issue in hopes of finding some common ground. Had the tax bill been given further consideration, Society amendments for liability reform were prepared for introduction by legislators supporting our views.

Medical liability reform was also one of the five pieces of legislation that made up Governor Casey's health system reform package, released late in 1992. His plan was designed to reform and recreate the arbitration panels. Although that entire package of bills was also set aside, the Senate Public Health and Welfare Committee did conduct a public hearing on the issue of tort reform and the value of arbitration systems. The Society recommended that more comprehensive reform was needed to reduce litigation costs and to save the tort system money.

PAMPAC Efforts Pay Off

In addition to the successes on the legislative front, the Society's political action committee—PAMPAC—played an integral role in a number of key political races.

On the federal level, PAMPAC's support helped Congressman Rick Santorum upset incumbent U.S. Senator Harris Wofford, while at the same time took part in a number of congressional victories. On the state level, PAMPAC became heavily involved in several "open" seats in both chambers and enjoyed some big wins.

Expect PAMPAC to play a large part in future Society efforts, as well.

Other medical liability or tort reform legislation addressed the issue from various aspects, including from limiting contingency fees to practice parameters. There were bills aimed at encouraging periodic payments, limiting punitive damages, and providing medical liability immunity to volunteer health care providers. Also, the Society drafted and Senator D. Michael Fisher (R-Allegheny) introduced Senate Bill 1173, proposing comprehensive medical liability reform. Look for reintroduction of most of these bills in the new session.

Insurance mandates

The General Assembly has been strongly supportive of legislation requiring that insurance plans include specific coverage if there is a definitive link to overall cost savings as a result of the mandate. The child immunization law and the recent law mandating coverage for pap smears and gynecological exams (Act 20 of 1994) reflect that assessment.

Most recently, legislation was introduced to require insurance coverage for cancer prevention and early detection care. Business and insurance groups have opposed this type of legislation; specific issue groups and the State Society support such legislation.

Any willing provider

The first "any willing provider" legislation discussed in the General Assembly was a "freedom of choice" bill introduced early in 1993 at the request of the Pennsylvania Pharmaceutical Association. Although not enacted into law, House Bill 282 did open the door for thoughtful consideration of later bills supported by the Society.

Three public hearings on the issue were held jointly by the House Insurance Committee and the Senate Public Health and Welfare Committee. As a result, legislators have begun to focus on the fairness of the process by which providers are included or excluded by plans, the need to preserve

"The State Society... reviewed more than 6,800 pieces of legislation and lobbied or monitored more than 325 bills..."

consumer (patient) choice, and the impact on the cost of care.

Later bills supported by the Society were: Senate Bill 1525, introduced by Senator Raphael Musti (D-Luzerne), and House Bill 2748, introduced by Representative Richard Olasz (D-Allegheny).

Workers' compensation

The most contentious law from many physicians' viewpoints was the workers' compensation reform law, Act 44 of 1993. Acting Governor Mark S. Singel signed Senate Bill 1 into law on July 2, 1993. The "reform" law, opposed by the State Society, several physician specialty organizations, and other groups ranging from the Hospital Association of Pennsylvania to the trial bar, was essentially enacted to

Your Protection: State Society Halts Adverse Legislation

As a necessity, the grassroots and formal lobbying efforts of the Society in the 1993-94 legislative session focused heavily on opposing major pieces of legislation advocated by other health care provider groups and other special interests. Some of the battles, such as fights on allied health scope of practice bills, were replays of issues that seemed to intensify in this session. Others, such as the health system reform initiative and a cigarette sale bill, were newly developed. Almost without exception, State Society efforts to defeat or prevent passage of the following bills was possible only through the cooperative efforts of the entire physician "family"—specialty groups as well as the State Society.

- *Senate Bill 465, Renal Dialysis Protocols*—Sought protocols for re-use of dialysis filters in statute; no committee action taken.
- *Senate Bill 1016/House Bill 1959, Health Care Provider Fees*—Proposed to tax physicians and others required to contribute to the Medical CAT Fund an additional amount to fund the health care arbitration system; tax revenues would replace general fund dollars; defeated in Senate, as well as House committee.
- *Senate Bill 1581/House Bill 2154, Limiting Charge for Medical Records*—Proposed to limit chargeable cost for copies of medical records to 25 cents per page; "died" on the House calendar without final vote.
- *Senate Bill 1773/House Bill 589, Sale of Cigarettes to Minors*—Proposed to limit sale of cigarettes to minors, but did not provide for a license suspension when an owner permitted sales; also would have provided funding for enforcement activities and precluded more restrictive action by local governments; died in committee.
- *House Bill 573, Medical Abuse Reporting*—Sought to require special reporting of certain "medical events"; never passed committee.
- *House Bill 1402, C-Section Practice Parameters*—Proposed special practice parameters for C-Section deliveries when the third-party reimbursement was with public funds; died in committee.
- *House Bill 2100, Triplicate Prescriptions*—Sought three-part prescription forms; died in committee.
- *House Bill 2733, PACE/Prescriptions*—Sought required use of generic drugs for PACE patients, unless an "adverse effect could be documented"; committee did not approve.
- *House Bill 2709, Informed Consent*—Sought separate informed consent requirement for reconstructive breast surgery; never considered by committee.

benefit employers and insurance companies by limiting the cost of medical care for injured workers. Although the Society unsuccessfully opposed the cap (113 percent of Medicare) placed on reimbursement rates, it was able to change some areas of the law: Provisions relating to the panels of providers, specific requirements for some aspects of the processing and payment procedures, and a break in the absolute tie to the Medicare fee schedule in 1995 were added by amendment.

A measure of success

Success can be measured by prevention of adverse effects—the list of passed legislation did not adversely impact the practice of medicine in Pennsylvania. For example, rather than encroaching on physician autonomy, recently enacted laws seek ways to increase organ donations and provide protections for the corporate structure used by many physicians.

The organ donor measure, Senate Bill 1662, is intended to increase the supply of organs available for transplants by clarifying the responsibilities for making requests of families. The limited liability proposal, Senate Bill 1059, will provide further protections for physicians who have an incorporated practice. Both bills were among the very last passed by the General Assembly on November 22, 1994.

Finally, the Society supported the legislation re-enacting Senate Bill 1052, the Health Care Cost Containment Law. Introduced by Senator Hardy Williams (D-Philadelphia), the bill was approved in June 1993 (Act 34 of 1993). Included in the final law is a Society amendment authorizing the participation of two additional physician delegates as members of the cost containment council's newly created Technical Advisory Group.

Legislation revised

Another very vital aspect of the Society's lobbying efforts over the past two years has been ongoing revision of or amendments to important pieces of legislation. Although these bills were not passed by both chambers, had they done so and reached the governor's desk for signature, the interests of physicians would have been protected by amendments negotiated by the State Society.

House Bill 1152, prohibiting self-referrals, was introduced as part of Governor Casey's health system reform package. After the bill was forced out of the House Insurance Committee, the governor's office

agreed to language requested by the Society to bring the bill into conformity with the AMA position on the issue. The most significant changes related to exemptions from the self-referral ban.

Another important amendment was added to legislation to replace the elected coroner in "second-class counties" with an appointed medical examiner. Although the bill was passed only by the House, the Society insisted that physicians have a role in the process for selecting the individual to be appointed.

Perhaps the most critical work of this nature by the Society was associated with legislation introduced by Representative Allen Kukovich (D-Westmoreland). House Bill 1497 aimed at requiring physicians to offer care to Medical Assistance (MA) patients. The Society won approval of an amendment to direct MA patients needing care to physician referral networks in order to assure access.

The Society argued successfully that not all physicians could include MA patients in their practice, some because their caseload was already too heavy and others because no MA patients were seeking access to care in their area. After the bill was amended by the House Health and Welfare Committee, it stalled in the House Appropriations Committee.

There is certainly a potential for all of these bills to be reintroduced in the 1995-96 legislative session.

Moving forward

Many of the bills on health issues introduced by members of the House and Senate are expected to be reintroduced in the new session by the original sponsors; further, many bills introduced by now-retired members are also expected to reappear with new sponsors.

Some of these bills hold a special interest for the Society, and we will be working to have them re-introduced. Included are those already discussed—medical liability reform, any willing provider, and insurance claims reforms—as well as:

- *Anti-Smoking*—Would build on efforts to prohibit smoking in designated areas.
- *HIV Testing*—Would permit physicians to order HIV tests as they would for any other communicable disease, and also when necessary for the care of the patient and of the public or health care workers without further consent from the patient.
- *Utilization Review Reform*—Would offer comprehensive review of the UR system; prime sponsor accepted suggestions for revisions although bill never considered in committee.
- *Medical Care Savings Accounts*—As a continuation of health system reform ef-

forts, would offer alternative to mandated universal coverage.

- *Health Insurance Portability*—Also related to health system reform, would allow individuals to carry their health insurance with them from job to job.

In closing, it is important to note that much of the Society's work was successful due to widespread support from local physicians and Alliance key contacts. To learn more about how you can participate in the Society's Capitol Contacts program, call (800) 228-7823, ext. 453. ☐

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PMSCO's New Executive: Experience, Flexibility Will Be Key to Success

Judd A. Mellinger-Blouch

Michael P. Lance this month joins PennMed Member Services Company (PMSCO) as executive director and chief operating officer. In this position, he will head up the management team for PMSCO, act as lead consultant, and oversee the development of data management and other services.

This interview, conducted in December, is offered as an introduction to Mr. Lance and his vision for the future of PMSCO.

Question: *In the four years you've been with Riverside Community Health Plan Medical Group, the group's financial position has improved dramatically. Could you explain what you did to engineer this turn around?*

Mike Lance (ML): When I arrived at Riverside, it had been poorly managed. With an independent practice association like Riverside, where the health insurance plans delegate the risks entirely off to the providers, you need a much higher level of management to make it work.

Basically, the first thing I was able to do was address the revenue side. That's the easiest thing to do, to try and get improved capitation revenue for the physicians and to actively pursue the third-party recovery, such as stop-loss recoveries, coordination of benefits, and third-party liabilities expense recoveries. After the revenue was increased to the appropriate level, we began to address the expense side. That's where the rubber hits the road—in developing new contracts with better rates, some global rates, and managing the shared risk pools much better. Appropriate management of the shared risk pools is where most medical groups have the opportunity to generate significant additional dollars.

Question: *Can you tell us a couple of things you did to control your expenses?*

ML: Improved utilization controls, established effective authorization utilization programs, re-negotiated some of the contracts with development of some global rates, and capitated some services that were not capitated before. Of utmost im-

portance was the development of a sophisticated computer system to effectively manage risk contracting.

Question: *Would this include capitating some services by specialists?*

ML: To some extent, yes. At this point in time, there has been very little specialty capitation. However, in the last three months, we have generated 10 actuarial calculations of specialty capitation for 1995. The primary reason is that managed care significantly reduces utilization of services. Capitating based on historical utilization would have resulted in overcapitation. We feel the utilization of services in California has finally leveled out, allowing for appropriate capitation.

Question: *Do you do those actuarial calculations yourself?*

ML: Yes, I've done actuarial work for many years, and there really is very little reliable actuarial data available out there by the major actuarial firms on specialty capitation. But we have been managing capitation contracts for 10 years, and we have a good three years of recent data on our computer that we can utilize to develop a specialty capitation, particularly in our area. In fact, many folks in California have come to our organization to develop specialty capitation.

Question: *So, you've served as a resource, not just to your particular organization, but throughout the state of California?*

ML: Yes. I'm a board member of the Independent Practice Association of California, and in California there are about 400 IPAs. Through that affiliation, I've been able to make available this information to other IPAs.

Question: *A lot of people may wonder why someone who has a good job in Southern California would want to leave that secure position in a more temperate climate to work for a start-up organization in the Northeast U.S. What did you see at the*

Mr. Mellinger-Blouch is the Society's assistant director of marketing.

Pennsylvania Medical Society that made you want to make the move and work for PMSCO?

ML: When I was contacted by the executive search firm, I was not actively seeking to make a change. I had been receiving search firm contacts fairly often, and generally, I disregarded all of them. But this opportunity really peaked my interest because I was familiar with the medical societies from my tenure at the Arizona Medical Association. I understand the medical association and society business, and feel that the folks in Pennsylvania and [Executive Vice President] Roger Mecum have a significant vision of providing value for the physicians in Pennsylvania. PMSCO's mission is to put physicians in a position where they can take a leadership role in the future health care delivery system. It is my sincere hope that we can help the physicians of Pennsylvania transition successfully, and less painfully than California, into the future of managed health care.

On the personal side, this career opportunity is very significant, but I also think it provides a value of life that is much improved over California. I'm originally from Kansas, and I really miss the four seasons, because we don't have them here.

Question: *Can you tell me what lessons you have learned in Arizona and California that you feel will apply to Pennsylvania?*

ML: California is perceived as being, and in reality is, on the cutting edge of health care and has been for many years. I hope that what we can do in Pennsylvania is learn from mistakes that California has made. One of the important lessons is that physicians control all aspects of medicine, yet physicians are being controlled by all players in health care. Therefore, one of the significant opportunities most physicians have missed in California is being more in control of health care instead of being controlled. I feel PMSCO can develop opportunities for physicians to accomplish this goal.

In addition, I hope that PMSCO will be able to help the physicians in Pennsylvania transition into managed care—or more managed care—less painfully than has occurred out here in California. It is a painful process, and we've made a lot of mistakes along the way. One of the most recent lessons has occurred within our IPA. Very few IPAs ever considered the value of having their primary care physicians sign exclusive agreements. Now we're facing other providers trying to buy away our primary care physicians, and we are re-



Michael P. Lance comes to Pennsylvania after more than 28 years of work in the health care field. A certified public accountant, he received his CPA certificate from the state of Washington in 1980. In addition, he is a nationally recognized health care conference speaker.

His broad background includes work in organized medicine with the Arizona Medical Association, as well as in managed care. In the past 10 years, he has served as chief executive officer of an 11-physician, multispecialty practice; as CEO of a two-hospital preferred provider organization; and as president of Managed Healthcare Solutions, Inc., a health care consulting and management firm.

Before joining the PennMed Member Services Company, Mr. Lance was chief executive officer of Riverside Community Healthplan Medical Group, a 240-physician, multispecialty independent practice association in Riverside, California, with 14 HMO contracts and 45,000 capitated lives.

structuring to accomplish this in an appropriate manner.

Question: *You don't feel, then, that there is a way that you can just take what you've learned and transpose it onto Pennsylvania?*

ML: It's not my expectation to come in and implement everything that's been done in California. We want to see some progress as soon as possible, but we want to be successful and start building on some successes. We should be able to shorten the time frame to achieve success by taking my experience, being flexible, and adapting whatever works in the different areas.

I really believe that health care is more local and regional. I don't even think it's statewide. It's going to take getting out and learning the medical politics, the medical environment, and the competition in the different areas within Pennsylvania. A cookie-cutter approach won't work in Pennsylvania because of the different medical demographics, such as rural health care, which is tremendously different than metropolitan health care. Many people don't even understand the word HMO in a lot of places.

In California, we've succeeded as a multispecialty IPA, which is very difficult to do in today's environment. It took a lot of creativity and knowledge, and I'm very optimistic that the PMSCO staff will be flexible and creative enough to develop successful physician organizations, regardless of how they are ultimately structured.

Question: *You talk about the vision of PMSCO. Could you put into words your understanding of PMSCO's vision?*

ML: Providing value to the physicians of Pennsylvania by taking a leadership role

About PMSCO

The PennMed Member Services Company (PMSCO) is the Society's newest for-profit subsidiary, established to provide a broad spectrum of services to Society members to help them adjust to the changing medical environment. PMSCO's mission is to help physicians take a leadership role in the changing health care system. It's an evolving company that will adjust to meet the ever-changing needs of physicians.

PMSCO is currently consulting with physicians in more than 20 locations around the state, helping them deal more effectively with managed care, hospitals, large businesses, and other players in the health care market. Michael Lance is expected to be on board full time by January 16, 1995.

For more information on the company and what it might do for you, call PMSCO at (800) 228-7823.

and assisting the physicians to transition in an appropriate manner into the growth of managed care is my understanding of PMSCO's vision, and I think it's an admirable and attainable vision.

PMSCO has been sponsored and initially developed by the Pennsylvania Medical Society. I believe that the vision of a medical society assisting physicians in the state to adapt and transition into managed care is a good one because physicians need a tremendous amount of assistance with this process. Because of a lack of understanding, and the fear of being left out of the future of health care, many physicians enter into relationships that they later regret. Hopefully, we can provide them the education, guidance, and leadership to get through that fear, and to enter into the appropriate alliances and relationships that truly provide them value.

I'm really impressed with the Society's vision, and I think they're on the cutting edge to establish a vehicle to help physicians be players in managed care and not just participants. Many other medical societies are going to be watching this activity.

Question: *If you could design the perfect integrated delivery system, how would it look to you? What form would it take?*

ML: I feel that physicians do need to move forward in a partnership with hospitals into the health care future. However, I also feel that the structure needs to be controlled by physicians. Too many of them are controlled by hospitals just because hospitals have the funding and desire to protect their revenue streams, particularly in competitive areas.

I know we can provide physicians with multiple structures, resulting in several options to participate, depending on their goals. There are some physicians who may want to be employees, some who may want to be part of a group, and others who may want to be part of an IPA. All of these structures can work, but the real thing we've learned in California is that physicians can take a much stronger leadership in developing those organizations with controlling interest, instead of being controlled by the payers and other players with conflicting motivations.

We are experiencing today in California HMOs that are now starting to ratchet down capitation, just like payers have ratcheted down fee-for-service. Once physicians become successful in managing health care, then the HMOs try to compete against each other by lowering premiums for patients, employees, and employers. This is desirable as long as providers con-

tinue to be appropriately compensated for providing quality services.

Question: *It's not always that the ratcheting down is due to health care costs going up, but because the HMOs require more funds for investor dividends and administrative expenses.*

ML: I can tell you that the administrative costs of HMOs are substantial. I would like to see them provide an appropriate share of the premium for health care services and make sure that share is going to health care providers. However, I find in many cases that less sophisticated medical groups and IPAs do not have the knowledge, ability, or leverage to get the appropriate share of the premium. If we can manage HMO costs a little bit better, then savings should be passed along to the employers and patients. But physicians have to be strong leaders to control this, and they have to have good data. If you don't have this combination, you won't be very successful.

Question: *If I was a physician and I came to you for some practical advice on getting a physician organization started, what would you tell me?*

ML: Well, there is no one answer that meets every physician's situation. The first thing we'd need to do is assess your local medical environment, your local competition, and local politics. All of those play a factor in developing a successful delivery system.

The next issue is partnerships. Do you need a partner, and if you do, who is the most strategic partner for you?

But what you need the most is expertise. Many of the organizations developed today are done without expertise or done by consultants who don't have the practical experience. As you are aware, I have been a consultant, but I have practical experience in all areas for which I consult. I've been in medicine for about 28 years, all total, including seven years with an HMO and the remainder on the provider side.

Physicians need guidance and expertise and assistance from people who have actually experienced health care and not people who just learn from seminars. I know we can offer them that and guide them, probably to the best arrangement and the best strategic partnership and the best structure.

Most importantly, we bring this sensitivity and understanding of how physicians provide their livelihoods and the sincere desire to assist those physicians wanting to maintain their livelihoods as practicing physicians will into the future. ◊

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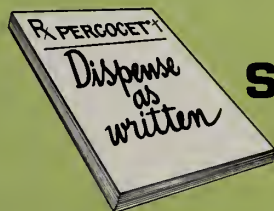
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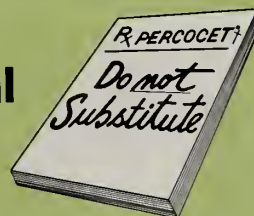
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REFERENCE:

1. Acute Pain Management Guidelines Panel. *Acute Pain Management in Adults: Operative Procedures. Quick Reference Guide for Clinicians*. AHCPR Pub. No 92-0019, pg. 12. Rockville, Md: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services.

BRIEF SUMMARY

PERCOCET® (Oxycodone (WARNING: may be habit forming) and Acetaminophen Tablets, USP)

INDICATIONS AND USAGE PERCOCET is indicated for the relief of moderate to moderately severe pain.

CONTRAINDICATIONS PERCOCET should not be administered to patients who are hypersensitive to oxycodone or acetaminophen.

WARNINGS Drug Dependence: Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of PERCOCET, and it should be prescribed and administered with the same degree of caution appropriate to the use of other oral narcotic-containing medications. Like other narcotic-containing medications, PERCOCET is subject to the Federal Controlled Substances Act (Schedule II).

PRECAUTIONS General: *Head Injury and Increased Intracranial Pressure:* The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute Abdominal Conditions: The administration of PERCOCET or other narcotics may obscure the diagnosis or clinical course in patients with acute abdominal conditions.

Special Risk Patients: PERCOCET should be given with caution to certain patients such as the elderly or debilitated, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urethral stricture.

Information for Patients Oxycodone may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. The patient using PERCOCET should be cautioned accordingly.

Drug Interactions: Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with PERCOCET may exhibit an additive CNS depression. When such combined therapy is contemplated, the dose of one or both agents should be reduced.

The use of MAO inhibitors or tricyclic antidepressants with oxycodone preparations may increase the effect of either the antidepressant or oxycodone.

The concurrent use of anticholinergics with narcotics may produce paralytic ileus.

Usage in Pregnancy Pregnancy Category C: Animal reproductive studies have not been conducted with PERCOCET. It is also not known whether PERCOCET can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. PERCOCET should not be given to a pregnant woman unless in the judgment of the physician, the potential benefits outweigh the possible hazards.

Nonteratogenic Effects: Use of narcotics during pregnancy may produce physical dependence in the neonate.

Labor and Delivery: As with all narcotics, administration of PERCOCET (oxycodone and acetaminophen tablets, USP) to the mother shortly before delivery may result in some degree of respiratory depression in the newborn and the mother, especially if higher doses are used.

Nursing Mothers: It is not known whether PERCOCET is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PERCOCET is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS The most frequently observed adverse reactions include lightheadedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients, and some of these adverse reactions may be alleviated if the patient lies down.

Other adverse reactions include euphoria, dysphoria, constipation, skin rash and pruritus. At higher doses, oxycodone has most of the disadvantages of morphine including respiratory depression.

DRUG ABUSE AND DEPENDENCE PERCOCET (oxycodone and acetaminophen) Tablets are a Schedule II controlled substance.

Oxycodone can produce drug dependence and has the potential for being abused. (See WARNINGS.)

OVERDOSAGE Acetaminophen Signs and Symptoms: In acute acetaminophen overdose, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma and thrombocytopenia may also occur.

In adults, hepatic toxicity has rarely been reported with acute overdoses of less than 10 grams and fatalities with less than 15 grams. Importantly, young children seem to be more resistant than adults to the hepatotoxic effect of an acetaminophen overdose. Despite this, the measures outlined below should be initiated in any adult or child suspected of having ingested an acetaminophen overdose.

Early symptoms following a potentially hepatotoxic overdose may include: nausea, vomiting, diaphoresis and general malaise. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion.

Treatment: The stomach should be emptied promptly by lavage or by induction of emesis with syrup of ipecac. Patient's estimates of the quantity of a drug ingested are notoriously unreliable. Therefore, if an acetaminophen overdose is suspected, a serum acetaminophen assay should be obtained as early as possible, but no sooner than four hours following ingestion. Liver function studies should be obtained initially and repeated at 24-hour intervals.

The antidote, N-acetylcysteine, should be administered as early as possible, preferably within 16 hours of the overdose ingestion for optimal results, but in any case, within 24 hours. Following recovery, there are no residual, structural, or functional hepatic abnormalities.

Oxycodone Signs and Symptoms: Serious overdose with oxycodone is characterized by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdose, apnea, circulatory collapse, cardiac arrest and death may occur.

Treatment: Primary attention should be given to the reestablishment of adequate respiratory exchange through provision of a patent airway and the institution of assisted or controlled ventilation. The narcotic antagonist naloxone hydrochloride (Narcan®) is a specific antidote against respiratory depression which may result from overdose or unusual sensitivity to narcotics, including oxycodone. Therefore, an appropriate dose of naloxone hydrochloride (usual initial adult dose 0.4 mg to 2 mg) should be administered preferably by the intravenous route, and simultaneously with efforts at respiratory resuscitation (see package insert). Since the duration of action of oxycodone may exceed that of the antagonist, the patient should be kept under continued surveillance and repeated doses of the antagonist should be administered as needed to maintain adequate respiration.

An antagonist should not be administered in the absence of clinically significant respiratory or cardiovascular depression. Oxygen, intravenous fluids, vasopressors and other supportive measures should be employed as indicated.

Gastric emptying may be useful in removing unabsorbed drug.

DOSAGE AND ADMINISTRATION Dosage should be adjusted according to the severity of the pain and the response of the patient. It may occasionally be necessary to exceed the usual dosage recommended below in cases of more severe pain or in those patients who have become tolerant to the analgesic effect of narcotics. PERCOCET (oxycodone and acetaminophen tablets) is given orally. The usual adult dosage is one tablet every 6 hours as needed for pain.

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6365/August, 1994

Form Follows Function

Michael J. Prendergast, MD

A sense of urgency pervades the physician organization (PO) movement. But in the process of quickly forming an entity to unify physicians and deal effectively with hospitals and insurers, organizations are often structured with little thought about their function. It is assumed that an organization that brings together the invaluable services of a number of physicians will automatically be marketable in the evolving health care system. But there is no guarantee that this organization will offer a product that others want to purchase.

Some consultants have boiler-plate organizational structures they promote. Their strategy is to set up an organizational structure and then research the market for such an organization. Some physician groups in Pennsylvania have been formed in this manner and, in most cases, have no contracts with insurers or businesses. But, if a PO of a certain form will not be of value in its local marketplace, what sense is there in spending the time, effort, and considerable money to form it? The potential of success for a PO is greatly increased if the question of function is fully answered before the question of form is even considered.

To determine a proposed organization's function, the first factor that must be considered is the market for medical care. What kind of services and insurance plans is the market demanding?

Next, the organization's product should be outlined, along with a preliminary plan on how the product will be delivered to the market. Will primary care physicians in the PO serve as gatekeepers, or will patients have direct access to specialists? Will the organization accept financial risk for the cost effectiveness of care? Will there be quality guidelines or protocols established for the network?

Product delivery is closely tied to the issue of marketing to attract contracts and patients, which is a third important factor. To thoroughly analyze a potential PO's function, there are several key groups that must be considered:

- **Competitors:** What other organizations are offering similar products? This matter can become quite sticky because possible partners—hospitals and insurers—are also buying primary care practices. This can make them both partners and competitors.

- **Hospitals:** The condition and structure of the hospital industry in a market area is critical. The function of a PO is greatly affected if there is only one dominant hospital in a market, as opposed to several competitive tertiary care centers.

- **Insurers:** The presence of a payer willing to do business directly with POs is a crucial factor. In some areas, insurance companies are just now realizing that physicians hold the key

"The potential of success for a PO is greatly increased if the question of function is fully answered before the question of form is even considered."

to lower utilization, higher quality, and higher profits. POs must determine which functions—resource utilization management, a business strategy that will increase the insurer's market share, etc.—they will need to be viewed as a good partner.

- **Purchasers:** The behavior of major health care purchasers is still critical to a PO's function. It is important to know what factors, other than cost, are considered in actual selection of health care delivery options offered to employees. This understanding is also helpful in discussions with insurers who must produce the combination of services that will meet the needs of employers. Large corporations that self-insure offer physicians an opportunity to directly contract with the purchaser. But to take advantage of these opportunities, POs must have certain

attributes, such as quality and cost control programs with quantifiable results that can be reported to major purchasers. The topic of quality and cost measures can be overwhelming. A good way to get started, however, is by identifying the top five diagnoses within a practice or organization, and analyzing physician activities and results.

- **Patients:** It is essential to segment the patient population according to projected health care needs and according to which portions of the population should be targeted by the PO. One rule of thumb is to pick a segment of the population that offers the opportunity for physicians to make the biggest improvements in the way health care is currently being delivered. A PO that doesn't meet the needs of patients will fail. Functions essential to patients include adequate access to medical care in a given geographical area, a choice of physicians, and a good mix of specialists.

- **Physicians:** Both physicians involved in the organizing effort and those outside the organization must be considered. A PO must distinguish itself from other such organizations and other medical care providers, as well as pursue partnerships with other POs that will pave the way to acquiring patient contracts for the organization. Within the organization, key factors are physician leadership, the mix of primary care and specialty physicians, attitudes towards POs, and access to capital.

Physicians seeking to start an organization should be sure the consulting firm they hire has the skills and resources to conduct a market assessment. Only when this information has been gathered, and the organization's function has been defined, can physicians form a structure that will succeed.

Dr. Prendergast, a urologist from York, is chair of the PennMed Member Services Company (PMSCO) Board of Directors. Judd A. Mellinger-Blouch, PMSCO's marketing manager, provided staff assistance.





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Implementing a Membership-Driven Process: Medicine's Future Is in Your Hands

Roger F. Mecum

Obtaining input from you, the member, is the foundation of the State Society's new strategic initiative. This article discusses how the Society will prioritize its initiatives, based on your input, to transform itself into a membership-driven organization.

In today's turbulent health care environment, change and unpredictability are commonplace. Market forces of unprecedented strength are pressing on physicians and affecting how they practice medicine. These same forces are impacting the State Society and how effectively it represents members. As a result of the work of the Task Force to Enhance Physician Involvement, formed in 1992 by House of Delegates action, the Society has come to fully recognize that active involvement by physicians in organized medicine is decreasing, and that many are questioning the relevancy of Society membership and have concerns about the value of belonging to the Society. The task force concluded that the Society needed to take a serious look at its future and set a course that would enable it to be a viable organization into the twenty-first century.

A new strategic direction for the State Society, one that will position the organization to become *membership driven*, will be implemented beginning this year. The plan, authorized by the House in October 1994, includes 12 recommendations in these four strategic areas:

- 1) prioritizing Society initiatives based on identified membership needs;
- 2) expanding two-way membership communications, emphasizing grassroots input;
- 3) allocating staff and fiscal resources to support membership priorities; and

- 4) streamlining the organizational infrastructure to respond quickly to changing membership priorities.

What is "membership driven?"

Put simply, a membership-driven organization is one that sets priorities and takes actions based on its understanding of the collective needs and wants of its membership. One of the keys to the Society's future success rests in the organization's ability to become membership driven—to become an organization that physicians *want* to join because they perceive value in the Society and its initiatives.

To become a membership-driven organization, the Society will:

- prioritize based on membership's collective needs,
- encourage bottom-up communications,
- solicit constant member feedback,
- respond willingly to change,
- exercise flexibility, and
- emphasize accountability.

The "MDP"

To become membership driven, the Society will use a "membership-driven process (MDP)"—a systematic process that emphasizes two-way communication with Society members, who are at the center of the organization's activities.

As illustrated in the diagram on the next page, the process begins with the collection of input from many sources, which is analyzed and used to help set annual priorities. The Society will take action during the year to achieve the priorities, let the membership know what was done on their behalf, and then continue the cycle by collecting input. Some key points to remember in each step of the MDP include:

"Ultimately, the final decisions rest with the system's 'brain'—in our case, the board and House."

Mr. Mecum is the Society's executive vice president.

Obtaining input

While listed as the first step, in reality, collection of data, opinions, and pertinent information from the membership and from outside sources will be a continuous process. If the Society is to be relevant and valuable to its members, it must have a "finger on the pulse constantly." This will involve both formal research—surveys, polls, secondary analysis of research done by others—and informal methods, such as personal contacts by staff and leadership, focus groups, mail and phone call analysis, and monitoring professional and lay media reports.

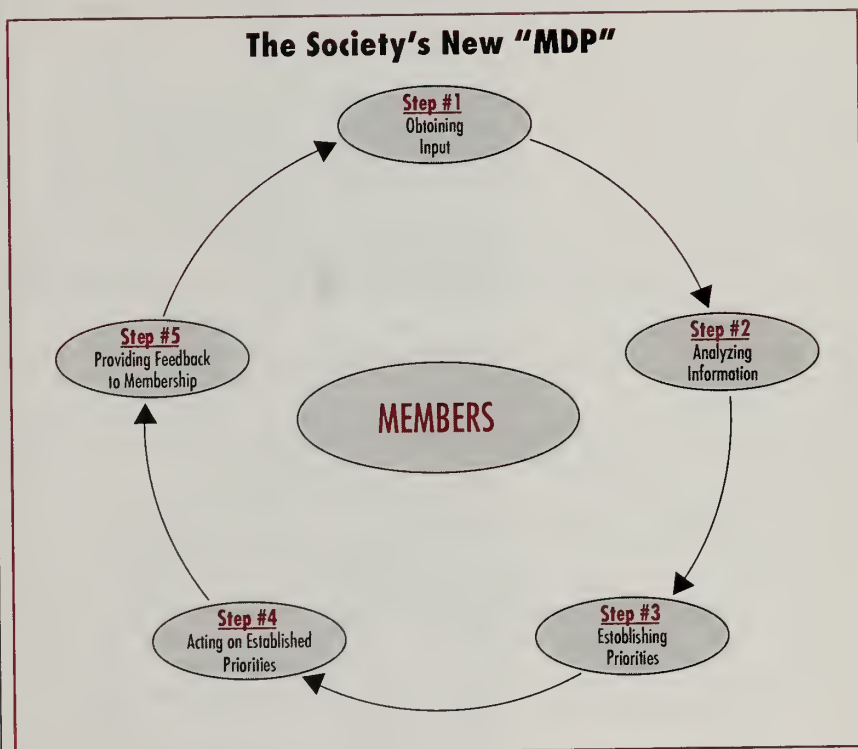
Analyzing information

So what does the Society do with all of this information? Step 2 calls for someone to analyze or make some sense of it—a daunting proposition. That someone will be a review panel, made up of representatives of the House of Delegates, Board of Trustees, staff, and "at-large" individuals who will bring specialized expertise to the group. This panel, which will meet before every board meeting, will report findings and make recommendations; it will not set policy.

As a major component of the MDP, the panel will be looking for trends, changing opinions and perceptions, and new ideas, as well as helping to steer the Society's research activities. If you look at the MDP as a dynamic, self-regulating system, you might consider the review panel to be the thermostat, turning on the heat where it's needed and suggesting a slow-down if input seems to warrant it. Ultimately, the final decisions rest with the system's "brain"—in our case, the board and House.

Establishing priorities

Key to the MDP is the establishment of clearly defined, achievable priorities for the Society, developed from the input collected from the membership and other sources. A set of priorities will be suggested to the board in July 1995 as an outcome of the review panel's work, and the board will make a preliminary decision. These identified priorities will be forwarded to the House of Delegates for review and approval at its annual business meeting in October.



Meanwhile, staff will have begun developing a budget based on the board's identified priorities. The budget will be priority based, rather than department based, and will be developed by staff teams assigned to each priority.

Acting on established priorities

The development of focused priorities will be an important part of determining how fiscal and staff resources can best be used. Staff will know more clearly what's most important to the membership to accomplish, and better decisions can be made as to what goes first and last on "to do" lists.

Every project and activity of the Society will be measured annually against the priorities for the year. Things that are no longer relevant to the membership will be eliminated; those that are important will be continued or expanded. The ongoing review panel activities will help monitor the effectiveness of the Society's activities, and the panel will make recommendations for change when appropriate.

Having a review panel will also help leadership and staff handle individual member suggestions that do not fall with-

in the clearly defined priorities. Suggestions can be referred to the panel for study or monitoring and, in effect, become part of the *continuous flow of input* from members. Also, training and procedures will be developed for staff and leaders to help them deal with requests for services or projects that fall outside of the scope of the established priorities.

Providing feedback to membership

Making sure the membership knows what the Society is doing and whether or not it is effective is critical. The MDP is designed to ensure that the Society's communications will be two way, that we'll be listening as much as we are telling. Given the daily competition for our members' attention from every conceivable medium, an important part of the process will be research to identify segments of our membership, the interests that may be unique to each segment, and the methods that will most effectively reach them.

The Society also must know exactly *what* to communicate to its members. Developing mechanical or electronic systems alone will not serve the Society's needs. Knowing what we have to say is as important—if not more so—as how to get the word out. The emphasis on two-way communications implies that personal, one-on-one contact is critical. To this end, there will be much, much more done to get staff and leadership of the Society out into the field to deliver and collect information. Support tools and reporting mechanisms will be developed that will be both easy to use and effective in getting valuable member input back to the review panel.

What should I expect?

As discussed, with this strategic initiative the Society will begin to focus its efforts on

specific priorities, the first set of which will be decided at the 1995 House of Delegates. Members should understand that Society leadership and staff will hold themselves accountable to the priorities once they are established, and that those suggested projects falling outside the focused priorities will be noted and forwarded to the MDP review panel. Available resources may limit the amount of time, money, and effort that can be devoted to a particular issue.

Still—and most importantly—as you can see from the above description, the MDP is a cyclical process that begins and ends with the membership. So, as a member of the organization, you can expect to hear more from the State Society in 1995 and the years to come. We may be contacting you to ask for your input on various issues. This contact may be in the form of a formal survey, a telephone poll, or an in-person, one-on-one meeting. We ask that when you receive a request for input, you take a few minutes to participate. The only way we can truly become membership driven is if we hear from our membership.

The flip side of obtaining input is providing feedback. To that end, the Society will be developing more effective ways of communicating to you the actions it has taken on your behalf. ☉

Editors Note: This article is one of many ways that the Society will continue to educate the membership on the new strategic direction. Watch your mail for more information in the future.

In the meantime, if you have any questions, please call Denise Zimmerman or Ken Robinson at (800) 228-7823 or (717) 558-7750.

The Society's New Strategy

This year, the State Society will begin to implement a new strategic direction, one that will position the organization to become *membership driven*. Under the plan, the Society will:



- 1) prioritize its initiatives based on identified membership needs;
- 2) expand two-way membership communications, emphasizing grassroots input;
- 3) allocate staff and fiscal resources to support membership priorities; and
- 4) streamline the organizational infrastructure to respond quickly to changing membership priorities.

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Mechanism - J. Katz

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MODERATOR: Harris R. Clearfield, M.D.

1:15-2:45 LIVER

Steatohepatitis - P. Malet

Hep. C & PCR - C. O'Brien

Hep. C & Rx - S. Munoz

Portal Hypertension - R. Rubin

MODERATOR: Martin Black, M.D.

10:30-10:45 COFFEE

2:45-3:00 COFFEE AND COKE

10:45-12:15 IMAGING (when and what to order)

CAT - B. Birnbaum

Endoscopy - W. Mahood

Ultrasound - J.E. Langer

MRI - M. Schnell

MODERATOR: Igor Laufer, M.D.

3:00-4:30 MISCELLANEOUS

NSAID & Antioxidants in Prevention of

Ca of Colon - P. Bralow

Immuno Modulation Rx of IBB - F. Goldstein

Food Allergies - J. Deren

Barrett's Epithelium - D. Katzka

MODERATOR: William Battle, M.D.

EDUCATIONAL OBJECTIVES:

At the conclusion of this activity, the participants should be able to:

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Let's Hear It for Sharper Listening

David Woods

It is the disease of not listening, the malady of not marking, that I am troubled withal," says Sir John Falstaff in *Henry IV, Part Two*. Sir John's problem isn't new, although Shakespeare's remedy for it—hanging by the heels—was perhaps a bit extreme. In fact, the disease has surely become even more troublesome in recent times, aggravated by our propensity to tune out or switch off entirely the ubiquitous voices of radio and television—and as a result, increasingly to do the same to our fellow human beings when what they are saying seems too convoluted or uninteresting to lend an ear to.

Recognizing that I show some of the symptoms of the disease of not listening—impatience, a low threshold for boredom, and the journalist's irritation when speakers don't provide a "lead paragraph" or a clear focal point, or when they engage in the sort of self-indulgent long-windedness that Benjamin Disraeli described as tracing the steam engine always back to the kettle—I was delighted to encounter Mortimer J. Adler's book, *How To Speak, How To Listen*.

Adler says that it is utterly amazing how people generally assume that the ability to listen well is a natural gift requiring no training. He says that of the four elements in communication—listening, speaking, reading, and writing—listening is learned first, is used most through life, and is taught least through all the years of schooling. Deficiencies in listening and the ensuing failures in communication, says Adler, are a major source of wasted time, ineffective operation, miscarried plans, and frustrated decisions.

Adler lists some of the bad habits that interfere with proper listening: paying more attention to a speaker's mannerisms than to what is being said, appearing to pay attention while allowing one's mind to wander, overreacting to certain words or phrases that arouse adverse emotional responses, or just day-dreaming. Listening, Adler believes, requires penetrating through the words to the thoughts that lie behind them. It calls for sifting what's important from what isn't; it requires perceiving as early as possible the focus of what is being said.

It could be argued, I suppose, that if people spoke more logically and grammatically and colorfully than most of us do, listening would be easier. But that's rather like saying that astronomy would be more rewarding if there were never any clouds.

Philadelphia Inquirer columnist Lona O'Connor lists three types of listening: supportive—making speakers comfortable enough to state what's on their mind; active—asking questions and advancing the conversation; and analytic—figuring out what the information means and what to do about it.

O'Connor adds bluntly: "Can you improve your listening skills? You'd better. Your future could depend on it." This is especially true for health care professionals who, by turning an intentionally deaf ear to

what's being said or by failing to detect nuance, may place their careers in jeopardy. It's estimated that more than half of all malpractice litigation has its origins in garbled communication and misunderstanding.

So, for improved patient care and decreased risk of litigation, let's hear it for sharper listening. It's an exercise in preventive medicine—and certainly better than the Bard's cure. ○

"It's estimated that more than half of all malpractice litigation has its origins in garbled communication and misunderstanding."

Mr. Woods, former editor and publisher of the *Canadian Medical Association Journal*, is president of *Healthcare Media International, Inc.*, Philadelphia, and a frequent commentator on health care issues.



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The Great Health System Reform Myths of the 1990s

AMA Center for Health Policy Research

The 1990s have seen a sustained political effort to "reform" the U.S. health care system. Agitation for system reform began during the Bush administration, which downplayed its political importance. Bill Clinton, however, made health system reform a cornerstone of his campaign for election and introduced a reform bill in September 1993. Most reform energy was then focused on the attempts of Congressional Democrats to modify the Clinton approach and develop a reform bill that could be passed. These efforts failed, and health system reform was pronounced dead on September 26, 1994, by Senator Mitchell.

Throughout this period, the health system reform debate has been permeated by naive political assumptions, foolish expectations, and economic falsehoods. The most important of these health system reform myths are described below.

Myth No. 1: Eliminating Inefficiency and Waste Can Save a Bundle. Much of the Clinton bill's budget impact projections were based on estimated savings from reducing administrative cost of the system. In general, it is thought that in addition to administrative cost, substantial savings could be gained through eliminating "unnecessary" or "ineffective" medical care.

It is easy for an outside observer to see inefficiency in any physical or social process. But to do something about it is another matter entirely. It is as likely that the delivery of medical care could be re-engineered to eliminate waste as it is that internal combustion engines, which waste a substantial portion of the heat energy they produce, could quickly be re-engineered to produce significant gains in efficiency.

One problem is that technological progress is rapid in the medical field. While it eliminates inefficiency, it also introduces new inefficiencies at the same time. Over the past 10 years, shifting a major portion of

expensive medical care from inpatient to outpatient settings, introduction of non-invasive diagnostic procedures, and less-invasive surgical techniques have increased efficiency. At the same time, many new products may be used less than optimally at the time of their initial introduction until their effects and indications are known more completely through information accumulated through their use.

Schwartz and Daniel catalogued estimates of potential cost savings from all sources analyzed in the literature to determine the maximum possible cost savings that could be achieved between 1994 and the year 2000. They concluded that if all possible savings from eliminating waste and inefficiency in the hospital, physician, and pharmaceutical sectors of the industry were realized, the real rate of expenditure growth would be reduced only 1.6 percentage points annually.¹

Myth No. 2: Managed Care Can Control Health Expenditures.

Managed care is the cornerstone of all comprehensive reform proposals, which attribute substantial cost-savings to increasing the percentage of the population enrolled. Unfortunately, the Congressional Budget Office has determined that on average, HMO cost is only four percent less than traditional fee-for-service, and there is no evidence that HMOs reduce the rate of cost growth.²

Even this small cost advantage of HMOs does not appear to extend to other forms of managed care. Although many have tried, no credible research study has been able to document that managed care, defined broadly, generates savings or lower premiums relative to other plans for the same population groups. The General Accounting Office reports that it has failed to find that managed care definitely saves employers money.³

Myth No. 3: Competition Between Health Plans Can Control Cost. "Managed competition" among health plans is the cost-control cornerstone of many proposals. However, competition between health plans is not the kind of competition that brings prices into decision making. Rather, once enrolled in a health plan, consumers face only a token marginal cost for consuming benefits. Similarly, their choice of health plans among those offered by their employer is only a small fraction of the actual cost.

In the absence of meaningful prices, competition among health plans takes the form of non-price competition. Health plans compete on the basis of the extent of benefits and other factors such as convenience and location. Further, HMOs may capitalize on the adverse selection of older, less healthy employees, which drives up traditional insurance rates by pricing just below those rates, resulting in higher overall costs to employers. Feldman et al. have documented that firms offering an HMO pay higher average premiums than those that do not in the highly competitive Minnesota market.⁴

Myth No. 4: Prevention of Illness and Disease Reduces Health Expenditures.

This persistent myth has great intuitive appeal and is the basis of arguments by special interests for including preventive services as a basic insurance benefit. However, prevention seldom works in practice to save money. Rather, prevention typically costs more money than it saves. A recent summary notes that the most widely practiced forms of prevention—control of high blood pressure and high cholesterol, screening for cancer (cervical and colorectal), vaccination for influenza and pneumonia—add far more to national health expenditures than they save.⁵

The fact that most prevention costs more than it saves does not, however, mean that it has no value. There are

other, more legitimate ways of judging whether prevention is "worth it." For example, if people are willing to pay with their own money, then prevention is clearly a legitimate private expenditure. From the social viewpoint, the most important goal of prevention is not necessarily to save money, but to achieve a higher level of health or well-being in the population. On these grounds, much prevention may be justified if it is the best way to accomplish this social objective.

Myth No. 5: Health Benefits' Burden Damage Businesses' Competitiveness. This assertion contains two myths that can be dispelled. First, workers, not employers, pay for their health care; it is part of their total compensation that would be the same if they were paid in chickens, health care, or cash. Even though spending on health care has grown as a percentage of gross domestic product (GDP), total compensation as a percentage of GDP has been the same (about 60 percent) since the end of World War II. Workers prefer some of their compensation to be paid in health care benefits rather than money because fringe benefits are excluded from their taxable income.

Second, the health expense *burden* on business has been highly exaggerated. IRS data show that total cost of fringe benefits is less than two percent of total corporate deductions from gross income.⁶ It's the same for partnerships and proprietorships. If cost reduction and increased efficiency are the objectives, there are a lot bigger expense items to pursue than fringe benefits.

Myth No. 6: We Can Adopt the Model of Successful Foreign Systems. Many proposals for a centralized health care budget and payment system are modeled on foreign health care systems, such as those of Canada and Germany. However, international comparisons of data show that no country has achieved the goal of providing universal access simultaneously with satisfactory cost containment. Most OECD (Organization for Economic Cooperation and Development) countries, particularly those with global budgets and/or price controls, still have medical price inflation in excess of their consumer price indexes and rates of per capita expenditure growth in excess of per capita GDP, as does the U.S.⁷

Much of the excess production of health care in the U.S. relative to other countries is explained by extra spending due to the unusual extent of this country's social problems.⁸ In terms of efficiency, however, when international comparisons are made on the basis of estimated *opportunity cost* rather than spending, the U.S. comes out in the bottom half of comparable western economies.⁹ Nevertheless, because the prices people pay in making medical care decisions are much less than the resource costs in systems that control prices or subsidize consumption, there is significant excess consumption and inefficiency loss. The inefficiency or dead weight loss to the U.S. economy has been estimated to be as high as \$109 billion in 1984, or 28 percent of U.S. health expenditures.¹⁰ The loss is probably much more in countries where health care is *free*.

Myth No. 7: X Percent of GDP is Too Much to Spend on Health Care. The health care problem is often described in terms of the percent of GDP that health care "consumes." Projections of health spending growth often conclude that spending on health will consume all of GDP if the rate of increase is not capped.

This view of the health care cost problem seems to rest on the supposition that there is a limited amount of GDP to distribute among alternative uses, and that if spending on health increases, something else must decrease, so that at some point everything is devoted to health care. In fact, GDP is not a limited pie that is cut up into pieces and passed out. Rather, GDP is the sum of spending on all final goods and services produced in a year. Thus, to speak of health care as "consuming" our GDP is inaccurate.

It is also an inaccurate portrayal of trade-offs implied in producing the components of GDP. Because spending on health care as measured by percentage of GDP is not an indicator of the real opportunity cost of producing it, economists have attempted to measure the cost of health care to the economy in other ways. Those of Feldman, Dowd, and Pauly were discussed above.

Myth No. 8: Health System Reform Is Politically Feasible. This turned out to be the greatest myth of all. Anyone who has followed the

debate, which has been emerging intermittently among the same group of economists, social reformers, and Congressional leaders since the late 1960s, can see that the fundamentals for consensus on a politically feasible approach to reform were absent in 1994. There were too many strongly held and unalterable differing opinions about the nature of our health system problems to afford the political compromise necessary for passage of a reform bill in Congress.

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Edited by Jesse S. Hixson of the AMA Center for Health Policy Research.

STATS

Federal health officials reported in November 1994 that medical inflation in 1993 was the lowest in seven years. The Health Care Financing Administration says Americans spent an average of \$3,299 apiece on health care in 1993—\$205 more than in the previous year. The 7.8 percent increase over 1992 amounted to the slowest rate of increase since 1986 and was the third lowest since 1960.



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KEYNOTE ADDRESS—**Jeff Levine**, CNN correspondent since 1980, covering medical legislation and regulation on Capitol Hill, Washington.

PLENARY SPEAKERS (titles tentative):

"A Look Ahead in Pennsylvania"—**William L. Kissick, MD, DrPH**, a participant in Medicare's original drafting in the '60s, is a prolific writer, commentator and respected advisor on the U.S. health care scene. He is professor of health care systems, the Wharton School, University of Pennsylvania.

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"Why Cardiopulmonary Bypass Makes People Sick"

Julian Johnson Professor of Cardiothoracic Surgery
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Jan C. Horrow, M.D.

"Coagulation in Cardiac Surgery and the Role of Anti-Fibrinolytics"

Professor and Vice Chairman, Anesthesiology
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Alexander G.G. Turpie, M.D.

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Hantavirus Pulmonary Syndrome Is Here

*Maria E. Moll, MD
Bonnie L. Krampe, MPH*

A 61-year-old man became ill in Pennsylvania while hiking the Appalachian Trail last summer; he has been retrospectively diagnosed with Hantavirus Pulmonary Syndrome (HPS). In June 1993, HPS was first identified in the United States in the Four Corners (New Mexico, Arizona, Colorado, Utah) area, after patients presented with unexplained ARDS. Since then, 98 cases have been identified in 21 states. Until the present, only three have been east of the Mississippi River, including one each in Indiana, Florida, and Rhode Island. The case last summer in the commonwealth is the first to be diagnosed with HPS in the mid-Atlantic states.

The man began hiking the trail in Georgia in April 1993, and traveled through Virginia and into Pennsylvania by June. After a five-day history of fever, chills, headache, myalgia, nausea, vomiting, and diarrhea, he was hospitalized with hypotension and acute respiratory distress syndrome (ARDS). Bilateral diffuse infiltrates were visible on the chest radiograph. He recovered after a stormy and prolonged hospital course, during which he required respiratory and circulatory support and hemodialysis.

Two acute serum samples revealed elevated immunoglobulin M titers for Sin Nombre virus (SNV) by enzyme-linked immunosorbent assay.[†] A third serum sample obtained a year later revealed an elevated SNV-specific immunoglobulin G titer.

This patient reported a typical prodromal illness which progressed to respiratory and renal failure. Hemorrhagic fever with renal syndrome (HFRS) is characteristic of the hantavirus infections in Eurasia, and renal failure has not been a prominent feature in most of the U.S. cases. Only in two cases from the southeastern United States has the renal syndrome been previously described. More recent specific antibody testing has indicated that these cases were associated with two

other recently identified hantaviruses, provisionally named Black Creek Canal virus and Bayou virus. Also unique to this case were the markedly elevated transaminase levels (peak AST of 8500 U/L). Liver involvement has also not been typically described in the HPS, but has been reported with HFRS.

Clinical screening criteria have been developed by the Centers for Disease Control and Prevention (CDC) in consultation with the Council of State and Territorial Epidemiologists (see box, below). Use of these criteria identifies individuals with illness similar to the confirmed HPS cases from the Four Corners area. Confirmation of the diagnosis is made by submission of serum specimens for antibody testing, or tissue specimens for polymerase

chain reaction (PCR) for hantavirus ribonucleic acid, or for immunohistochemistry for hantavirus antigen.

Currently, there is no known treatment for HPS, beyond intensive supportive care. The investigational antiviral drug, ribavirin, has been available since June 1993 through a CDC-sponsored, open-label protocol for patients with HPS. This protocol closed to further enrollment on September 1, 1994. Ribavirin was well tolerated, but had no clearly beneficial effect on the clinical course of the illness. However, plans are in progress to begin placebo trials in early 1995.

Although the patient was hospitalized in Pennsylvania, he spent the majority of the suspected two- to six-week incubation period hiking the

Screening Criteria for Hantavirus Pulmonary Syndrome in Persons with Unexplained Respiratory Illness

Potential case-patients must have one of the following:

- ☐ a febrile illness (temperature $\geq 101^{\circ}\text{F}$ [$\geq 38.3^{\circ}\text{C}$]) occurring in previously healthy person characterized by unexplained adult respiratory distress syndrome, OR bilateral interstitial pulmonary infiltrates developing within one week of hospitalization with respiratory compromise requiring supplemental oxygen; or
- ☐ an unexplained respiratory illness resulting in death in conjunction with an autopsy examination demonstrating noncardiogenic pulmonary edema without an identifiable specific cause of death.

Potential case-patients are to be excluded if they have any of the following:

- ☐ a predisposing, underlying medical condition (e.g., severe underlying pulmonary disease, solid tumors or hematologic malignancies, congenital or acquired immunodeficiency disorders, medical conditions [e.g., rheumatoid arthritis or organ transplant recipients], requiring immunosuppressive drug therapy [e.g., steroids, cytotoxic chemotherapy]); or
- ☐ an acute illness that provides a likely explanation for the respiratory illness (e.g., recent major trauma, burn, or surgery; recent seizures or history of aspiration; bacterial sepsis; another respiratory disorder such as respiratory syncytial virus in young children; influenza; or legionella pneumonia).

Confirmed case-patients must have both of the following:

- ☐ at least one specimen (serum and/or tissue) available for laboratory testing for evidence of hantavirus infection, and
- ☐ in a patient with compatible clinical illness, either serology (presence of hantavirus-specific immunoglobulin M or rising titers of immunoglobulin G), polymerase chain reaction for hantavirus RNA or immunohistochemistry for hantavirus antigen is positive.

Source: MMWR, October 28, 1993, pp. 816-820

Appalachian Trail and surrounding areas in Virginia. Thus, the focus of the investigation for the etiology of the infection is in Virginia. The habitat of the principal rodent reservoir for this virus, *Peromyscus maniculatus*, the deer mouse, extends throughout much of the contiguous United States, except the southeast. However, more than 16 different rodent species, including rats, mice, and voles, are known carriers of hantaviruses. Infected rodents have no signs of infection; yet, they can shed the virus in their saliva, urine, and feces, and can transmit it to people and other rodents.

People acquire infection most often by inhalation of aerosolized rodent excreta. The virus can also be transmitted by handling rodents or contaminated materials and then touching the nose or mouth. A rodent's bite can also spread the virus. There has been no evidence of person-to-person transmission.

At least two fact sheets about the hantavirus are available through the CDC: "Hantavirus Illness in the Southwest" (document 310032) is a short summary of the illness and its transmission by rodents.

"Hantavirus Infection—Southwest United States" (document 310031) is a more extensive report providing interim recommendations for prevention and control of hantavirus infections.

To receive either of these documents, call the CDC FAX Information Services at (404) 332-4565, and follow the prompts. These documents, copies of the latest *MMWR* articles concerning hantavirus, the clinical screening criteria, the case report form, and the laboratory submission form are also available from your local or county health department, or from the Division of Communicable Disease Epidemiology, Pennsylvania Department of Health, Harrisburg, (717) 787-3350.

† *SNV*, the strain of hantavirus formerly known as *Muerto Canyon virus*, was responsible for the outbreak of *HPS* in the Southwest.

Dr. Moll is assistant state epidemiologist and Ms. Krampe is program administrator, Division of Communicable Disease Epidemiology, Pennsylvania Department of Health, Harrisburg.

NATIONAL PROGRAM TARGETS SHINGLES SUFFERERS

The National Foundation for Infectious Diseases in November kicked off a national campaign to educate Americans about the need for early treatment of shingles, which is critical in reducing the duration of long-term pain that can last for weeks, months, or years after shingles occurs.

As part of the program, entitled "STOP—Screening and Treatment to Overcome Pain," free shingles screenings were offered in November at the Hospital of the University of Pennsylvania. Also, through a national bus tour, the foundation will distribute brochures and flyers at senior centers, malls, parks, and other locations where older citizens gather. Philadelphia health officials, senior centers, volunteers, and physicians will also help distribute information directly to older residents to ensure they learn about the early signs of shingles.

For more information on the program, call the foundation at (301) 656-0003.

LEGAL GUIDE PUBLISHED FOR HIV-INFECTED WORKERS

The American Association of Physicians for Human Rights (AAPHR) has published a 47-page, question-and-answer legal guide for HIV-infected health care workers.

"The Legal Rights and Obligations of HIV-Infected Health Care Workers" examines the many legal ramifications of being HIV positive and a health care worker. Included is information on employment discrimination, state policies on HIV-infected health care workers, informed consent law, privacy and confidentiality, and insurance issues.

The guide, priced at \$5 for AAPHR members and \$10 for nonmembers, is available from AAPHR, 273 Church Street, San Francisco, CA 94114.

NEW GUIDELINES SAY INACTIVITY BAD FOR BACK

Clinical practice guidelines released in November by the Agency for Health Care Policy and Research (AHCPR) recommend treating most acute, painful low-back problems with nonprescription painkillers and mild exercise such as walking or swimming, followed by conditioning exercises in about two weeks.

Most adults suffer from acute low-back problems at some time in their lives. Many patients traditionally have been confined to bed, sometimes in traction. But the guidelines, developed under the agency's auspices by a private-sector panel of experts and consumers, and tested in clinics and doctors' offices before their release, say inactivity can weaken needed muscles. The guidelines reassure people with these acute episodes that nine of 10 will recover on their own within a month.

Philip R. Lee, MD, assistant secretary for health and director of the Public Health Service, U.S. Department of Health and Human Services, said in releasing the guidelines, "By encouraging people with acute low-back problems to resume normal activities, using only those treatments that have been scientifically shown to be effective, these guidelines could save Americans considerable anguish, time, and much money now spent on unneeded or unproved medical care."

"Up to 80 percent of Americans will have had a low-back problem of some type at least once by age 50," Dr. Lee added. He also said that low-back problems are second only to the common cold in reasons for visiting family or other primary care doctors.

Free copies of "Acute Low-Back Problems in Adults: Assessment and Treatment, Quick Reference Guide for Clinicians" are available by calling AHCPR's Publications Clearinghouse at (800) 358-9295 or AHCPR's Instant Fax at (301) 594-2800.

AMA GUIDELINES HELP ASSIST PEOPLE WITH DISABILITIES

The AMA has released guidelines that will help physicians use new assistive technology—devices and services that will improve quality of life for the nearly 50 million Americans with disabilities.

The "Guidelines for the Use of Assistive Technology: Evaluation, Referral, Prescription" will serve as a quick reference for primary care physicians who are responsible for prescribing assistive devices and services for their patients with disabilities.

They are available for \$5 each or 25 copies for \$100 from the AMA's Department of Geriatric Health, 515 North State Street, Chicago, IL 60610.

Another New Language to Learn

Donald E. Harrop, MD

The "ABCs" of medicine are ever-changing. Here, the president of the Keystone Peer Review Organization reviews the latest trends in peer review acronyms.

Back in June 1993, I wrote a sort of spoof in this column on the new acronyms and terms we would all have to learn in order to survive under some of the then-proposed health system reform legislation. When Congress failed to pass a reform bill in 1994, all of that was put on hold—at least for the remainder of the year.

If reform ever does come to pass, it will probably be presented in a whole different package, so all those acronyms and terms will most likely change again. That's why I'm glad I didn't really try too hard to learn them. Besides, I'm already having enough fun trying to learn a whole new terminology which stems from the Health Care Quality Improvement Program (HCQIP) under the Fourth PRO Scope of Work.

For example, even the program title changed since it was first introduced: It started out to be HCQII—the last "I" stood for "initiative," but was changed to "P" as in "program." In fact, some of the other acronyms we got to know now have different meanings than they did before.

It made me think that it might be helpful if I provide a brief glossary of some of these new terms, since they are now in use by peer review organizations and the Health Care Financing Administration (HCFA) on a daily basis. Who knows, if we can get them memorized, we may start using them in our routine conversations. Here are a few of the ones most frequently used:

CCP—Cooperative Cardiovascular Project: A national cooperative project which will collect and abstract data on 100 percent of Medicare patients hospitalized during an eight-month period, for acute myocardial infarction. The purpose of the project is to improve processes and

outcomes of care. The eight months include January through August 1994.

CDAC—Clinical Data Abstraction Center: Two CDACs under contract to HCFA will request, receive, and abstract medical records from all Medicare provider hospitals in the nation. These data will eventually be used by the individual PROs for analysis and cooperative project implementation.

Local Cooperative Project: A collaborative effort initiated by a PRO, which involves hospital medical staffs and administration, for the purpose of improving processes and outcomes of care.

MQIS—Medicare Quality Indicator System: This is the software which will be used by the CDACs to abstract cases using computers. It is a system of indicators of the quality of care provided to Medicare beneficiaries. It does not mean or relate to criteria, standards, or practice parameters.

National Cooperative Project: A collaborative effort initiated by HCFA which involves all PROs in all states, as well as hospital medical staffs and hospital administrations, for the purpose of improving processes and outcomes of care.

Patterns of Care: The findings resulting from data analysis conducted to identify the frequency and distribution of conditions, types of care delivered, and outcomes. These analysis efforts may provide information about possible areas in which PROs can help physicians/providers improve the quality of care delivered to Medicare patients.

PDC: This one has gone through the mill. Under prior PRO Scopes of Work, it stood for "premature discharge." Under HCQIP, it started out as our Project Development Committee. It now means Project Data Collection, which is the process of collecting particular data for a specific cooperative project from medical records.

PEC—Project Evaluation Committee: This is a standing committee comprised of KePRO's HCQIP staff, education specialist, and our consulting biostatisti-

Dr. Harrop is president of the Keystone Peer Review Organization.

cian who evaluate potential projects for feasibility and need, and who provide ongoing advice and evaluation of the projects from start to completion.

Steering Committees: These were originally called "master committees" but HCFA, many of the PROs, and some members of these committees, decided they did not like the name. These committees provide input and suggestions on subjects for cooperative projects for PROs to consider, and advise whether proposed projects appear to have merit and meet the basic requirements such as potential to improve quality, prevalence of the problem, and whether the basic premise is supported by the literature or practice parameters. These committees are vital in guiding PRO staffs in a direction that will be well received by providers.

These are a few of the new terms and acronyms you will probably hear most about from the PROs during the foreseeable future. I certainly wasn't serious about your trying to remember any of these, but I also think it wouldn't hurt to be familiar with some of them. ☺

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BLUE SHIELD ESTABLISHING SERVICE ORGANIZATION

Pennsylvania Blue Shield's board of directors has approved a for-profit subsidiary to establish an insurer-physician service organization (IPSO).

Because there are a number of regulatory and legal matters that must be resolved first, Blue Shield's short-term strategy is to engage in what it calls "option-based exclusive contracting," in which a physician commits to joining the IPSO, agrees not to sell his or her practice, and agrees not to join or form a competing alliance. The practice must have the capacity to provide for Blue Shield patients.

Initial outlines of the plan call for physicians to be part-owners of the IPSO without any up-front fee. Physicians would receive a portion of the profits but, at least during the first few years, risk would be borne by Blue Shield and not by the physicians.

The option-based exclusive contracting is already underway in Lancaster and some other Central Pennsylvania counties. It is the Society's understanding that this effort will not move into the Pittsburgh area.

In the long run, the strategy is also to provide other services such as billing, practice management services, data development for outcomes measures and clinical protocols, marketing, contract negotiations, and systems development.

The Society is closely monitoring the development of this new Blue Shield effort and has met with Blue Shield officials to learn more about their plans.

MEDICARE NEWS

CARRIER NAME CHANGE EFFECTIVE THIS MONTH

Pennsylvania Blue Shield's Medicare Part B unit on January 1, 1995, began operating under a new name—Xact Medicare Services. The change was made to "distinctly mark it as the Medicare carrier in your area," Blue Shield says. Also, the name change places a "renewed emphasis" on customer service by the Health Care Financing Administration (HCFA) and Blue Shield.

Though all Medicare Part B materials going to providers and beneficiaries in Pennsylvania,

Delaware, New Jersey, and the District of Columbia metropolitan area will bear this new name, several aspects of the program remain unchanged: Pennsylvania Blue Shield will continue to administer the Medicare program, and phone numbers, locations, and staff will not be changed.

In the past, HCFA emphasized the number of claims carriers processed and how quickly. Now, Blue Shield says, HCFA has begun to focus on customer service. Blue Shield is responding by emphasizing accuracy, detail, and precision service to Medicare providers.

Through newly created programs, Xact will: provide customer service training to employees, work to enhance provider access to Medicare information through computer and phone hook-ups, solicit provider input to make development and inquiry letters easier to read and friendlier, and streamline the appeals process for health care professionals.

AMA ANALYSIS PROVIDES REALITY CHECK ON HMOs

Jonathan Weiner in *JAMA* (July 20, 1994) forecasted that by the year 2000, up to 60 percent of the U.S. population would be enrolled in health maintenance organizations (HMOs), resulting in a surplus of 165,000 patient-care specialist physicians if some particular HMO staffing levels prevailed. Since only 16 percent of the U.S. population is currently covered by HMOs, Weiner's forecast assumes that the proportion of the population covered by HMOs will be driven up as much as 44 percent in the next six years.

Current efforts to increase HMO coverage are not new; past programs have aggressively encouraged HMO expansion and have forecasted tremendous success. In reading Weiner, one is reminded of similar, previous forecasts regarding the growth of HMOs and impending physician surpluses. Comparing predicted versus actual events may provide a reality check on such forecasts:

- In 1973, Congress passed a law requiring certain employers to offer a federally qualified health plan to their employees, and providing grants and loans to encourage HMOs. At that time, it was expected that by 1990, 90 percent or more of all Americans

would be enrolled in HMOs. In actuality, by 1990, 13.6 percent were.

- Legislation enacted in 1985 permitted HCFA to develop risk contracts with HMOs on a nationwide basis to encourage HMOs to provide Medicare coverage for fixed premiums. Under the program, the proportion of Medicare beneficiaries enrolled in HMOs increased from 1.6 percent in 1986 to 4.8 percent in 1993, according to an article in *Health Care Financing Review* (Fall 1993).

- In 1980, the Graduate Medical Education National Advisory Committee forecasted a surplus of 70,000 physicians by 1990 and 145,000 in the year 2000. Yet, 1990 came and went without complaints of a physician surplus. The continued output of physicians has been absorbed by the market without the appearance of any of the objective signs of surplus that economists usually cite. The falling relative earnings of several primary care specialties seen in the 1980s has reversed in the '90s, while the real incomes of other specialties rise or remain steady.

The market share performance of HMOs relative to initial expectations leads one to question the credibility of current optimistic assumptions about their future enrollment. Government encouragement of private sector HMO growth and Medicare beneficiary enrollment in HMOs has not produced success in terms of expectations and desires. Other evidence suggests that not all patients are comfortable with the type of care management used by HMOs, and the preservation of long-term physician-patient relationships will continue to be a key element in consumer choices as long as options are available.

It is just as unlikely that we will wake up at the beginning of the year 2000 in the midst of a surplus of tens of thousands of physicians and a ubiquitous prevalence of HMOs as it was when we woke up on January 1, 1990. Our real world experience of the past several decades should cause us only to yawn at projections of radical change—especially those that rest on assumptions of extensive re-engineering of the health care system.

Excerpted from an article by Jesse S. Hixson of the AMA's Center for Health Policy Research. For a complete copy of the article, call PENNSYLVANIA MEDICINE at (800) 228-7823 or (717) 558-7750.

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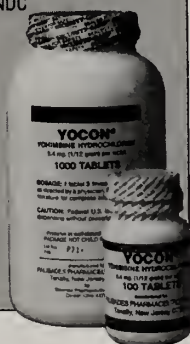
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

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References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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REPORTING THE HIGHEST RATES OF, AND ADDRESSING THE UNDERUTILIZATION OF, BREAST-CONSERVING SURGERY WITH RADIATION THERAPY AMONG WOMEN WITH STAGE TIS, I, OR II BREAST CANCER

Mary Lou Patton, MD, FACS; Timothy J. Germain, BS; Linwood R. Haith Jr., MD, FACS

OBJECTIVE: The National Institutes of Health consensus panel in 1991 concluded that "breast conservation treatment, with axillary dissection and radiation therapy, is an appropriate method of primary therapy for the majority of women with stage I and stage II breast cancer and is preferable because it provides survival rates equivalent to those of total mastectomy and axillary dissection while preserving the breast." Despite this supporting clinical evidence, the overall rate of acceptance and actual practice of breast-conserving surgery with radiation therapy (BCS) has remained low. We present the highest rate of BCS to be performed on women with stage TIS, I, or II breast cancer, without additional rates of recurrence.

METHODS: Over the past six years, from mid-1987 to mid-1993, we treated 178 cases of Stage TIS, I, or II breast cancer in women. We retrospectively and concurrently reviewed the records of all patients diagnosed with stage TIS, I, or II breast cancer, and found 24 cases (13.5 percent) were stage TIS, 50 cases (28 percent) were stage I, and 104 cases (58.5 percent) were stage II. Tumors were staged according to the criteria of the American Joint Committee on Cancer.

The patients were all women, averaging 61 years of age (range 28-91). We considered a number of factors, including: race; height; weight; marital status; family history of cancer; alcohol, tobacco, or hormone use; menstrual status; and cholesterol levels. In addition, we studied correlations of important tumor factors, including size, location, micro-histological features, nodal status, tumor receptor status, and forms of adjuvant chemo-, radiation, and hormonal therapies used.

Treatment of breast cancer was done in a staging, two-step process, with a review of tumor factors and recommendation from a multi-

disciplinary approach, leading to a well-informed patient decision. BCS was defined as "lumpectomy" with normal surrounding tissue (partial mastectomy), all with or without nodal dissection. Mastectomies were defined as simple and modified radical. Patients were not considered candidates for BCS if they presented with multi-centric tumors in separate quadrants, gross multi-focal disease, diffuse micro-calcifications, or extensive intraductal carcinoma (EIC).

RESULTS: We present the highest rate of BCS to be reported, and the only study where a majority, 53 percent, of all cases of stage TIS, I, or II breast cancer received conservative treatment. The individual breakdown showed that 70 percent of stage I, 50 percent of TIS, and 46 percent of stage II tumors, were treated with BCS. According to the criteria detailed above, 75 cases were not considered candidates for BCS and underwent mastectomy.

In all, 103 of 178 cancers (57.8 percent) were candidates for conservative treatment, and 94 of these 103 cancers (91.3 percent) eventually chose BCS over mastectomy. Follow-up, ranging from six months to six-and-a-half years, has shown no local recurrence in any of our patients receiving BCS. In addition, 32 of 79 women undergoing mastectomy received breast reconstruction.

DISCUSSION: Recent studies have begun to address the factors causing an under-utilization of BCS performed on women with early-stage breast cancer. Numerous clinical studies have shown that BCS is preferable to mastectomy, as it does not sacrifice the breast or place the patient at increased risk of recurrence, but does improve her quality of life and self-image after surgery.

Despite this, the rate of BCS has not seen widespread national expansion and acceptance, perhaps due to physician bias or uninformed patients. Through our multi-disciplinary panel approach, we are able to give patients the appropriate

recommendation and information, leading to a well-informed patient choice. We performed the highest rate of BCS reported for stage TIS, I, and II breast cancers.

CONCLUSION: Amidst all the recent controversy in the study of breast cancer treatments, we believe BCS produces equivalent rates of morbidity and recurrence as mastectomy, and that BCS is preferable because it can preserve the breast for the majority of women who present with stage TIS, I, or II breast cancer.

For additional information or a complete copy of the study, contact Mary Lou Patton, MD, FACS, at Surgical Care Associates, Crozer-Chester Medical Center, (215) 876-3540.

The editors of PENNSYLVANIA MEDICINE encourage submission of scientific articles for publication consideration; however, abstracts of those articles not published in full are printed as a reference for readers.

Generally, clinical studies, trials, and observations including large numbers of patients or other types of papers of widespread medical interest are published as soon as possible. Papers dealing with limited numbers of patients and dealing with a narrow clinical medical focus are abstracted.

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Cardiac Arrhythmias – Management in 1995

Moderator: Francis E. Marchlinski, M.D.

MARCH 1, 1995

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Dr. Rhoads

Jonathan E. Rhoads, MD—professor of surgery, university provost emeritus, former John Rhea Barton professor, and chairman of surgery, University of Pennsylvania Medical Center, Philadelphia, and

a past recipient of the State Society's Distinguished Service Award—authored the article, "M memoir of a Surgical Nutritionist," which appeared in the September 28, 1994, issue of *JAMA*.

Stephen F. Conti, MD, chief, Division of Foot and Ankle Surgery, University of Pittsburgh Medical Center, has authored several book chapters in the publication *Rehabilitation of the Foot and Ankle* by Mosby. Also, Dr. Conti was elected to the Board of Certified Podiatrists' as medical adviser and has been named associate editor of the journal, *Foot and Ankle International*.

Nick M. DiGiovine, MD, medical director, Pittsburgh Center for Sports Medicine, Shadyside Hospital, Pittsburgh, was named a fellow of the American College of Surgeons.

Myles D. Greenberg, MD, an emergency medicine specialist from Pittsburgh, was honored with the Best Resident Presentation award at the annual meeting of the National Association of Emergency Medical Services Physicians.

Joseph F. Novak, MD, has received the Outstanding Humanitarian Award of the American Academy of Ophthalmology. Dr. Novak was recognized for his leadership in preventing blindness in the industrial workplace.

Gary Aaronson, DO, chief of pulmonary diseases, Frankford Hospital, Philadelphia, was elected president elect of the hospital's medical staff.

The Graduate Hospital, Philadelphia, has named **James L. Weese, MD**, chief, oncologic surgery, to a three-year appointment as cancer liaison physician.

S. Philip Bralow, MD, Division of Gastroenterology, Graduate Hospital,

Philadelphia, was selected to receive a Mastership of the American College of Gastroenterology by the college's board of trustees. He was awarded the mastership for his stature and achievement in gastroenterology and teaching, and for his contribution to the college in service, leadership, and education.

Albert Einstein Medical Center, Philadelphia, has appointed **Leonard A. Brody, MD**, as associate chair, Department of Orthopedic Surgery.

Joseph A. McCadden, MD, Wallingford, retired staff vice president and corporate medical director of Scott Paper Company, was recognized for 32 years of membership in the American Academy of Family Physicians.

David E. Longnecker, MD, Robert Dunning Dripps professor and chair, Department of Anesthesia, and **Jerome F. Strauss III, MD, PhD**, professor of obstetrics and gynecology and director, Center for Research on Women's Health and Reproduction, University of Pennsylvania Medical Center, Philadelphia, were elected to the Institute of Medicine of the National Academy of Sciences.

Donald Kaye, MD, president and chief executive officer, Medical College of Pennsylvania and Hahnemann University Hospital, Philadelphia, was awarded the Distinguished Achievement Award from the New York Hospital-Cornell Medical Center Alumni Council for his outstanding services rendered in the field of medicine. Dr. Kaye also received the Emilio Ribas Medal from the Brazilian Infectious Disease Society for his distinguished service in the field of infectious diseases.

Joel I. Polin, MD, chairman, Department of Obstetrics and Gynecology, Abington Memorial Hospital, Abington, was elected vice chairman of the Residency Review Program Committee for Obstetrics and Gynecology.

Sydria Klein Schaffer, MD, assistant professor of clinical medicine, Medical College of Pennsylvania and Hahnemann University, Philadelphia, was awarded the first U.S. Healthcare Quality Management Fellowship.

Steven J. Brown, MD, Media, was appointed associate medical director, Health Service Department for Greater Atlantic Health Service, Philadelphia.

St. Christopher's Hospital for Children, Philadelphia, has appointed **Julian Allen, MD**, chief, Section of Pediatric Pulmonology. Also, **Daniel V. Schidlow, MD**, was appointed senior vice president for clinical affairs and senior vice chair, Department of Pediatrics, Medical College of Pennsylvania and Hahnemann University School of Medicine, Philadelphia.

Sidney Cohen, MD, assistant vice president, Temple University Health Sciences Center, Philadelphia, has received the 1994 Albert J. Finestone, MD, award for continuing commitment to the educational process in the practice of medicine.

Peter B. Bloom, MD, senior attending psychiatrist, Institute of Pennsylvania Hospital, Philadelphia, and clinical professor of psychiatry, University of Pennsylvania School of Medicine, Philadelphia, was appointed to a three-year term as president of the International Society of Hypnosis.

Allan Tunkel, MD, PhD, assistant director, Internal Medicine Residency Program, Medical College of Pennsylvania and Hahnemann University, Philadelphia, has received the 1994 American Medical Women's Association's Gender Equity Award.

Thomas Jefferson University, Philadelphia, has named **Walter J. Curran Jr., MD**, to chairman, Department of Radiation Oncology.

James Withers, MD, Wilksburg, was awarded the America's Award (often called "The Nobel Prizes for Goodness") by the Positive Thinking Foundation. Dr. Withers provides free medical care for Pittsburgh's homeless.

Todd Sagin, MD, JD, was named medical director of HealthSpring Medical Group, Philadelphia.

Medical College of Pennsylvania, Philadelphia, has appointed **Marie Savard, MD**, director of the Center for Women's Health. Also, Dr. Savard was appointed assistant professor of medicine, Medical College of Pennsylvania and Hahnemann University, Philadelphia.

John J. Androski, MD, Scranton
Hahnemann University School of Medicine, 1939; age 84, died October 8, 1994. Dr. Androski was an internist. •

Andrew W. Culley, MD, Sebring, OH
University of Pennsylvania School of Medicine, 1936; age 86, died October 20, 1994. Dr. Culley was a pathologist. •

Myer M. Dashe, MD, Reading
Hahnemann University School of Medicine, 1935; age 85, died November 3, 1994. Dr. Dashe was a general practitioner. •

Clarence W. Grimes, MD, Rice Landing
University of Pittsburgh School of Medicine, 1930; age 92, died October 22, 1994. Dr. Grimes was a family practitioner. •

Robert A. Heinbach, MD, Selinsgrove
Jefferson Medical College of Thomas Jefferson University, 1942; age 80, died October 19, 1994. Dr. Heinbach was a general practitioner. •

Louis J. Hampton, MD, Ellittsburg
University of Pennsylvania School of Medicine, 1933; age 85, died October 26, 1994. Dr. Hampton specialized in pulmonary diseases. •

Harold R. Kay, MD, Wynnewood
Medical College of Wisconsin, 1972; age 47, died November 12, 1994. Dr. Kay was a thoracic surgeon. •

Robert S. Lefever, MD, Gettysburg
Temple University School of Medicine, 1944; age 74, died October 2, 1994. Dr. Lefever was an internist. •

William H. Magill, Newport
McGill Medical School, Montreal, Quebec, Canada, 1947; age 77, died October 26, 1994. Dr. Magill was a family practitioner. •

Michael A. Peters, MD, Telford
Hahnemann University School of Medicine, 1934; age 86, died October 21, 1994. Dr. Peters was an internist. •

Marie A. Reagan, MD, Pittsburgh
University of Pittsburgh School of Medicine, 1953; age 68, died October 9, 1994. Dr. Reagan was an obstetrician/gynecologist. •

Andrew C. Yellenik, MD, Pittsburgh
Marquette University School of Medicine, Milwaukee, Wisconsin, 1944; age 78, died October 17, 1994. Dr. Yellenik was a general practitioner. •

H. Woodrow Bashline, MD, Grove City
Hahnemann University School of Medicine, 1938; age 81, died October 11, 1994. Dr. Bashline was a general practitioner. •

Joseph M. DeVivo Sr., DO, Philadelphia
Chicago College of Osteopathic Medicine,

1957; age 62, died October 3, 1994. Dr. DeVivo was a urologist.

Harvey P. Feigley, MD, Quakertown
Jefferson Medical College of Thomas Jefferson University, 1942; age 76, died September 23, 1994. Dr. Feigley was a general practitioner.

Guillermo Safferman, MD, Chalfont
Medical University of Argentina, 1945; age 76, died October 13, 1994. Dr. Safferman was an anesthesiologist.

Boris H. Traven, DO, Doylestown
Philadelphia College of Osteopathic

Medicine; age 75, died October 4, 1994. Dr. Traven was an anesthesiologist.

• Denotes membership in the Pennsylvania Medical Society at the time of death.

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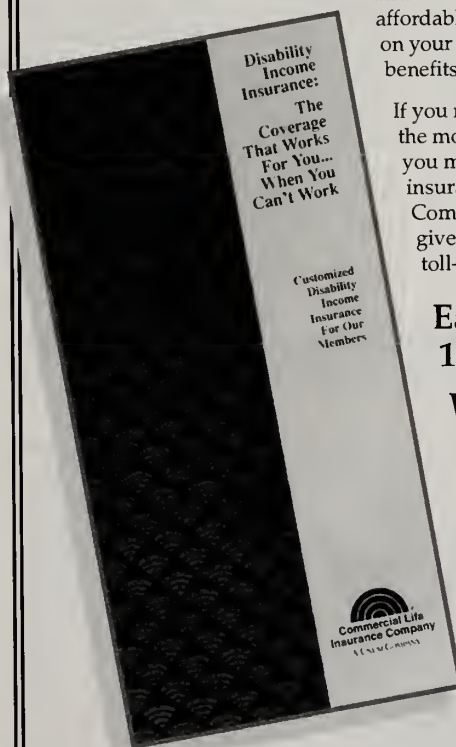
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SOCIETIES LOOKING AT MANAGED CARE NETWORKS

Of the 50 state medical societies in the United States, 76 percent are either considering development of a physician-sponsored managed care network or are in some stage of developing one, according to a survey completed last fall by Towers Perrin's Integrated HealthSystems Consulting.

In Pennsylvania, the State Society in 1993 considered development of such a network, but opted instead to provide support to its members in local network development. This is actively going forward through the new subsidiary, PennMed Member Services Company (PMSCO).

More formally, a resolution adopted by the 1994 House of Delegates directs the Society to "endorse the concept of physicians pursuing the establishment of Pennsylvania physician-owned health care delivery organizations."

The survey found that 12 percent of state societies are in the process of developing physician-sponsored networks, 28 percent are studying the feasibility of a physician-sponsored network, and 18 percent are actively considering developing one. Of the group currently developing networks, more than half expect their plans to be operational within 12 months, and one state reported that its plan should be operational within three months. The types of managed care organizations being developed include health maintenance organizations (HMOs), preferred provider organizations (PPOs), and exclusive provider organizations (EPOs).

Only 12 percent of the state medical societies have not considered

developing a physician-sponsored managed care network. Of these, the majority indicate that they believe their role is one of education rather than organization.

Of the respondents, 18 percent have already developed a physician-sponsored network, but four of the nine networks are no longer functioning. Of the active networks, three state societies have PPOs, and two have HMOs. Five state societies have considered the development of a network, but rejected the idea as not feasible.

For more on State Society efforts resulting from the Society's feasibility study, see page 23. For a complete copy of the Towers Perrin report, call (913) 451-3000.

STATE'S UNINSURED RATE AMONG LOWEST IN NATION

A new study released by Pennsylvania Blue Shield reinforces findings of a late '80s study that Pennsylvania's uninsured rate is among the lowest in the nation at 9.8 percent.

The new Blue Shield study, "Health Insurance Coverage in Pennsylvania and Characteristics of the Uninsured Population," found that Pennsylvania's 980,000 uninsured are a diverse group of individuals, many of whom are uninsured for only short periods of time.

Reasons cited for lack of health insurance include: cannot afford health insurance (35 percent), unemployed (31 percent), job doesn't offer insurance (20 percent), do not want or need insurance (5 percent), employee share for insurance is too expensive (4 percent), dropped for health reasons (3 percent), and parental/college coverage ended (2.5 percent).

In other findings:

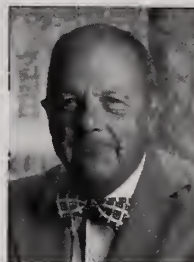
- The study does not include those 65 and older, but if the Medicare population were included, the percentage of uninsured would be approximately one percent lower.

- Approximately 218,000 of the total uninsured population may be eligible for Medicaid, but have not enrolled.

The late '80s study—commissioned by the Pennsylvania Health Care Cost Containment Council, and one of the first of its kind in the U.S.—detailed the number of Pennsylvanians who lack health insurance, and led to several public and private policy changes.

COUNTY NEWS

MEDICAL LEADERS HONORED IN PHILADELPHIA



Dr. Tyson

The highest honor from the Philadelphia County Medical Society, the Strittmatter Award, was presented late last year to **R. Robert Tyson, MD**, for his devotion to medicine, his

dedication to his patients, his work as a pioneer in vascular surgery, and his efforts to improve and promote organized medicine. The county society's annual awards ceremonies were held in November.

Dr. Tyson, a native of Philadelphia, earned his medical degree from the University of Pennsylvania School of Medicine. He interned at Graduate Hospital and had finished one year of residency in surgery there when his training was interrupted by two years in the Navy as a lieutenant (JG). Upon returning to Philadelphia, Dr. Tyson finished his residency at Temple University Hospital, where he went on to serve an assistantship with W. Emory Burnett, MD.

He then joined the faculty at Temple as an instructor in surgery and was certified by the American Board of Surgery and accepted as a fellow in the American College of Surgery. Dr. Tyson stayed at Temple throughout his career, eventually rising to the rank of professor and then chief of vascular surgery. In 1988, he became professor emeritus.

PHARMACIES RECOGNIZED FOR ANTI-TOBACCO EFFORTS: More than 400 Pennsylvania pharmacies were recognized by the State Society in November for being "tobacco free." At a press conference in Harrisburg, Immediate Past President Martin A. Murcek, MD (at podium), and President Elect Janathan E. Rhaads Jr., MD, awarded certificates to representatives of the pharmacies. Dr. Murcek applauded the pharmacies "for standing on the belief that they are in the business of helping sick people, not helping make people sick." The Society has sponsored the pharmacy recognition program since 1991; last year, it honored 77 pharmacies. This year's event was held during the American Cancer Society's Great American Smokeout.



At Temple, Dr. Tyson was an active member of the faculty, serving on a number of committees. He also served a number of professional organizations, including the Pennsylvania Association for Thoracic Surgery, as well as the Philadelphia County Medical Society, the Pennsylvania Medical Society, and the AMA. He was president of the State Society in 1986-87.

Dr. Tyson is past chairman and a 25-year member of Pennsylvania Blue Shield's board of directors; in 1992, he was named executive director of the Pennsylvania Blue Shield Institute. He has published 78 scientific articles and created five films covering various aspects of vascular surgery.

The Cristol Award for contributions to the county society's educational, scientific, and charitable goals was presented to **Norman Makous, MD**. A native of the Midwest, Dr. Makous is a board-certified cardiologist at Pennsylvania Hospital and a faculty member at the University of Pennsylvania and Jefferson Medical College of Thomas Jefferson University. He has been an active participant in the federation of medicine since 1970, serving on several county- and state-level committees. He currently is a member of the State Society's Council on Membership.

Dr. Makous says that he realized that the responsible approach is to participate in the improvement of organizations as a loyalist from within, rather than attempt to change them as a revolutionist from without. "Organized medicine offers a particularly difficult challenge," he adds. "The culture is very resistant to change, but headway is being made and must be made. If prudent, rapid, and possibly major organizational changes are not made, organized medicine will not have reasonable input into the direction of medical care in the future."

Several other physicians and community members were also honored:

- **Jasper G. ChenSee, MD**, a retired anatomic and clinical pathologist from Reading, received the C. Nelson Davis Award for excellence in research devoted to educating physicians about addictive disorders afflicting physicians.

- **Tito Augustine Ranieri, MD**, a Philadelphia surgeon and instructor,

received the Krasnoff Award for the Practitioner of the Year for dedication in the area of patient care and community service.

- **Eric Justin Gertner, MD**, chief resident in internal medicine, Medical College of Pennsylvania Main Clinical Campus, received the Humanness in Medicine Award for Resident Physicians.

- **Jodi H. Brown, MD**, a participant in the Child and Adolescent Psychiatry Fellowship Program at Thomas Jefferson University, received the Appel Award for Resident Physicians for her paper on clinical psychiatry recounting one experience in therapy and what she learned from the experience.

- **The Anti-Violence Partnership of Philadelphia**, an organization devoted to assisting those whose lives are devastated by the murder of a loved one and working with area youth to reduce the epidemic of violence, received a Benjamin Rush Award for outstanding voluntary contributions to the health and welfare of the people of Philadelphia.

- **Reverend Jesse W. Brown Jr.**, a Northern Philadelphia pastor known nationwide as an advocate of tobacco control, also received a Benjamin Rush Award for his commitment to improving the city's health and welfare.

- **Ana Rodriguez**, a Philadelphia native now serving as a police officer in the city's Central Detective Division Domestic Violence Unit, received the President's Award for her dedicated work and compassion for the people of Philadelphia. She is trained to work in child abuse, elder abuse,

domestic abuse, conflict resolution and mediation, victim assistance, and crime prevention programs.

- Forty-nine Philadelphia County physicians received Fifty-Year Awards for their dedication to organized medicine.

OUTCOMES, QUALITY FOCUS OF SPRING SYMPOSIUM

The Pennsylvania Health Care Cost Containment Council is planning a national symposium on outcomes and quality assessment, May 31-June 2, 1995, at the Harrisburg Hilton and Towers. The program will provide information on the state of the art in outcome measurement and quality assessment, both in Pennsylvania and other states, to advance health care data use and add value for both providers and purchasers.

Experts in the fields will discuss: how the interplay between the needs of health care purchasers and the needs of providers of health care has shaped the growth of outcome measurement and quality assessment tools; how health system reform, managed care, integration of delivery systems, quality measurement, and information processing changed the paradigms that shape health care purchasing decisions; and what challenges exist for purchasers, providers, the public, and payers in this environment.

The State Society and the Hospital Association of Pennsylvania are cosponsoring the program; CME credit is pending. For more information, call the council at (717) 232-6787.

ALLIANCE NEWS

ASSISTANCE FUNDS SENT TO TEXAS

The Pennsylvania Medical Society Alliance, through its Emergency Assistance Fund, continues to aid victims of federally declared disasters. Its latest effort is a \$1,000 donation to aid victims of Texas flooding which resulted from extreme rainfall in October.

The fund was established in 1989; to date, the Alliance has donated \$14,325 to assist victims of disasters. Past contributions have been used where no insurance coverage existed to help restore a physician's office, in one case, and to restore an alliance member's home in another. In the midwest, a woman who had no family and no insurance was assisted by the Pennsylvania fund, and children in Hawaii and Georgia, through school programs, were supported following natural disasters.

Physicians and county societies wishing to contribute to the fund may do so by sending a check payable to The Educational and Scientific Trust of the Pennsylvania Medical Society, P.O. Box 8820, Harrisburg, PA 17105-8820. Please specify that the donation is for the Emergency Assistance Fund.

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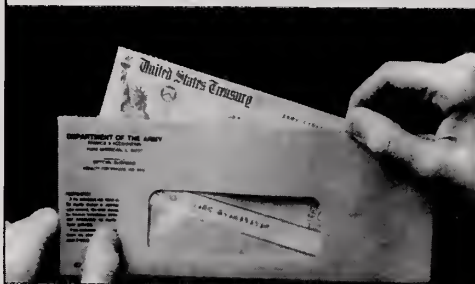
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Why the Health Care System Is Broken

Marwan A. Wehbé

The system has a broken leg. They want to fix it by shooting it in the foot or by casting the wrong leg! Tell people they should have the best medical care; tell them they should not have to pay for it; tell them they deserve it by right. Now, expect them to be thankful and to pay their dues.

Medicare is being embraced as a model by federal and state legislators. Consider one example of a patient who had hand surgery in the office. It cost him \$50 in deductible, but Medicare refused to pay the physician \$200 for supplies used in office surgery. That was therefore the physician's cost for the privilege of caring for this patient. Soon the patient needed the same procedure performed on his other hand; this he had done as an outpatient at the hospital surgicenter. That cost the patient \$500, and Medicare over \$5,000 in hospital bills. That's Medicare's idea of saving \$200! And, would you believe, the law does not allow the patient to pay that \$200—which would have saved both him and Medicare a lot of money?

Patients must see a gatekeeper and workers a panel physician prior to getting appropriate treatment. The implication is that specialized care can be avoided in this fashion. As a result, definitive treatment is postponed in many cases, and specialists must deal with complications of delayed and inappropriate treatments. Workers are told that they are fakers, disability is prolonged, and the cost of medical care increases.

Insurers are short-changing both patient and physician. By withholding a patient's due, they instigate legal action, and from there on things only get worse. By underpaying physicians, they remove all incentive for physicians to make themselves available and to research faster ways to return the injured to work.

A particular one-hour procedure by a subspecialist is valued by Medicare and by Blue Shield as \$35. A sham appeal process is offered as a recourse. Having gone through it to great lengths, I have seen it to be just that: a sham. The payers' incentive is not to pay "what is fair and reasonable," but as little as possible. The industry even rewards its clerks with promotions and bonuses, as long as they delay payment of health care bills.

The health care system is broken because it is run by bureaucrats who are draining its resources for their own financial benefits. (Have you heard how many billions each health insurance carrier grossed in the last year?) Over 20 percent of every dollar is lost to administrative costs and profit, leaving many health care bills unpaid! It is about time patients demanded their due.

The current Pennsylvania workers' compensation system has been a screaming success...at saving money for the insurance companies, who can now invest their money elsewhere, such as in real estate. This system badly needs to be re-examined to pay for workers' deserved health care, to stop short-changing the injured workers and their physicians. The drug manufacturing business needs to come under more control to decrease its drain of financial resources. The happy-sue-everybody attitude needs to be controlled by appropriate legislation.

Patients need to accept some financial responsibility for their own care. Not only do we get what we pay for, but we will likely get nothing in a system that requires us to pay nothing.

And why shouldn't health care be the highest proportion of GNP and grow faster than any other expense? Do we want the best medical care, and do we not want that more than anything else? Currently the average American spends on entertainment seven times more than on health care. It's a matter of priorities. ☺

Dr. Wehbé is a hand surgeon at the Pennsylvania Hand Center and Bryn Mawr Hospital, Bryn Mawr.

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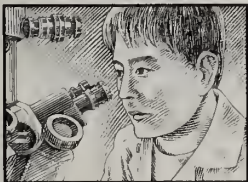
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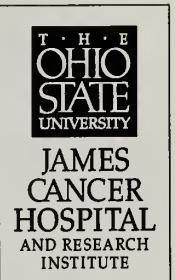


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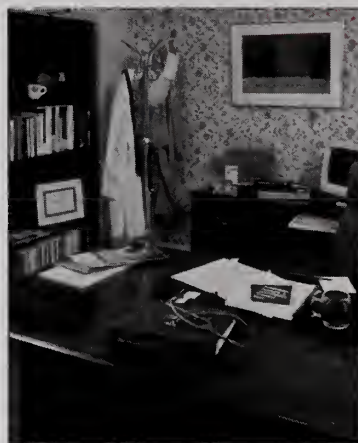
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15 Resource Guide for Pennsylvania Physicians

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44 New Trustees Bring Diverse Perspectives to Society's Board



Joining the State Society's board this year are (left to right): John A. Malcolm Jr., MD, Edward A. Lottick, MD, and Robert M. McNamara, MD. Each brings to the board a different practice perspective and a myriad of issues.

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HOUSE PASSES WELFARE REFORM BILL: The House of Representatives has passed a welfare reform bill focusing on job training and the Medical Assistance (MA) program. House Bill 2 would create a privatized voucher program requiring MA patients to purchase health insurance coverage. The bill provides for a three-year demonstration program in three areas: rural, suburban, and urban. The Society is coordinating a review of the bill as amended by the House. The House moved rapidly on the bill as part of the majority Republicans' "100-Day" program for addressing the issue. The Senate is expected to move with much greater deliberation.

APPEAL FILED IN FIORI CASE: The State Society continues to monitor and support the case of a Philadelphia-area man whose mother wishes to withdraw life-sustaining treatment. Daniel J. Fiori has been in a persistent vegetative state for nearly 19 years. The state has appealed to the Pennsylvania Supreme Court, after the Superior Court decided that agreement between a close family member and two licensed physicians is sufficient to withdraw such treatment. The Society has submitted briefs and presented oral arguments in support of the mother.

NEW E/M GUIDELINES RAISE CONCERNS: The Health Care Financing Administration (HCFA) has issued Medicare documentation guidelines for evaluation and management (E/M) codes, partly in response to physician requests for more explicit criteria to determine level of service on Medicare claims. Developed over a two-year period with input from medical groups, including the AMA, the guidelines affect about 40 E/M codes. Physicians are now concerned about paperwork requirements and other matters. The Society's Council on Medical Economics has reviewed the guidelines in detail and expressed a number of concerns. Appropriate actions will be considered by the board.

MEDICINE EXPRESSES CONCERNS OVER PROPOSED MEDICARE CUTS: The State Society has joined more than 100 organizations nationwide in signing a letter to the U.S. House of Representatives commenting on proposed cuts to the Medicare program. While statistics show that physicians have continually taken payment cuts as program funding changed over the past decade, the letter's bottom line is, "The cuts will...harm Medicare patients." The letter, dated January 20, suggests the need for a partnership between all parties involved "to develop rational and effective, long-term solutions to Medicare financing problems."

GOVERNOR RIDGE APPOINTS INSURANCE COMMISSIONER: Governor Tom Ridge in mid-January announced the nomination of Linda Susan Kaiser to serve as Pennsylvania's Insurance Commissioner. If confirmed, Kaiser would be charged with administering the insurance laws of the commonwealth and protecting the insurance consumer.

CDC GRANT FUNDS NEW TOLL-FREE NUMBER: Physicians and their staffs can now receive timely answers on CLIA and other lab-related issues by calling COLA's new toll-free number, (800) 298-8044 (M-F, 9-5). The service is made possible through a cooperative agreement with the CDC.

DOCTORS' DAY IS MARCH 30: County, state, and national physician organizations will celebrate Doctors' Day on March 30 with a variety of activities, including educational seminars and media events. The State Society has produced promotional kits to help groups plan and celebrate the day, which originated in Georgia in 1933. To receive a kit, call the Society at (800) 228-7823, ext. 443; or fax your request to (717) 558-7840.

LOBBYING PERCENTAGE SET AT 16 PERCENT FOR 1994: For federal income tax purposes, the actual non-deductible percentage of your 1994 Society dues is 16 percent. Because of changes in the tax law, membership associations are required to report the percentage of their overall efforts related to lobbying. Members of these organizations are required to take this percentage into account when identifying dues as tax deductions. Direct questions to (800) 228-7823, ext. 234. Note: The AMA reports that 23 percent of its dues is not deductible.



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Pennsylvania Medical Society
May 2-3, 1995
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◆ TUESDAY, MAY 2, 1:00 PM

KEYNOTE ADDRESS—**Jeff Levine**, CNN correspondent since 1980, covering medical legislation and regulation on Capitol Hill, Washington.

PLENARY SPEAKERS:

"Medicine's Dilemmas"—**William L. Kissick, MD, DrPH**, a participant in Medicare's original drafting in the '60s, is a prolific writer, commentator, and respected adviser on the U.S. health care scene. He is professor of health care systems, the Wharton School, University of Pennsylvania.

"California's Experience with Managed Care"—**Eugene S. Ograd, MD**, president, California Medical Association, speaks from the cutting-edge of health care change.

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◆ MONDAY, MAY 1

- ◆ PAMPAC seminar, 11:00 am, "Techniques Legislators Really Understand."
- ◆ HMSS Seminar, 4:00 pm, "Enhancing Physician Leadership in a Changing World," created by the Leadership Institute of the Society's Educational and Scientific Trust.

◆ TUESDAY, MAY 2

- ◆ HMSS Assembly Meeting, 8:30 am, "How to Overcome Obstacles and Organize Physicians," a presentation by **Dr. Ograd**.

Look for details of all sessions next month in PENNSYLVANIA MEDICINE, and for your registration form in the February issue of Executive Report.

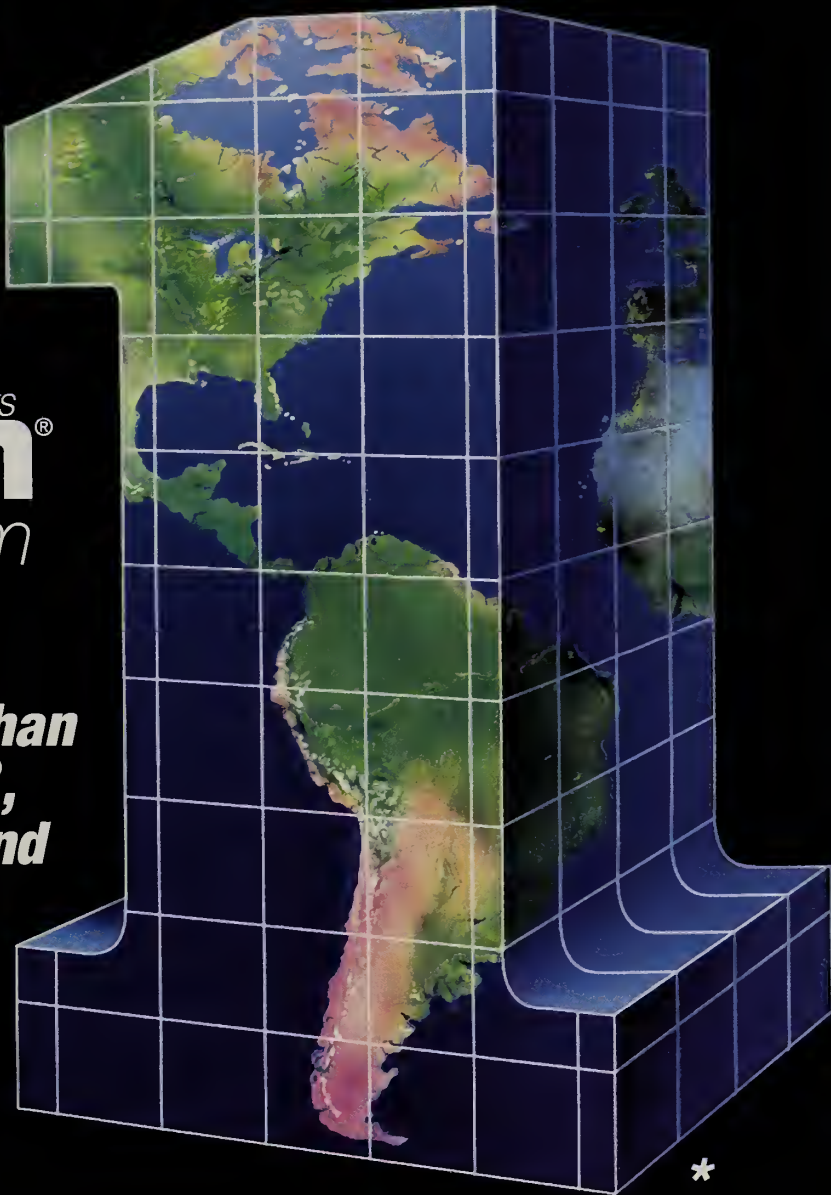
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diclofenac sodium

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Daypro[®] combined*†***



**** Based on number of prescriptions worldwide (IMS MIDAS, 6/93).***

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Please see Brief Summary of Prescribing Information on adjacent page.

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VOLTAREN®

diclofenac sodium
Delayed-Release (enteric-coated) Tablets

CATAFLAM®

diclofenac potassium
Immediate-Release Tablets

Brief Summary (For full Prescribing Information, see Package Insert.)

INDICATIONS AND USAGE

Voltaren Delayed-Release or Cataflam Immediate-Release Tablets are indicated for the acute and chronic treatment of signs and symptoms of rheumatoid arthritis, osteoarthritis, and ankylosing spondylitis. Only Cataflam is indicated for the management of pain and primary dysmenorrhea when prompt pain relief is desired, because it is formulated to provide earlier plasma concentrations of diclofenac (see CLINICAL PHARMACOLOGY: Pharmacokinetics and Clinical Studies).

CONTRAINDICATIONS

Diclofenac in either formulation, Voltaren or Cataflam, is contraindicated in patients with hypersensitivity to diclofenac. Diclofenac should not be given to patients who have experienced asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactoid reactions to diclofenac have been reported in such patients.

WARNINGS

Gastrointestinal Effects

Peptic ulceration and gastrointestinal bleeding have been reported in patients receiving diclofenac. Physicians and patients should therefore remain alert for ulceration and bleeding in patients treated chronically with diclofenac even in the absence of previous G.I. tract symptoms. It is recommended that patients be maintained on the lowest dose of diclofenac possible, consistent with achieving a satisfactory therapeutic response.

Risk of G.I. Ulcerations, Bleeding, and Perforation with NSAID Therapy: Serious gastrointestinal toxicity such as bleeding, ulceration, and perforation can occur at any time, with or without warning symptoms, in patients treated chronically with NSAID therapy. Although minor upper gastrointestinal problems, such as dyspepsia, are common, usually developing early in therapy, physicians should remain alert for ulceration and bleeding in patients treated chronically with NSAIDs even in the absence of previous G.I. tract symptoms. In patients observed in clinical trials of several months to 2 years' duration, symptomatic upper G.I. ulcers, gross bleeding, or perforation appear to occur in approximately 1% of patients for 3-6 months, and in about 2%-4% of patients treated for 1 year. Physicians should inform patients about the signs and/or symptoms of serious G.I. toxicity and what steps to take if they occur.

Studies to date have not identified any subset of patients not at risk of developing peptic ulceration and bleeding. Except for a prior history of serious G.I. events and other risk factors known to be associated with peptic ulcer disease, such as alcoholism, smoking, etc., no risk factors (e.g., age, sex) have been associated with increased risk. Elderly or debilitated patients seem to tolerate ulceration or bleeding less well than other individuals, and most spontaneous reports of fatal G.I. events are in this population. Studies to date are inconclusive concerning the relative risk of various NSAIDs in causing such reactions. High doses of any NSAID probably carry a greater risk of these reactions, although controlled clinical trials showing this do not exist in most cases. In considering the use of relatively large doses (within the recommended dosage range), sufficient benefit should be anticipated to offset the potential increased risk of G.I. toxicity.

Hepatic Effects

As with other NSAIDs, elevations of one or more liver tests may occur during diclofenac therapy. These laboratory abnormalities may progress, may remain unchanged, or may be transient with continued therapy. Borderline elevations (i.e., less than 3 times the ULN [=the Upper Limit of the Normal range]), or greater elevations of transaminases occurred in about 15% of diclofenac-treated patients. If the hepatic enzymes, ALT (SGPT) is the one recommended for the monitoring of liver injury.

In clinical trials, meaningful elevations (i.e., more than 3 times the ULN of AST (SGOT) (ALT was not measured in all studies) occurred in about 2% of approximately 5700 patients at some time during Voltaren treatment. In a large, open, controlled trial, meaningful elevations of ALT and/or AST occurred in about 4% of 3700 patients treated for 2-6 months, including marked elevations (i.e., more than 8 times the ULN) in about 1% of the 3700 patients. In that open-label study, a higher incidence of borderline (less than 3 times the ULN), moderate (3-8 times the ULN), and marked (>8 times the ULN) elevations of ALT or AST was observed in patients receiving diclofenac when compared to other NSAIDs. Transaminase elevations were seen more frequently in patients with osteoarthritis than in those with rheumatoid arthritis (see ADVERSE REACTIONS).

In addition to the enzyme elevations seen in clinical trials, rare cases of severe hepatic reactions, including jaundice and fatal fulminant hepatitis, have been reported.

Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac, because severe hepatotoxicity may develop without a prodrome of distinguishing symptoms. The optimum times for making the first and subsequent transaminase measurements are not known. In the largest U.S. trial (open-label) that involved 3700 patients monitored first at 8 weeks and 1200 patients monitored again at 24 weeks, almost all meaningful elevations in transaminases were detected before patients became symptomatic. In 42 of the 51 patients in all trials who developed marked transaminase elevations, abnormal tests occurred during the first 2 months of therapy with diclofenac. Based on this experience, if diclofenac is used chronically, the first transaminase measurement should be made no later than 8 weeks after the start of diclofenac treatment. As with other NSAIDs, if abnormal liver tests persist or worsen, if clinical signs and/or symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc.), diclofenac should be discontinued.

To minimize the possibility that hepatic injury will become severe between transaminase measurements, physicians should inform patients of the warning signs and symptoms of hepatotoxicity (e.g., nausea, fatigue, lethargy, pruritus, jaundice, right upper quadrant tenderness, and "flu-like" symptoms), and the appropriate action patients should take if these signs and symptoms appear.

PRECAUTIONS

General

Allergic Reactions: As with other NSAIDs, allergic reactions including anaphylaxis have been reported with diclofenac. Specific allergic manifestations consisting of swelling of eyelids, lips, pharynx, and larynx; urticaria; asthma; and bronchospasm, sometimes with a concomitant fall in blood pressure (severe at times) have been observed in clinical trials and/or the marketing experience with diclofenac. Anaphylaxis has rarely been reported from foreign sources; in U.S. clinical trials with diclofenac in over 6000 patients, 1 case of anaphylaxis was reported. In controlled clinical trials, allergic reactions have been observed at an incidence of 0.5%. These reactions can occur without prior exposure to the drug.

Fluid Retention and Edema: Fluid retention and edema have been observed in some patients taking diclofenac. Therefore, as with other NSAIDs, diclofenac should be used with caution in patients with a history of cardiac decompensation, hypertension, or other conditions predisposing to fluid retention.

Renal Effects: As a class, NSAIDs have been associated with renal papillary necrosis and other abnormal renal pathology in long-term administration to animals. In oral diclofenac studies in animals, some evidence of renal toxicity was noted. Isolated incidents of papillary necrosis were observed in a few animals at high doses (20-120 mg/kg) in several balanced subacute studies. In patients treated with diclofenac, rare cases of interstitial nephritis and papillary necrosis have been reported (see ADVERSE REACTIONS).

A second form of renal toxicity, generally associated with NSAIDs, is seen in patients with conditions leading to a reduction in renal blood flow or blood volume, where renal prostaglandins have a supportive role in the maintenance of renal perfusion. In these patients, administration of an NSAID results in a dose-dependent decrease in prostaglandin synthesis and, secondarily, in a reduction of renal blood flow, which may precipitate overt renal failure. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics, and the elderly. Discontinuation of NSAID therapy is typically followed by recovery to the pretreatment state.

Cases of significant renal failure in patients receiving diclofenac have been reported from marketing experience, but were not observed in over 4000 patients in clinical trials during which serum creatinine and BUN values were followed serially. There were only 11 patients (0.3%) whose serum creatinine and concurrent serum BUN values were greater than 2.0 mg/dL and 40 mg/dL, respectively, while on diclofenac (mean rise in the 11 patients: creatinine 2.3 mg/dL and BUN 28.4 mg/dL).

Since diclofenac metabolites are eliminated primarily by the kidneys, patients with significantly impaired renal function should be more closely monitored than subjects with normal renal function.

Porphyria: The use of diclofenac in patients with hepatic porphyria should be avoided. To date, 1 patient has been described in whom diclofenac probably triggered a clinical attack of porphyria. The postulated mechanism, demonstrated in rats, for causing such attacks by diclofenac, as well as some other NSAIDs, is through stimulation of the porphyrin precursor delta-aminolevulinic acid (ALA).

Information for Patients

Diclofenac, like other drugs of its class, is not free of side effects. The side effects of these drugs can cause discomfort and, rarely, there are more serious side effects, such as gastrointestinal bleeding, and more rarely, liver toxicity (see WARNINGS, Hepatic Effects), which may result in hospitalization and even fatal outcomes.

NSAIDs are often essential agents in the management of arthritis and have a major role in the management of pain, but they also may be commonly employed for conditions that are less serious.

Physicians may wish to discuss with their patients the potential risks (see WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS) and likely benefits of NSAID treatment, particularly when the drugs are used for less serious conditions where treatment without NSAIDs may represent an acceptable alternative to both the patient and physician.

Laboratory Tests

Because serious G.I. tract ulceration and bleeding can occur without warning symptoms, physicians should follow chronically treated patients for the signs and symptoms of ulceration and bleeding and should inform them of the importance of this follow-up (see WARNINGS, Risk of G.I. Ulcerations, Bleeding, and Perforation with NSAID Therapy). If diclofenac is used chronically, patients should also be instructed to report any signs and symptoms that might be due to hepatotoxicity of diclofenac; these symptoms may become evident between visits when periodic liver laboratory tests are performed (see WARNINGS, Hepatic Effects).

Drug Interactions

Aspirin: Concomitant administration of diclofenac and aspirin is not recommended because diclofenac is displaced from its binding sites during the concomitant administration of aspirin, resulting in lower plasma concentrations, peak plasma levels, and AUC values.

Anticoagulants: While studies have not shown diclofenac to interact with anticoagulants of the warfarin type, caution should be exercised, nonetheless, since interactions have been seen with other NSAIDs. Because prostaglandins play an important role in hemostasis, and NSAIDs affect platelet function as well, concurrent therapy with all NSAIDs, including diclofenac, and warfarin requires close monitoring of patients to be certain that no change in their anticoagulant dosage is required.

Digoxin, Methotrexate, Cyclosporine: Diclofenac, like other NSAIDs, may affect renal prostaglandins and increase the toxicity of certain drugs. Ingestion of diclofenac may increase serum concentrations of digoxin and methotrexate and increase cyclosporine's nephrotoxicity. Patients who begin taking diclofenac or who increase their diclofenac dose or any other NSAID while taking digoxin, methotrexate, or cyclosporine may develop toxicity characteristics for these drugs. They should be observed closely, particularly if renal function is impaired. In the case of digoxin, serum levels should be

monitored.

Lithium: Diclofenac decreases lithium renal clearance and increases lithium plasma levels. In patients taking diclofenac and lithium concomitantly, lithium toxicity may develop.

Dral Hypoglycemics: Diclofenac does not alter glucose metabolism in normal subjects nor does it alter the effects of oral hypoglycemic agents. There are rare reports, however, from marketing experiences of changes in effects of insulin or oral hypoglycemic agents in the presence of diclofenac that necessitated changes in the doses of such agents. Both hypo- and hyperglycemic effects have been reported. A direct causal relationship has not been established, but physicians should consider the possibility that diclofenac may alter a diabetic patient's response to insulin or oral hypoglycemic agents.

Diuretics: Diclofenac and other NSAIDs can inhibit the activity of diuretics. Concomitant treatment with potassium-sparing diuretics may be associated with increased serum potassium levels.

Other Drugs: In small groups of drugs (7-10 interaction study), the concomitant administration of azathioprine, gold, chloroquine, D-penicillamine, prednisolone, cyclosporine, or digoxin did not significantly affect the peak levels and AUC values of diclofenac.

Protein Binding

In vitro, diclofenac interferes minimally or not at all with the protein binding of salicylic acid (20% decrease in binding), tolbutamide, prednisolone (10% decrease in binding), or warfarin. Benzylpenicillin, ampicillin, oxacillin, chlorotetracycline, doxycycline, cephalothin, erythromycin, and sulfamethoxazole have no influence in vitro on the protein binding of diclofenac in human serum.

Drug/Laboratory Test Interactions

Effect on Blood Coagulation: Diclofenac increases platelet aggregation time but does not affect bleeding time, plasma thrombin clotting time, plasma fibrinogen, or factors V and VII to XII. Statistically significant changes in prothrombin and partial thromboplastin times have been reported in normal volunteers. The mean changes were observed to be less than 1 second in both instances, however, and are unlikely to be clinically important. Diclofenac is a prostaglandin synthetase inhibitor, however, and all drugs that inhibit prostaglandin synthesis interfere with platelet function to some degree; therefore, patients who may be adversely affected by such an action should be carefully observed.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term carcinogenicity studies in rats given diclofenac sodium up to 2 mg/kg/day or (12 mg/m²/day approximately the human dose) have revealed no significant increases in tumor incidence. There was a slight increase in benign mammary fibroadenomas in mid-dose-treated (0.5 mg/kg/day or 3 mg/m²/day) female rats (high-dose females had excessive mortality), but the increase was not significant for this common rat tumor. A 2-year carcinogenicity study conducted in mice employing diclofenac sodium at doses up to 0.3 mg/kg/day (0.9 mg/m²/day) in males and 1 mg/kg/day (3 mg/m²/day) in females did not reveal any oncogenic potential. Diclofenac sodium did not show mutagenic activity in *in vitro* point mutation assays in mammalian (mouse lymphoma) and microbial (yeast, Ames) test systems and was nonmutagenic in several mammalian *in vitro* and *in vivo* tests, including dominant lethal and male germinal epithelial chromosomal studies in mice, and nucleus anomaly and chromosomal aberration studies in Chinese hamsters. Diclofenac sodium administered to male and female rats at 4 mg/kg/day (24 mg/m²/day) did not affect fertility.

Teratogenic Effects

There are no adequate and well-controlled studies in pregnant women. Diclofenac should be used during pregnancy only if the benefits to the mother justify the potential risk to the fetus.

Pregnancy Category B: Reproduction studies have been performed in mice given diclofenac sodium (up to 20 mg/kg/day or 60 mg/m²/day) and in rats and rabbits given diclofenac sodium (up to 10 mg/kg/day or 60 mg/m²/day for rats, and 80 mg/m²/day for rabbits), and have revealed no evidence of teratogenicity despite the induction of maternal toxicity and fetal toxicity. In rats, maternally toxic doses were associated with dystocia, prolonged gestation, reduced fetal weights and growth, and reduced fetal survival. Diclofenac has been shown to cross the placental barrier in mice and rats.

Labor and Delivery

The effects of diclofenac on labor and delivery in pregnant women are unknown. Because of the known effects of prostaglandin-inhibiting drugs on the fetal cardiovascular system (closure of ductus arteriosus), use of diclofenac during late pregnancy should be avoided and, as with other nonsteroidal anti-inflammatory drugs, it is possible that diclofenac may inhibit uterine contraction.

Nursing Mothers

Diclofenac has been found in the milk of nursing mothers. As with other drugs that are excreted in milk, diclofenac is not recommended for use in nursing women.

Pediatric Use

Safety and effectiveness of diclofenac in children have not been established.

Geriatric Use

Of the more than 6000 patients treated with diclofenac in U.S. trials, 31% were older than 65 years of age. No overall difference was observed between efficacy, adverse event or pharmacokinetic profiles of older and younger patients. As with any NSAID, the elderly are likely to tolerate adverse reactions less well than younger patients.

ADVERSE REACTIONS

Adverse reaction information is derived from blinded, controlled and open-label clinical trials, as well as worldwide marketing experience. In the description below, rates of more common events represent clinical study results; rarer events are derived principally from marketing experience and publications, and accurate rate estimates are generally not possible.

In a 6-month, double-blind trial comparing Voltaren Delayed-Release Tablets (N=197) vs. Cataflam Immediate-Release Tablets (N=196) vs. ibuprofen (N=197), adverse reactions were similar in nature and frequency. In 718 patients treated for shorter periods, i.e., 2 weeks or less, with Cataflam Immediate-Release Tablets, adverse reactions were reported one-half to one-tenth as frequently as by patients treated for longer periods.

The incidence of common adverse reactions (greater than 1%) is based upon controlled clinical trials in 1543 patients treated for up to 13 weeks with Voltaren Delayed-Release Tablets. By far the most common adverse effects were gastrointestinal symptoms, most of them minor, occurring in about 20%, and leading to discontinuation in about 3%, of patients. Peptic ulcer or G.I. bleeding occurred in clinical trials in 0.6% (95% confidence interval: 0.2% to 1%) of approximately 1800 patients during their first 3 months of diclofenac treatment and in 1.6% (95% confidence interval: 0.8% to 2.4%) of approximately 800 patients followed for 1 year.

Gastrointestinal symptoms were followed in frequency by central nervous system side effects such as headache (7%) and dizziness (3%).

Meaningful (exceeding 3 times the Upper Limit of Normal) elevations of ALT (SGPT) or AST (SGOT) occurred at an overall rate of approximately 2% during the first 2 months of Voltaren treatment. Unlike aspirin-related elevations, which occur more frequently in patients with rheumatoid arthritis, these elevations were more frequently observed in patients with osteoarthritis (2.6%) than in patients with rheumatoid arthritis (0.7%). Marked elevations (exceeding 8 times the ULN) were seen in 1% of patients treated for 2-6 months (see WARNINGS, Hepatic Effects).

The following adverse reactions were reported in patients treated with diclofenac:

Incidence Greater Than 1% - Causal Relationship Probable: (All derived from clinical trials.)

Body as a Whole: Abdominal pain or cramps, *headache, *fluid retention, abdominal distention.

Digestive: Diarrhea, *indigestion, *nausea, *constipation, *flatulence, liver test abnormalities, *PUB, i.e., peptic ulcer, with or without bleeding and/or perforation, or bleeding without ulcer (see above and also WARNINGS).

Nervous System: Dizziness.

Skin and Appendages: Rash, pruritus.

Special Senses: Tinnitus

*Incidence, 3% to 9% (incidence of unmarked reactions is 1%-3%).

Incidence Less Than 1% - Causal Relationship Probable: (The following reactions have been reported in patients taking diclofenac under circumstances that do not permit a clear attribution of the reaction to diclofenac. These reactions are being included as alerting information to physicians. Adverse reactions reported only in *worldwide marketing experience* or in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Malaise, swelling of lips and tongue, photosensitivity, anaphylaxis, anaphylactoid reactions.

Cardiovascular: Hypertension, congestive heart failure.

Digestive: Vomiting, jaundice, melena, aphthous stomatitis, dry mouth and mucous membranes, bloody diarrhea, hepatitis, hepatic necrosis, appetite change, pancreatitis with or without concomitant hepatitis, colitis.

Hemic and Lymphatic: Hemoglobin decrease, leukopenia, thrombocytopenia, hemolytic anemia, aplastic anemia, agranulocytosis, purpura, allergic purpura.

Metabolic and Nutritional Disorders: Azotemia.

Nervous System: Insomnia, drowsiness, depression, diplopia, anxiety, irritability, aseptic meningitis.

Respiratory: Epistaxis, asthma, laryngeal edema.

Skin and Appendages: Alopecia, urticaria, eczema, dermatitis, bullous eruption, erythema multiforme major, angioedema, Stevens-Johnson syndrome.

Special Senses: Blurred vision, taste disorder, reversible hearing loss, scotoma.

Urogenital: Nephrotic syndrome, proteinuria, oliguria, interstitial nephritis, papillary necrosis, acute renal failure.

Incidence Less Than 1% - Causal Relationship Unknown: (Adverse reactions reported only in *worldwide marketing experience* or in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Chest pain.

Cardiovascular: Palpitations, flushing, tachycardia, premature ventricular contractions, myocardial infarction.

Digestive: Esophageal lesions.

Hemic and Lymphatic: Bruising.

Metabolic and Nutritional Disorders: Hypoglycemia, weight loss.

Nervous System: Paresthesia, memory disturbance, nightmares, tremor, tic, abnormal coordination, convulsions, disorientation, psychotic reaction.

Respiratory: Dyspnea, hyperventilation, edema of pharynx.

Skin and Appendages: Excess perspiration, exfoliative dermatitis.

Special Senses: Vitreous floaters, night blindness, amblyopia.

Urogenital: Urinary frequency, nocturia, hematuria, impotence, vaginal bleeding.

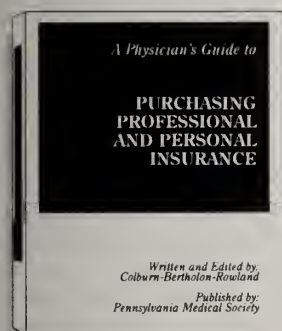
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We Must Sail, Not Drift Nor Lie at Anchor

John H. Hobart, MD

In the not-so-distant past, when the newspapers were filled with sweeping plans for reforming the health care delivery system, I was heard to say on more than one occasion that physicians needed to keep their heads about them and not behave like lemmings, running headlong into the sea just because it seemed the popular thing to do at the time.

We're past the "sink or swim" stage. Thanks in no small measure to organized medicine's educational efforts, we are better informed and more deliberate in our choices. We now stand at the helm of our own ship.

But as Oliver Wendell Holmes warns us, "We must sail, and not drift, nor lie at anchor." And before we cry, "Full speed ahead," we'd better have a pretty good idea of where "ahead" might be, and how to husband our resources in order to get there. That is why your State Society has renewed its commitment to addressing its priority issues.

Each year, our Board of Trustees approves a list of those issues that seem the most germane or critical for the year ahead. This list of priorities guides the Society in its decision to create programs, establish or revise policies, and initiate projects.

In the past, this had led to efforts that sometimes placed considerable demand on our resources, particularly when we had not eliminated any existing efforts, even ones which, having served good purposes in their time, were no longer key issues for most members.

It is impossible to sail off in a dozen different directions at the same time without seriously affecting the likelihood of arriv-

ing anywhere. This must not be the case with us.

The daily health system reform stories to which we became accustomed for so many months ended themselves like lemmings off the cliff. In their place appeared reports about managed care corporations, hospital mergers, and market forces that are changing our health care delivery system.

Our current priorities—in the areas of managed care, legislation, membership recruitment and retention, non-dues expansion, public health, and reimbursement—are designed to address these changes.

We arrived at these priorities by paying attention to what you are telling us about your concerns and needs. We are always available to read your letters, answer your calls, or visit your meetings. This year, we will be developing new mechanisms to

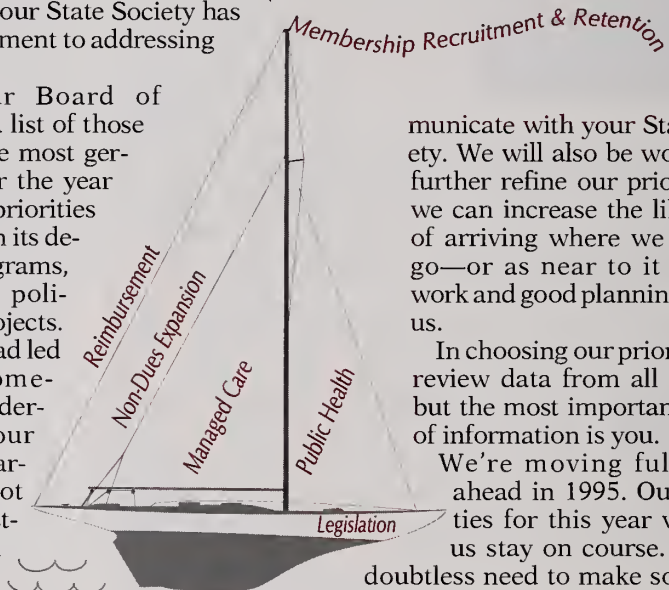
make it easier for you to com-

municate with your State Society. We will also be working to further refine our priorities so we can increase the likelihood of arriving where we want to go—or as near to it as hard work and good planning can get us.

In choosing our priorities, we review data from all sources, but the most important source of information is you.

We're moving full speed ahead in 1995. Our priorities for this year will help us stay on course. We will

doubtless need to make some corrections from time to time to ensure we are moving in the direction that is best for our members and their patients. You'll be hearing from us. More importantly, I hope we will be hearing much more from you. ☐



John W. Mills, MD
Medical Editor

Searching for Decency in '95

Beginning this month's editorial at 33,000 feet wasn't the best of ideas, but I had little choice. Jane and I were on a 12-day visit to Jamul, a rural suburb of San Diego, for a post-Christmas celebration with our oldest daughter and her family.

Fortunately, I had been able to spend a working day on Locomotive 2353 (see November 1994's editorial). With frequent calls to my sister, trying to be supportive over her husband's terminal cancer, his death came as no surprise to us early in the first week of January. The scramble for emergency airline tickets to Oklahoma City for the funeral and on to Pittsburgh was an eye-opening and wallet-emptying experience. Weather has been a factor—monsoon-like weather in San Diego, and snow and ice from the midwest to Pittsburgh.

This bumpy journey home has not been conducive to a thoughtful writing process, but my sense of propriety and decency prompts me to comment on our new Congress and its beginnings—and on Connie Chung's sensationalism.

One hopes our Republican-controlled Congress can really legislate meaningful help for the citizenry in a variety of ways. Health system reform seems to be way down on their list—probably good for us as we need to get our “ducks in a row” before we strive for those items we consider the hallmarks of reform to benefit our patients and relieve us of some real impediments in our efforts to practice medicine.

With all the ballyhoo, it's anyone's guess what we'll see in the first 100 days of 1995. I would like to think our leaders will be sensible enough to precede tax cuts with spending cuts, for otherwise, we'll never see a balanced budget amendment. But, perhaps a much more pervasive problem is the need for elimination of some government bureaucracy and the tremendous waste that goes to the very core of our federal government. We, as voters, must demand that waste be curtailed and political “pork” be stopped.

My final airborne comment this month is directed at Connie Chung's brand of sensational journalism. Obviously, I have to take the reporting of the incident involving her interview with Speaker of the House Newt Gingrich's mother at face value, for I wasn't there, nor did I see the episode on TV. What I think of any person is my own business, and the same is true for each of us. If we choose to broadcast our opinion in our own words or make it public, then a news quote is certainly within a writer's or broadcaster's purview.

Ms. Chung's method of coaxing a statement from Speaker Gingrich's mother—who is obviously unsophisticated to such interviews—by telling her it was “just between you and me” and then going public with it, is not only in poor taste but smacks of outright deceit. CBS executives apparently could see nothing wrong with the whole deal, but quickly reacted to their overloaded network switchboards when angry viewers protested.

Such viewer reaction bolsters my faith in the people of this country, for they sensed an injustice and raised a fuss. However, it really alarms me to realize that media execs, who should be responsible for professional reporting, allow and support such antics. In their eyes, the bottom line appears to be the yardstick by which they measure decency.

This is not the first time Ms. Chung has breached the code of decency. Her persistence is often quite rude and certainly could not be termed professional. Ethical codes don't seem to mean much to some journalists and reporters—only a story to “sell” or boost ratings. This is unfortunate, for as the reporting goes, so the country goes, and once on a downward slide, look out!

Physicians beware! As we become more politically involved and visible as a profession, we must also become more media savvy...for the reporters of today's press have little respect for good intentions or naiveté. ☉

“Ethical codes don't seem to mean much to some journalists and reporters—only a story to ‘sell’ or boost ratings.”

Victory Means Increased Medicaid Payments!

Pennsylvania physicians shortly should begin to notice the effects of the Society's victory in a recent challenge to Medicare payment practices. Estimates of increased payments to physicians from the Department of Public Welfare (DPW) under the Medicare dual eligible program range from \$40 million to close to \$100 million annually.

In July, 1994, the U.S. Court of Appeals for the Third Circuit ruled in favor of the State Society in *Pennsylvania Medical Society et al. v. Snider et al.*, in which the Society had challenged DPW payment practices with respect to medical care for low-income elderly. DPW filed a Petition for Reconsideration, which the Court denied on September 26, 1994.

As a result, DPW must pay both coinsurance and deductibles for low-income elderly who are eligible for both Medicare and Medicaid (dual eligibles). Neither DPW nor the U.S. Department of Health and Human Services filed a Petition for Certiorari with the U.S. Supreme Court within the permissible appeal time period. It is unlikely that the Supreme Court will consider this issue in the near future.

Since the Society's victory in the Third Circuit Court, two other Circuit Courts of Appeals have considered the same issues and have ruled in favor of the health care providers (one cited the Society case in approval, and one adopted the Society decision), bringing the total number of Circuit Courts in agreement to four.

In accordance with a court order, DPW has developed a system, with significant Society input, to automatically process claims involving dual eligibles. Some problems, however, have not yet been resolved; when they have been addressed, the process of reimbursement will begin. In most cases, physicians need do nothing in order to receive the higher payments. In addition, physicians need not participate in the Medical Assistance program in order to receive the new payments. DPW must pay copayments and deductibles for

claims retroactively to September 26, 1994, the date of the Third Circuit's denial of the Petition for Reconsideration.

System not yet fully implemented

Society staff have received a number of calls from physicians saying they have received correspondence or Remittance Advice forms (RAs) from DPW, indicating that no further payment is due on particular claims because the amount already paid by other sources (Medicare) is greater than the amount paid by the Medical Assistance program. This is misleading.

The courts have determined that the Medical Assistance program must pay physicians for copayments and deductibles on behalf of patients who are eligible for both Medicare and Medicaid. Physicians should retain any letters or RAs which indicate that no payment is due in order to cross-reference the claims with updated payments once the system is fully operational.

The court order requires that supplemental payments be made for claims pending as of September 26, 1994, and an interest rate of 5.69 percent must be paid on those amounts due but unpaid as of December 30, 1994. Physicians who continue to experience problems once the system is operational should contact the State Society's Department of Medical Economics at extension 488. Updates on implementation of this program will appear in future issues of *Executive Report*.

NECESSITY REQUIRED TO ORDER EDEMA PUMPS

Physicians are now required to address "medical necessity" when ordering lymphedema pumps for Medicare patients, according to The Travelers, Durable Medical Equipment (DME) Region A Carrier.

The Travelers says physicians, when ordering lymphedema pumps, must complete Section B of the Certificates of Medical Necessity

(CMNs) which deals with the medical necessity of the item being ordered for the Medicare beneficiary. Further, the carrier emphasizes that Medicare will only cover the pumps for the treatment of *primary* lymphedema, such as that resulting from surgical or radiation treatment, spread of malignant tumors with lymphatic obstruction, or congenital forms.

Medicare does *not* cover use of the pumps for treatment of edema secondary to chronic venous insufficiency or its resultant ulcers since, it says, "There is no proven benefit of these expensive pumps over the use of diuretics, compliant leg elevation, and compression stockings for this far more common condition."

Direct questions to The Travelers at (717) 735-9400.

ASSOCIATIONS COLLABORATE TO CERTIFY LAB PERSONNEL

The American Medical Technologists (AMT) and the American Association of Physician Office Laboratories (AAPOL) have agreed to collaborate on the certification of physician office laboratory personnel.

AAPOL represents more than 90,000 physician office laboratories in the U.S., according to Linda Herndon, the association's executive director. Since AAPOL is also responsible to ensure that testing personnel are qualified, it has joined with AMT, an "organization which has a history of preparing well-developed certification tests," Herndon says.

Along with providing the certification exam for AAPOL, AMT will help the association approve its continuing education sessions, and provide a recording mechanism and annual report for certificants. Further, the combined expertise of both organizations will be tapped to educate physician office lab personnel in the many confusing and still-changing areas of CLIA, OSHA, and other regulatory concerns.

STATS

Health insurance premiums are expected to drop 1.2 percent this year for the 50 million-plus Americans enrolled in HMOs. Predicted average monthly charges: \$145 for an individual policy and \$392 for a family policy.

Source: Group Health Association of America

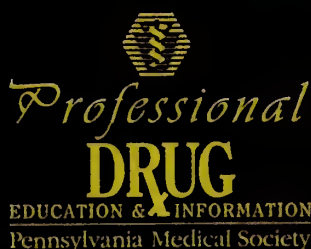
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PHILADELPHIA ASTHMA DEATHS RISING

Representing a trend in the nation's largest cities, Philadelphia's asthma mortality rate more than tripled from 1977 to 1991, and those deaths were more frequent among blacks and Hispanics living in the poorest neighborhoods, according to a study published in the December 8, 1994, *New England Journal of Medicine* by a Hahnemann University Hospital asthma specialist.

The increased death rate cannot be attributed to worsening air pollution—air quality actually improved during that period. Neither did it result from more frequent diagnosis or general aging of the population, noted lead author David Lang, MD, director of allergy and immunology at Hahnemann.

"The most significant finding of the study is the interaction of race and poverty," Dr. Lang says. "Race seems to have no effect on asthma mortality rates in nonpoverty areas, but a significant effect in poverty-stricken areas. Specifically, asthma deaths were highest in poverty-stricken areas with large proportions of black residents."

The data also indicate high asthma mortality occurs in areas with high concentrations of females, though this could be skewed by undercounting of minority males in the 1990 census.

The study calls for public health efforts that target Philadelphia neighborhoods where the risk of asthma death is highest. As a next step, Dr. Lang will work on an education effort for patients and asthma care providers in Philadelphia.

TUBERCULOSIS SEEN AS MAJOR HEALTH THREAT

Tuberculosis will continue to be a global health problem unless changes are made in the way many countries combat the disease, according to an article in the January 15, 1995, issue of *JAMA*.

The article's authors collected data on the prevalence of TB, case notifications, and mortality from World Health Organization (WHO) reports. They write:

"The magnitude of the global tuberculosis problem is enormous. According to a recent estimate, approximately 90 million new cases

of tuberculosis will occur worldwide during the decade 1990 through 1999. Among adults, tuberculosis is the world's foremost cause of death from a single infectious agent. If global control of tuberculosis remains at the 1990 level, 30 million people are expected to die of this disease by the year 2000."

Almost 3.8 million cases of TB were reported annually around 1990, according to the authors, and in the U.S. the annual number of TB cases reported increased by about 14 percent from 1985 through 1993.

Projections indicate that the incidence of TB can be expected to increase to 8.8 million cases annually by 1995, 10.2 million cases by the year 2000, and 11.9 million by 2005. Among the reasons for the increased spread of TB in some areas is the escalation of HIV infection and AIDS, and drug resistance.

WHO has developed a strategy to combat TB, including:

- government commitment to an effective control program,
- case detection through predominantly passive case finding,
- administration of standardized short-course chemotherapy to all TB patients,
- establishment and maintenance of a system of regular drug supply; and
- establishment and maintenance of a monitoring system for program management and evaluation.

The authors conclude: "The major obstacle to making more rapid progress remains the limited financial resources available for global tuberculosis control."

DOH UPDATES LIST OF REPORTABLE DISEASES

The Pennsylvania Department of Health is responsible to monitor the incidence of certain communicable diseases and implement control measures to protect the public's health. The department reminds physicians that the updated list of reportable diseases includes:

AIDS; Amebiasis; Animal bite; Anthrax; Botulism; Brucellosis;

Campylobacteriosis; Cancer; Chlamydia trachomatis infections; Cholera; Diphtheria; Encephalitis; Food poisoning; Giardiasis; Gonococcal infections; Guillain-Barre syndrome; Haemophilus influenzae type b disease; Hepatitis non-A non-B; Hepatitis, viral, including Type A and Type B; Histoplasmosis; Kawasaki disease; Legionnaires' disease; Leptospirosis; Lyme disease; Lymphogranuloma venereum; Malaria; Measles; Meningitis, all types; Meningococcal disease; Mumps; Pertussis (whooping cough); Plague; Poliomyelitis; Psittacosis (Ornithosis); Rabies; Reye's syndrome; Rickettsial diseases, including Rocky Mountain Spotted Fever; Rubella (German Measles) and congenital rubella syndrome; Salmonellosis; Shigellosis; Syphilis, all stages; Tetanus; Toxic shock syndrome; Toxoplasmosis; Trichinosis; Tuberculosis, all forms; Tularemia; Typhoid; and Yellow Fever.

All reports of these diseases should be submitted to either the State Health Center or the independent municipal/county health department where the patient resides.

Direct any questions to the Division of Communicable Disease Epidemiology at the Pennsylvania Department of Health, (717) 787-3350.

PENN LAB CELEBRATES 100TH ANNIVERSARY

The William Pepper Laboratory of the University of Pennsylvania Medical Center in December 1994 began its 100th year.

Established in 1895 as the nation's first lab of clinical pathology, the lab was built to improve the methods of clinical investigation, thereby resulting in scientific advances and better treatment of patients. Today, it remains a central component of Penn's Department of Pathology and Laboratory Medicine.

To commemorate the centennial, the department hosted a one-day symposium, "The Clinical Laboratory in the Future of Medicine," in December and opened an exhibit recounting the history of the lab.

AIDS Treatment Hotline Opened

The federal government has opened a toll-free number to provide treatment information by telephone or computer to people with AIDS, their families, and health care providers. The telephone number is (800) HIV-0440. Or call (800) 272-4787 for directions on how to access the system free via computer.

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health agencies and 13,000+ of the nation's most talented professionals. Poised for the 21st century, we will continue to provide the finest home health services available...anywhere.

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To reflect our growth, we have changed our name.

We began in 1978 with a single home health agency as well as a strong commitment to maintaining health care costs and helping patients recover in the security and comfort of their own homes.

For over sixteen years, we grew, attracting and maintaining superior health care professionals who share in our commitments.

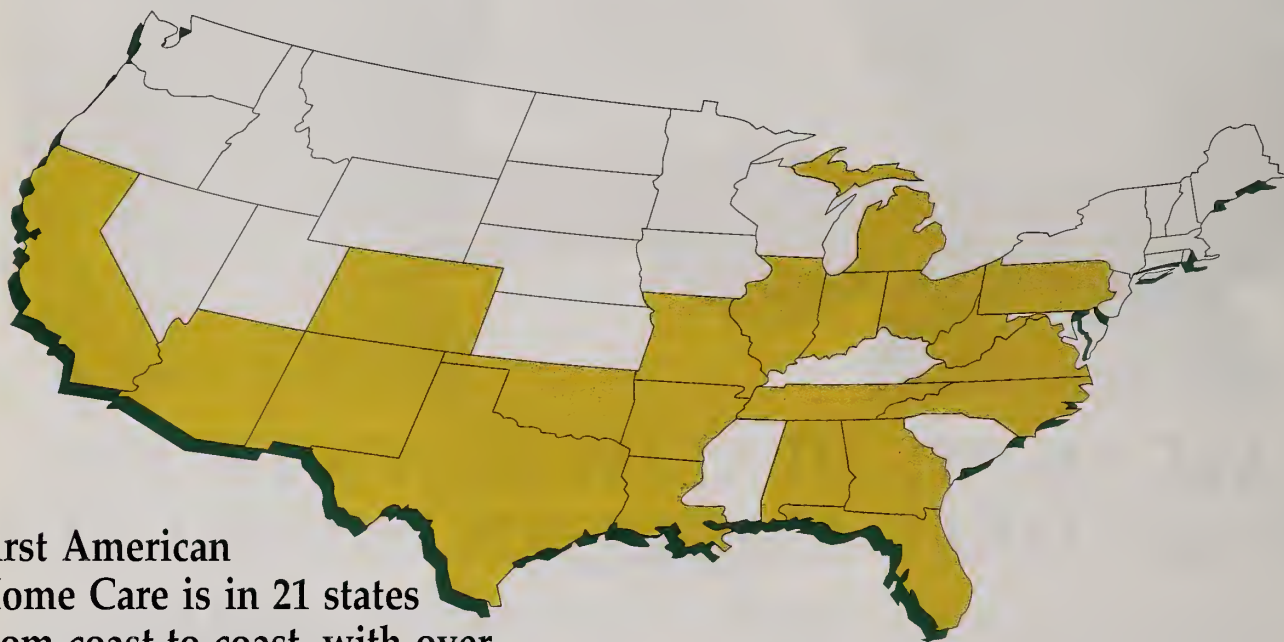
They brought to our company a depth of management and medical expertise unmatched in the industry.

Our company has proactively changed over time. With strength, stability and an uncompromising commitment to quality, we have developed into the nation's largest, privately-owned, Medicare-certified home health care agency.



ABC Home Health Services, Inc.

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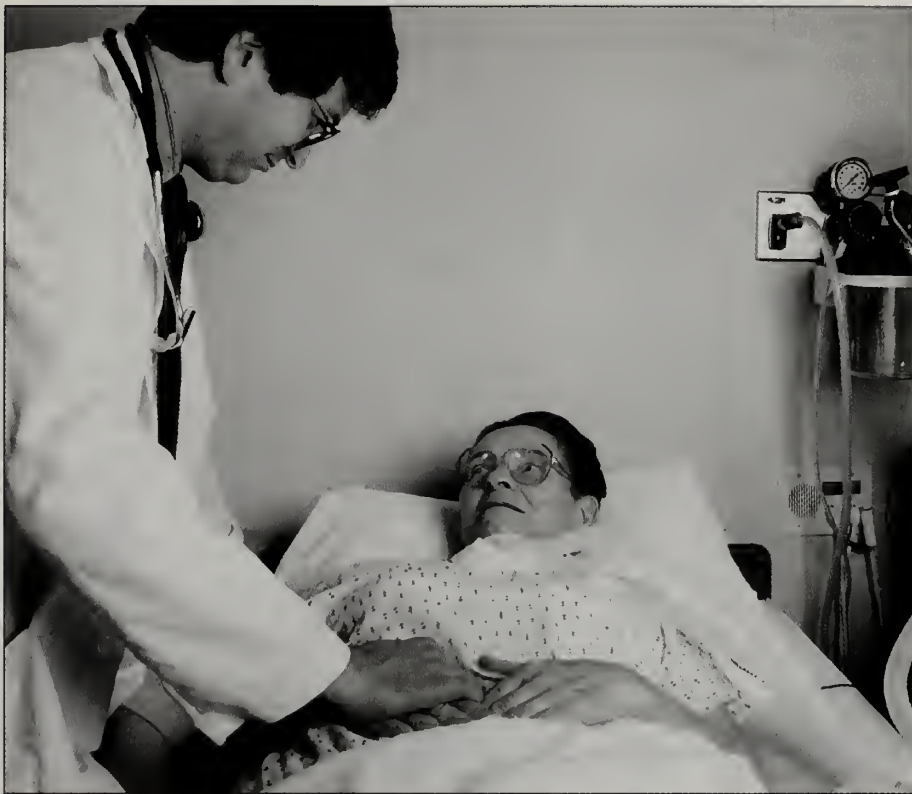


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First American offers the resources of a large, national firm. Yet, locally based and community focused, we make a difference in the lives of people across America as we continue to keep families together.

Now, stronger and more efficient than ever, we salute our employees. They have made us the industry leader that we are today. Poised for the 21st century, we will continue to provide the finest home health services available... anywhere.





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the patient and the referring physician. In fact, CCH invites referring physicians to apply for privileges at the Hospital and to join with the CCH staff in managing the patient's medical care throughout the length of stay.

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'95 CONFERENCE OFFERS NEW STRATEGIES AND TOOLS

Just a few years ago, physicians were learning another in a long line of acronyms to hit the medical marketplace—RBRVS. And yet, discussions on the new payment scale seem a lifetime ago next to today's health system reform and managed care discussions. New acronyms—AHPs, POs, PHOs, and IPAs, just to name a few—are clouding the medical practice sky, and those rosy-colored glasses of days gone by just don't cut it anymore. In fact, the only thing you can count on is that more colorful change is on the way.

This year, at its annual Leadership Conference, the State Society will offer tools to help physicians understand and deal with the changing health care marketplace. "Coping with Kaleidoscopic Change" is scheduled May 2-3, 1995, at the Harrisburg Hilton and Towers.

Headlining the two-day conference is CNN Medical Correspondent Jeff Levine, who will open the meeting with the keynote address. William L. Kissick, MD, professor of health care systems at the Wharton School, University of Pennsylvania, Philadelphia, will then discuss Pennsylvania's current health care climate, and Eugene S. Ogrod, MD, president of the California Medical Association, will discuss his state's experiences during the past decade.

An open forum with State Society leaders and breakout discussions with the plenary speakers are also scheduled. Day one will conclude with a PAMPAC-sponsored dinner, featuring a "Vegas-type" variety show with comedy and music by Pennsylvania's own Charlie Prose.

Day two of the conference will begin with an address by Society President John H. Hobart, MD, and the presentation of the second annual Physician Volunteer Award, which honors a Society member for volunteer community service. PENNSYLVANIA MEDICINE will profile this year's award recipient in conjunction with Leadership Conference follow-up coverage in June.

Five workshops also in development for day two will address: practice parameters, antitrust in managed care, computer networks and technology, forming group practices, and leadership/team



development. A sixth workshop is being developed in cooperation with the Society's Young Physicians Section. The speaker, Renee Edinger of St. Louis, is a physician placement consultant.

Registration forms for the 1995 Leadership Conference were published in this month's *Executive Report*. For additional information, see page 6; final details about the conference will be featured in PENNSYLVANIA MEDICINE next month.

Pre-conference seminar stresses unity

Uniting physicians into teams—teams strong enough to shoulder risk and successfully bargain with big insurers and corporations—is a key challenge in 1995. Addressing this challenge is the pre-Leadership Conference seminar sponsored by The Institute for Physician Leadership and the Hospital Medical Staff Section (HMSS).

On Monday, May 1, 1995, from 4:00 to 8:00 p.m. at the Harrisburg Hilton and Towers, the HMSS and the institute will offer, "Enhancing Physician Leadership in a Changing World." Teaching the seminar are two popular medical presenters from Philadelphia.

Mike Magee, MD, senior vice president, Pennsylvania Hospital, and professor of surgery, Jefferson Medical College of Thomas Jefferson University, is known nationally for his "Positive Medicine Project" in which he brings together physicians, hospitals, television and radio stations, museums, and educational facilities to form working alliances.

Tim Brigham, PhD, is both director of special projects and director of continuing medical education at Jefferson Medical College. A popular workshop leader at the Society's 1990 Leadership Conference, Dr. Brigham excels at

transforming the Myers-Briggs personality instrument from an interesting theory into a real-life leadership tool.

The seminar covers three key areas of leadership: 1) flexing the leader's approach to meet the needs of followers (a laboratory experience); 2) using teams to reach consensus (a laboratory experience); and 3) "The Ten Ps of Leadership (Interactive)."

With a working dinner included, the seminar plans to offer Category 1 continuing medical education credit. The cost for members is \$130. For more information, call (800) 228-7823, extension 416.

AMA INTERIM MEETING NEWS

PRESERVING DOCTOR-PATIENT RELATIONSHIP IS PRIORITY

The AMA House of Delegates garnered national media attention during its interim meeting in December in Honolulu, Hawaii, by opposing measures to deny health care to illegal immigrants.

House members argued that forcing physicians to check immigration status infringes on the doctor-patient relationship, violates medical ethics, and creates a threat to public health. AMA House action calls for the federal government to fund emergency treatment of undocumented aliens, noting the unfair burdens on states of providing such care.

Internally, the House created a seat on the AMA board for a young physician and approved a name change for the Hospital Medical Staff Section (HMSS).

The young physician board seat was created to bring "a new perspective" to organized medicine, according to AMA leadership. The Young Physician Section (YPS) has been pressing for the seat since 1992, arguing that lack of representation is one reason young physicians may not be joining organized medicine.

The first YPS trustee will be elected at the AMA's annual meeting in June. Eligible for the seat is any AMA member younger than 40 and not a resident. Residents, as well as medical students, are already represented on the board.

The AMA House also approved a proposal of the AMA-HMSS that the section expand its representation from hospital medical staffs to medical staffs of managed care organizations and other outpatient

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delivery systems. Among provisions of the proposal approved by the House: a section name change to the Organized Medical Staff Section. Bylaws language to formally make the change is expected to be considered by the House at its annual meeting in June.

In other news at the meeting, the AMA said it expected to post a \$4.7 million operating loss and \$12.6 million shortfall for 1994.

Pennsylvania efforts

Members of the Pennsylvania Delegation to the AMA effectively represented Pennsylvania physicians at the interim meeting by securing passage of all eleven of the delegation's resolutions.

The adopted resolutions direct the AMA to:

- request HCFA to: 1) apply equally to both carriers and providers rules and regulations concerning payment or repayment of errors in reimbursement or billing, and 2) mandate that Medicare carriers reimburse with interest from the date of payment any amount of payment made by a provider as a result of a carrier request for repayment that is later deemed on appeal to have been requested in error by the carrier;
- study the feasibility of proposing to health insurance companies that they create a special rider coverage to be available for purchase by parents of single children up to the age of 26 or develop some similar approach to

insuring the uninsured of that age group by including them in the policies of their parents;

- seek and support legislation which protects raw material suppliers from product liability litigation so long as the materials they supply conform to medical device manufacturer specifications;
- pursue federal legislation and regulation which denies insurers random access to patient records, requires that requests for information and completion of forms be delineated and case specific, allows a summary of pertinent information relative to any inquiry into a patient's medical record to be provided in lieu of a full copy of the records (except in instances of litigation where the records would be discoverable), and provides proper compensation for the time and skill spent by physicians preparing and completing such forms or summaries;

• amend its policy 280.977 to state: "The AMA petitions HCFA and seeks legislation to provide coverage for direct admission of Medicare patients to a long-term care skilled nursing facility whether or not they have been discharged from an acute care hospital within the last 30 days";

• lobby HCFA to support state medical society involvement in Medicaid Drug Utilization Review (DUR) programs and recognize Pennsylvania as a model program for other state efforts;

• organize a meeting of leaders of the key federal agencies and of the major anti-tobacco organizations, and attempt to help these entities create a broad coalition to create a coordinated anti-tobacco lobbying effort, taking into account the strengths of each component organization;

• adopt the policy that all managed care programs must offer reimbursement for acquisition of sufficient opinions necessary to reach a consensus if opinions acquired regarding the management of a given issue differ substantially;

• study the conflicting economic and ethical issues involved in managed care contracts, and work to clarify and improve access to out-of-network physicians to discounts available for drugs, tests, or services they order for network patients;

• confirm the policy that the House of Delegates continue to be its legislative and policy making body; and

Mark Your Calendar Now!

PHC4 National Symposium on Outcomes and Quality Assessment: State of the Art and Future Directions

Harrisburg Hilton & Towers, May 31-June 2, 1995

The Pennsylvania Health Care Cost Containment Council (PHC4) has designed a three-day symposium for professionals who use health care data and information. Symposium sessions are designed to provide an educational forum tailored to meet the specific needs of individuals with a particular background of knowledge. PHC4 has assembled a top-notch faculty of health care data experts to address this symposium, which includes three plenary sessions and numerous concurrent workshops. This symposium will feature:

- ♦ an examination of systems which focus on specific clinical areas;
- ♦ examples of outcome measurement tools and quality assessment systems; and
- ♦ initiatives undertaken in Pennsylvania and nationwide to use information as a resource to manage health care costs and enhance quality.

Who should attend?

Business coalitions and employers; consumer organizations; federal, state, and local government agencies; health care consultants; health data organizations; health information management agencies; health insurance companies; health policy analysts; health services researchers; hospital management and administrators; labor organizations; legal professionals; managed care organizations; physicians/physician groups; quality assurance professionals; and software and hardware vendors.

Name _____

Title _____ Organization _____

Address _____

City _____ State _____ Zip _____

Work Phone () _____ Fax () _____

I would like more information on:

☐ Attending

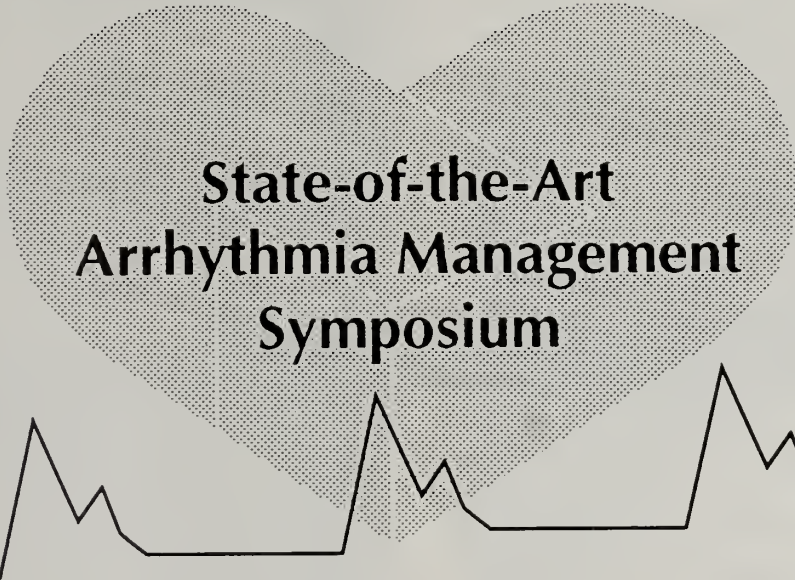
☐ Exhibiting

☐ Advertising in Directory

Please complete and fax to (717) 232-3821, or mail to PHC4, 225 Market Street, Suite 400, Harrisburg, PA 17101.

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Program Director

Francis E. Marchlinski, M.D.

Director, Arrhythmia Services

April 3, 1995

8:00 a.m. - 5:00 p.m.

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For information and registration call 662-8463

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39th & Market Streets
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The Philadelphia Heart Institute at Presbyterian Medical Center is an affiliate of the University of Pennsylvania

**Presbyterian Medical Center designates this continued medical education activity for 7 credits in Category I of the Physicians' Recognition Award of the American Medical Association and the Pennsylvania Medical Society Membership Requirement.*

The Presbyterian Medical Center of Philadelphia is accredited by the Pennsylvania Medical Society to sponsor continuing medical education for physicians.

All faculty participating in continuing education programs sponsored by Presbyterian Medical Center of Philadelphia are expected to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

• plan a sesquicentennial celebration in Philadelphia in 1997.

Though no elections were held at the AMA's interim meeting, Robert N. Moyers, MD, will seek reelection to the AMA Council on Medical Education at the organization's annual meeting in June.

RESIDENTS REPRESENT PEERS AT AMA MEETING

The Pennsylvania Medical Society Resident Physician Section (RPS)

was active at the AMA-RPS interim meeting held early in December in conjunction with the AMA's interim meeting.

Fourteen residents from Pennsylvania were credentialed at the meeting, including five recipients of the Burroughs-Wellcome Leadership Award: J. Lynne Garrison, MD; Sarah R. Linde-Feucht, MD; Laurie Ann Loevner, MD; John Duncan McLennan, MD; and Mark Alan Thompson, MD. The award honors residents nationwide

for their community service efforts, and pays their way to AMA annual and interim meetings.

Two delegates from the State Society's RPS served as alternate delegates to the AMA House of Delegates, one for Pennsylvania and one for the American Society of Addiction Medicine. Delegates from the Pennsylvania RPS were active in other ways, serving on the Credentials Committee and as Reference Committee coordinators.

Also, Section Chair Stuart Gitlow, MD, and delegates Steven Thornquist, MD; Joyann Kroser, MD; Elizabeth Sinz, MD; and Bradley Stein, MD, were honored for their efforts in the AMA's Member-Get-A-Member program.

Newly available from the AMA-RPS is the Policy Promotion Grants program. Grants of \$500 are awarded for projects and activities coordinated by an AMA-RPS member that reinforce AMA policy. These projects might involve such diverse areas as accident prevention, rural health, tobacco, or domestic violence. For further information and an application, call (800) AMA-3211, extension 4751.

The Society's RPS invites residents who are interested in becoming more active with the Society to contact directly any member of the section's Governing Council. Those with Internet access may contact Dr. Gitlow directly at afagitlow@aol.com.

Stuart Gitlow, MD, MPH, chair of the Society's Resident Physician Section, contributed to this article.

If You Become Sick Or Injured,

Who Will Pay Your Salary?

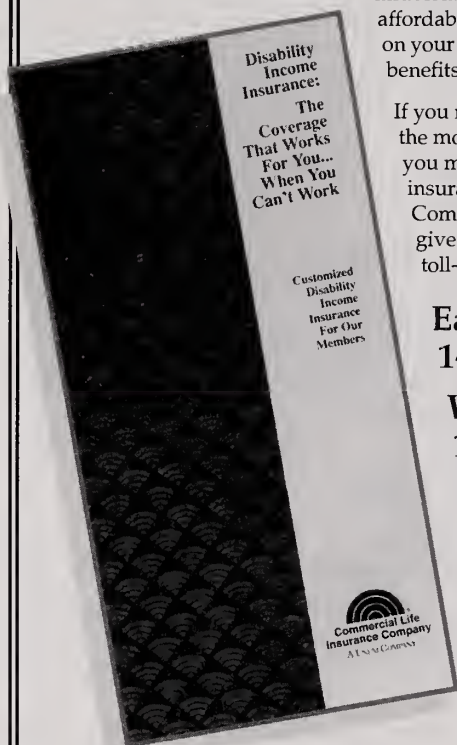
Protect Your Income With
Commercial Life Disability Income Program.

It's Flexible. Economical.

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There's a real chance that sometime between now and the time you retire you'll miss work due to an illness or an injury. That could add up to months with no income to support your household. Fortunately, The Pennsylvania Medical Society offers you a Disability Income Insurance program from Commercial Life, America's leading provider of Disability Income insurance to associations. This plan will provide you with a monthly income in the event you are disabled. It offers superior benefits and is more affordable than most plans you can purchase on your own. You can even customize your benefits to match your individual needs.

If you rely on your income to pay the bills, the mortgage, the tuition for your kids, then you must protect it with Disability Income insurance. To learn more about how Commercial Life's flexible program can give you unsurpassed protection, call toll-free for this free booklet.



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COUNTY NEWS

DR. NIELAND-FISHER IS NEW ACMS PRESIDENT

The Allegheny County Medical Society (ACMS) on January 7 installed Nancy Nieland-Fisher, MD, as its 130th president. The second female president in the county society's history, Dr. Nieland-Fisher will serve a one-year term.

Among her goals for 1995:

- help physicians preserve the physician-patient relationship, in light of pressures to conform to managed care;
- foster more local activity in organized medicine, maximizing physicians' collective strength; and
- publish a central directory, listing the needs of free clinics and shelters in Allegheny County.

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YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon[®] is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

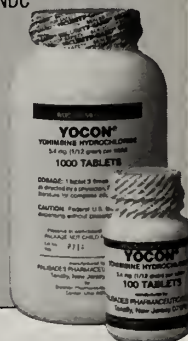
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon[®] 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



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A board-certified dermatologist in private practice, Dr. Nieland-Fisher also is a clinical associate professor at the University of Pittsburgh. Her interest in dermatology began while attending West Virginia University Medical School. She joined ACMS in 1977 and was elected to its board in 1989. She is a delegate to the State Society, and has served as vice chair of the Communications Committee and chair of the Bylaws Committee. Also, Dr. Nieland-Fisher is a member of the ACMS Peer Review Board and the ACMS Foundation board.

A resident of Shadyside, she serves on the medical staffs at Shadyside Hospital, the University of Pittsburgh Medical Center, Children's Hospital, St. Francis Medical Center, and St. Margaret Memorial Hospital. Dr. Nieland-Fisher is active in a number of professional societies related to her specialty and served as a corporate member of Pennsylvania Blue Shield.

Also assuming new leadership roles as elected officers of ACMS this year are Richard N. Harris, MD, president elect; Alan A. Axelson, MD, vice president; Daniel S. Zorub, MD, secretary; and Dennis J. Hurwitz, MD, treasurer.

MCP SEEKING INPUT ON EDUCATIONAL EFFORT

The Medical College of Pennsylvania (MCP) is planning to develop a national clinical teaching and assessment center in Philadelphia that will help physicians enhance their clinical competence, according to Paula L. Stillman, MD, MACP, senior associate dean of MCP's postgraduate education program. She says that Philadelphia is a logical site to house that program.

The program will be a collaborative effort among medical schools and residency training programs in Philadelphia, boards of medical examiners in several adjacent states, hospital associations, managed care organizations, and insurance companies, according to Dr. Stillman. It will target physicians who want to enhance their generalist skills, who are perceived as having suspect competence (impaired, elderly with possible cognitive deficits, etc.), or who self-refer to improve and update their skills.

MCP is requesting physicians' help in determining "what might be the perceived need for such a program." To convey your thoughts, write to Dr. Stillman at MCP, 3200 Henry Avenue, Philadelphia, PA 19129; or call (215) 842-4562, or fax (215) 849-3821.

DUR DEPARTMENT NEWS

DRUG EDUCATION CENTER OFFERS FIRST CME PROGRAM

The Center for Professional Drug Education and Information, coordinated through the State Society, presents the first in a series of continuing medical education (CME) programs. Focusing on the latest information for Acid Peptic Disease, this program is available at no cost in monograph and audiocassette format.

Approved for CME credit by the University of Massachusetts Medical School, two (2) hours of Category 1 will be awarded for successful completion. To obtain your packet, or for further information about future educational opportunities, call the center at (800) 228-7823.

New drug charts in development

The center is also developing four new drug class, cost-comparison wall charts and pocket cards, which focus on: Ace Inhibitors, H₂ Antagonist, Beta Adrenergic Blockers, and Centrally Acting and Peripherally Acting Antiadrenergic agents. According to the center, the cost-comparison information will be beneficial in physicians' efforts to provide quality care at reasonable cost to patients.

To receive the new charts and cards, and to become a part of this innovative informational network, call the center at the number above. The information is available free of charge.

SPECIALTIES' NEWS

PA ACEP SPEARHEADS NATIONWIDE RADIO EFFORT

The American College of Emergency Physicians (ACEP) is encouraging all state chapters to participate in an important public education project being spearheaded by the Pennsylvania Chapter.

Pennsylvania ACEP has produced a compact disc (CD) which contains 30 radio public service announcements (PSAs) on a wide variety of health care topics—from bicycle safety to injury prevention on-the-job to child poisoning. ACEP funded production of the CD under its Chapter Grant Program. The goals for this project are to educate the public about the specialty and to build bridges between emergency physicians and the broadcast media.

For more information about this project, call Pennsylvania ACEP at (800) 228-7823, extension 466.

GEISINGER CLINIC

1994-1995 Continuing Education Programs

Contemporary Issues in Internal Medicine
Wednesday
March 8, 1995

Cutaneous Surgery
Friday
March 17, 1995

Primary Supportive Care for the Cancer Patient
Friday
March 24, 1995

Advances in Dermatology
Wednesday
April 5, 1995

Annual Thoracic Medicine Seminar
Wednesday
April 19, 1995

9th Annual Sight Loss Support Group Meeting
Wednesday
May 3, 1995
Danville Days Inn

Acute Renal Failure
Wednesday
May 17, 1995

Please check each specific flyer as it arrives for starting time, location, number of credit hours, and types of credit. Programs may be cancelled due to insufficient registration. If not pre-registered, please call to confirm the program.

717-271-6692 or 1-800-272-6692

Geisinger

As an organization accredited by the Pennsylvania Medical Society for its continuing medical education program, Geisinger designates these activities as meeting the criteria for Category I credit for the American Medical Association's Physician's Recognition

Award and the Pennsylvania Medical Society membership requirement. Please refer to each individual program flyer for registration fees, starting times, and number of credit hours. For further information or for copies of individual programs, call Sharon Hanley, RMP, at 1-800-272-6692. There is a 24-hour answering service available. You may also write to her at 100 North Academy Avenue, Danville, PA 17822-1350.

Hahnemann University Hospital

Department of Medicine Grand Rounds

Wednesdays 8:30 to 9:30 a.m.

Classroom C (Alumni Hall), 2nd Floor, New College Building, Hahnemann University, 15th & Vine Streets (15th Street Entrance), Philadelphia

For more information, contact the Office of Continuing Education at 215-762-8263.

MARCH 1995

March 1st
Clinical Pathological Conference
Tabassam Alam, MD
Chief Resident, Dept. of Medicine
Hahnemann University

Suhail Dohad, MD
Chief Resident, Dept. of Medicine
Hahnemann University

Peter Ramirez, MD
Chief Resident, Dept. of Medicine
Hahnemann University

Kathleen Ryan, MD
Chief Resident, Dept. of Medicine
Hahnemann University

March 8th
Office Management of Heart Disease for the Generalist
George A. Beller, MD
Professor of Medicine
Cardiovascular Division
University of Virginia School of Medicine
Charlottesville, VA

Leonard S. Dreifus, MD
Professor of Medicine
Division of Cardiovascular Diseases
Hahnemann University

Richard Gorlin, MD
Professor of Medicine
Division of Cardiology
Mount Sinai School of Medicine
New York, NY

March 15th
Cutaneous Vasculitis
Richard L. Spielvogel, MD
Professor of Medicine and Dermatology
Chair of Dermatology
Hahnemann University and Medical College
Hospitals

March 22nd
Humoral Immunodeficiency for the Internist
Jonathan Jaffe, MD
Assistant Professor of Medicine
Co-Director, Allergy Center
Division of Allergy and Immunology
Hahnemann University

March 29th
Risk Management
Anita Miceli
Director of Risk Management
Hahnemann University Hospital

Medical Liability
Stephen A. Ryan, Esq.
Attorney-at-Law
Philadelphia, PA

APRIL 1995

April 5th
New Directions in Antiretroviral Therapy
Paul A. Volberding, MD
Professor of Medicine
University of California/San Francisco
School of Medicine
Director, AIDS Program
San Francisco General Hospital
San Francisco, CA

HIV-Associated Opportunistic Infections: An Overview
Henry Masur, MD
Clinical Professor of Medicine
George Washington University
School of Medicine
Chief, Department of Critical Care Medicine
Clinical Center, National Institutes of Health
Bethesda, MD

April 12th
Pathogenesis and Treatment of Acromegaly
Shlomo Melmed, MD
Professor of Medicine
Director, Division of Endocrinology and Metabolism
Cedars-Sinai Medical Center
Los Angeles, CA

April 19th
Atrial Arrhythmias: Newer Understanding of Atrial Fibrillation
Albert L. Waldo, MD
The Walter H. Pritchard Professor of Cardiology and Professor of Medicine
Case Western Reserve School of Medicine
Director, Cardiac Arrhythmia Service
University Hospital of Cleveland, OH

April 26th
Endoscopic Diagnosis of Gastrointestinal Disorders
J. Thomas Danzi, MD
Professor of Clinical Medicine
Senior Associate Dean for Clinical Affairs
Medical Director
Hahnemann University Hospital

MAY 1995

May 3rd
Acute Pancreatitis and Its Complications
Jamie Barkin, MD
Professor of Medicine, University of Miami
School of Medicine
Director, Division of Gastroenterology
Mount Sinai Medical Center
Miami Beach, FL

May 10th
Treatment of Hyperlipidemia: Primary and Secondary Prevention
David Capuzzi, MD
Associate Professor of Medicine
Director, Lipid Center
Medical College of Pennsylvania

May 17th
Advances in the Treatment of Type II Diabetes Mellitus
Donald C. Simonson, MD
Associate Professor of Medicine
Harvard Medical School
Chief, Section of Diabetes and Metabolism
Brigham and Women's Hospital
Head, Section of Clinical Physiology
Joslin Diabetes Center
Boston, MA

May 24th
Syndromes Confused with Vasculitis
Jeffrey Olan, DO
Head, Atherosclerosis and Lipids Section
Vascular Medicine Department
The Cleveland Clinic
Cleveland, OH

UPCOMING EVENT!

Save this date

**3rd Annual
Cardiovascular Disease
Update '95:**

**An Interactive
Case Management Program**

Sunday Morning, April 23, 1995
Adam's Mark Hotel
City Avenue & Monument Road
Philadelphia, PA

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

MARCH 8, 1995
Office Management of Heart Disease for the Generalist
Guest Lecturers: George A. Beller, MD and Richard Gorlin, MD

APRIL 5, 1995
HIV and HIV-Related Opportunistic Infections
Guest Lecturers: Paul A. Volberding, MD and Henry Masur, MD

MAY 3, 1995
Gastrointestinal Acid-Peptic Disorders
Guest Lecturers: Jamie Barkin, MD and Walter Rubin, MD

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

Full Disclosure Statement: All faculty participants in continuing medical education programs sponsored by Hahnemann University are expected to disclose to the audience any real or apparent conflict(s) of interest related to the content of their presentation.

Statement of Accreditation: Hahnemann University is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education programs for physicians. Hahnemann University designates each hour of attendance at these activities as 1 credit hour of Category 1 of the Physician's Recognition Award of the American Medical Association.

PHYSICIANS WANTED

Western Pennsylvania—Board Certified or prepared emergency physicians needed for staffing a community hospital emergency department near the Ohio/Pennsylvania border. Please send CV to P.O. Box 91666, Cleveland, OH 44101.

Pennsylvania—Physician group seeks full-time and part-time physicians for an emergency department of community hospitals in central and western Pennsylvania. Please send resume to P.O. Box 91666, Cleveland, OH 44101.

Pittsburgh, Pennsylvania—Penn Group Medical Association (PGMA), a 100-physician multi-specialty group practice affiliated with the largest HMO in Pittsburgh, is seeking BE/BC physicians in: family practice, internal medicine, pediatrics, ob/gyn, and psychiatry. We are formally affiliated with major teaching hospitals and leading community hospitals in Pittsburgh. PGMA serves eight ambulatory care centers, all conveniently located near cultural, educational, recreational, and corporate activities. Excellent salary, and fringe benefits. For confidential consideration contact: Angela Lascola, HealthAmerica, 5 Gateway Center, Pittsburgh, PA 15222, or call collect (412) 553-7502.

Emergency Physicians—Emergency Physician Associates is seeking quality ED physicians for a variety of practice opportunities. Director and staff positions are available. EPA contracts with hospitals in NJ, PA, MD, and NC for the provision of emergency medicine, urgent care and industrial/occupational health services. Our client hospitals are located in rural to urban areas with patient volumes ranging from 10,000 to 75,000. At EPA we offer physicians competitive compensation, flexible schedules and shifts, occurrence-based malpractice insurance, a variety of practice settings to choose from, cooperative working environments, and supportive medical directors and corporate staff. Interested candidates may contact EPA at 1-800-848-EPA-1.

SURGEONS: COULD YOU USE AN EXTRA \$10,000?

If you're a resident in surgery, the Army Reserve will pay you a yearly stipend which could total in excess of \$10,000 in the Army Reserve's Specialized Training

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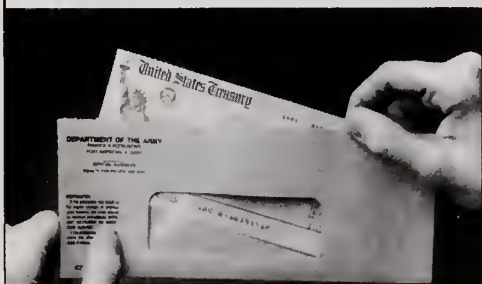
You will have opportunities to continue your education and attend conferences, and we will be flexible about scheduling the time you serve. Your

immediate commitment could be as little as two weeks a year, with a small added obligation later on.

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Harrisburg—Established young B/C internist seeks associate in outpatient practice. P/T with F/T potential. Phone (717) 534-2636 evenings, or write: 1800 Linglestown Rd., Suite 200, Harrisburg, PA 17110.

Practice Opportunities—Openings Nationally in all specializations. Excellent salary and benefit packages including partnership opportunities, 100% paid malpractice, moving and relocation expenses, license assistance, up to 6 weeks paid vacation. On-site interview expenses paid. Toll-free 24 hours (800) 759-0104. Or send CV to La Salle Medical Group, 6599 East Thomas Rd., Suite 2097, Scottsdale, AZ 85251.

General Surgeon, BC/BE to join large solo surgical practice. Salary \$140,000 with early partnership. Send CV to Box 402, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

Primary Care—Northwest Philadelphia suburb. One (1) position remaining to be filled for bright, energetic, graduating family practice/internal medicine resident. Rare opportunity to become part of expanding private practice primary care group. Progressive practice established 1982 and positioning now for long-term growth and security. Existing affiliation with major urban teaching hospital will enable new staff physician to enjoy added professional benefit of teaching students and residents on-site as well as holding official professorship title. Competitive salary and very attractive benefit package. For interview appointment, forward CV to Box 403, PENNSYLVANIA MEDICINE, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

Family Medicine/Internal Medicine—Procedure oriented comprehensive and stimulating medical practice northeast Philadelphia suburbs desires additional professional staff member to affiliate by July 1995. Ultramodern facility with full diagnostic and therapeutic

support including on-site x-ray services, sigmoidoscopy, and CO2 laser. Attractive salary, full benefits package, and long-term security makes this an opportunity that is most desirous for the stable, career oriented applicant. Contact Dr. Miller, (215) 638-0666.

Radiologist—Opportunity for part-time position in South Central PA. Flexible schedule possible. Private group in hospital practice. General radiology including CT, US, NM, no Angio. Send CV to Box 404, PENNSYLVANIA MEDICINE, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

Immediate Opening for MRI Radiologist—Excellent opportunity to join a group of four radiologists in private practice. This Northeast practice uses state-of-the-art, low field MRI equipment and teleradiology. Board certification is required, licensure in PA, NJ, and NY helpful. Please call or send CV to Dr. James Domeseck at 4630 Street Road, Trevoise, PA 19035, (215) 396-8455.

Kaiser Permanente, the country's largest, most experienced pre-paid group practice HMO, is seeking BE/BC general internists for our expanding groups in Northern Virginia, Maryland and Washington, DC. We offer our physicians the security of a competitive benefits package, shareholder opportunity and a lifestyle that guarantees time for your family. You will practice in a modern, fully equipped and staffed medical office. Our large patient population ensures a challenging medical practice. For confidential consideration, call or send your CV to George H. Fetis, MD, 2101 East Jefferson Street, Box 6649, Rockville, MD 20849. FAX (301) 816-7472. Or call Dorothy Houlihan at 1-800-227-6472. EOE.

Anesthesia Service Provider—Progressive 265 bed acute care institution, located in Eastern Pennsylvania seeking a group provider of anesthesia services. Hospital services include obstetric, gynecological, medical and surgical care. Group will bill and retain revenues resulting from the services, as well as participate in the development of Managed Care Contracts. Group will be responsible for complete administration of the anesthesia department. Group will be expected to initiate new and advanced clinical programs and services within the Anesthesia specialty. Group will be responsible for monitoring the quality of anesthesia care throughout the hospital and meeting standards set by outside organizations. Hospital is located approximately two hours from both Philadelphia and New York in an area which boasts year-round family activities including skiing, hiking, fishing, and swimming. Interested applicants may request a copy of the full RFP by sending their CVs by March 1, 1995, to Healthscope, Inc., 400 Lancaster Avenue, Devon, PA 19333. Telephone (610) 687-6199.

POSITIONS WANTED

Seeking position in gastroenterology/internal medicine. Available now. Board certified in internal medicine. Board eligible in gastroenterology. British and U.S. trained. Licensed in Pennsylvania. Contact S.P. Nathan, South Baltimore General Hospital, 3001 South Hanover Street, Baltimore, MD 21230, (410) 787-2728.



Mark your calendar for THE THIRD ANNUAL ONCOLOGY SEMINAR: ADVANCES IN CURRENT THERAPY

Thursday, March 23, 1995
Shadyside Hospital, Pittsburgh, PA

Dennis J. Meisner, M.D.
Course Director

PRESENTERS AND TOPICS INCLUDE:

- Eric K. Rowinsky, M.D., Johns Hopkins University, Baltimore, MD
Clinical Studies with Topoisomerase Inhibitors
- William P. McGuire, III, M.D., Emory University, Atlanta, GA
Update on Ovarian Cancer Treatment
- Robert Benjamin, M.D., Anderson Cancer Center, Houston, TX
Treatment of Soft Tissue Sarcomas
- Marc E. Lippman, M.D., Georgetown University, Washington, DC
Molecular Biology and Breast Cancer
- Deborah Boyle, R.N., M.S.N., O.C.N., Fairfax Hospital, Falls Church, VA
Geriatric Oncology
- Collier A. Smyth, M.D., Concord Hospital, Hooksette, NH
Health Care Reform Issues in Oncology Care

Shadyside Hospital is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

An application has been submitted to the Oncology Nursing Society for 8.7 contact hours of continuing education for R.N.s attending the Shadyside Hospital Third Annual Oncology Seminar: Advances in Current Therapy. The Oncology Nursing Society is accredited as an approver of continuing education by the American Nurses Credentialing Center's Commission on Accreditation.

Shadyside Hospital designates this continuing medical education activity for 6.5 credit hours in Category I of the Physician's Recognition Award of the American Medical Association.

For registration information, please contact the Department of Continuing Medical Education at (412) 623-2715, or Fax 623-3010.

Do you know someone who needs nursing care in their home?

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Physicians Shaping the Future

Lee H. McCormick, MD

Editor's Note: This is an excerpt from Dr. McCormick's "Chair Address," presented on December 2, 1994, to the AMA's Hospital Medical Staff Section. The speech was given just prior to the AMA House of Delegates 1994 Interim Meeting. To update Dr. McCormick's speech: The House adopted the report of the Council on Long Range Planning and Development referenced in the article, but the actual vote to change the section name to the Organized Medical Staff Section will not occur until June at the AMA House of Delegates annual meeting.

A report was accepted by the AMA House of Delegates [that] will change the name of [the Hospital Medical Staff Section] to the Organized Medical Staff Section. The impact of that report will go far beyond a simple name change, however; it will enable us to respond to the rapidly changing health care marketplace.

The next few years will undoubtedly see a continuing shift of medical care from hospitals to outpatient networks. Hospital care will be provided by fewer physicians, and many physicians will concentrate their activities in these networks. The new Organized Medical Staff Section will be positioned to represent these physicians, address their needs, and establish medical staff structures outside the hospital as well as inside. Hospital physicians have well-delineated responsibilities that are accompanied by well-established rights. It is imperative that this new group of physicians, who now have only responsibilities, be granted rights similar to their hospital colleagues.

The actions of the American Hospital Association in opposing antitrust relief for physicians should serve as a wake-up call for physicians and make them more cautious in their future dealings with hospitals. Although it often makes sense for physicians and hospitals to work together, physicians must remember that hospital and physician incentives are often quite different. Hospitals must work with physicians in order to survive, but physicians will survive with or without hospitals.

However, despite their vulnerable position, hospitals persist in their efforts to control physicians. At a meeting of the National Health Lawyers Association in November, a session on medical staff bylaws was presented by a member of a well-known, pro-hospital law firm. In most basic terms, his message was: Stop resisting, and surrender control to the hospital. But they just don't get it, do they? They need us for their survival, yet they continue to play those ridiculous games of "We're in control!"

Both the timing and the opportunity are right for the AMA to undertake an intensive effort on behalf of their member physicians to enable them to better cope with a rapidly changing environment. We may not like managed care, but I believe that it can be likened to a bus that is pulling out of a bus station. We as physicians have three choices: We can stand in front of it and attempt to stop it from moving, we can get on and ride, or we can get on and drive! Physicians should direct their energies to the third choice, but we need help.

That help can come from the AMA through programs that have already been developed but are not yet fully implemented. The Capital Pool Project, which introduces physician organizations to bankers and other sources of investment capital, is just getting underway. The AMA University Project, under development, will provide for physicians an intensive, several-day course in the business aspects of physician-driven organizations.

The Physicians Health Plans and Networks Act is model legislation that was written last year but never introduced into Congress. This bill would create changes which would facilitate physician access to capital for network development. I believe that the early introduction of this legislation into the new Congress, as well as the re-introduction of the Patient Protection Act and the Hatch-Archer bill, would be actions that would be of enormous benefit to physicians.

Physicians today have opportunities and strengths that we have not had for some time. Whether we are dealing with hospitals or Congress, we must use that strength to return physicians to leadership in the health care system. We must work together and avoid divisiveness. We must not panic, and we must continue to be advocates for our patients. General Douglas MacArthur said it best: "There is no security on this earth. There is only opportunity." We now have opportunity. We must not waste our efforts trying to prevent the future, but rather we must use our strength to shape the future. ○

Dr. McCormick, a Pittsburgh physician specializing in the treatment of substance abuse, is chair of the AMA's Hospital Medical Staff Section, a member of the State Society's Board of Trustees, and immediate past president of Allegheny County Medical Society.



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MARCH 1995

Coping with Kaleidoscopic Change



1995 Leadership Conference

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Organization—page 18**

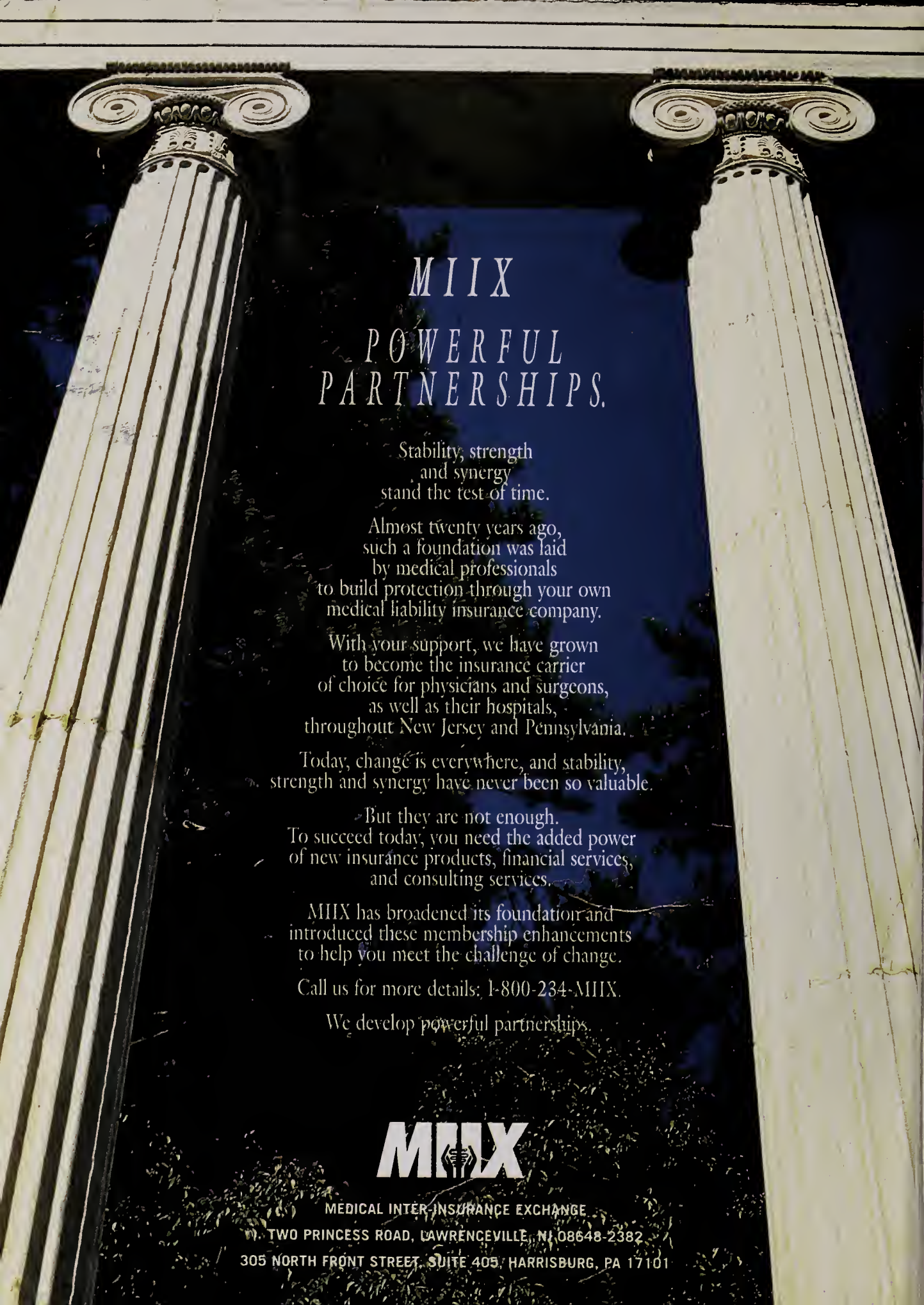
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on the Move—page 24**



Join Us in Harrisburg, May 2-3
—pages 22 and 32

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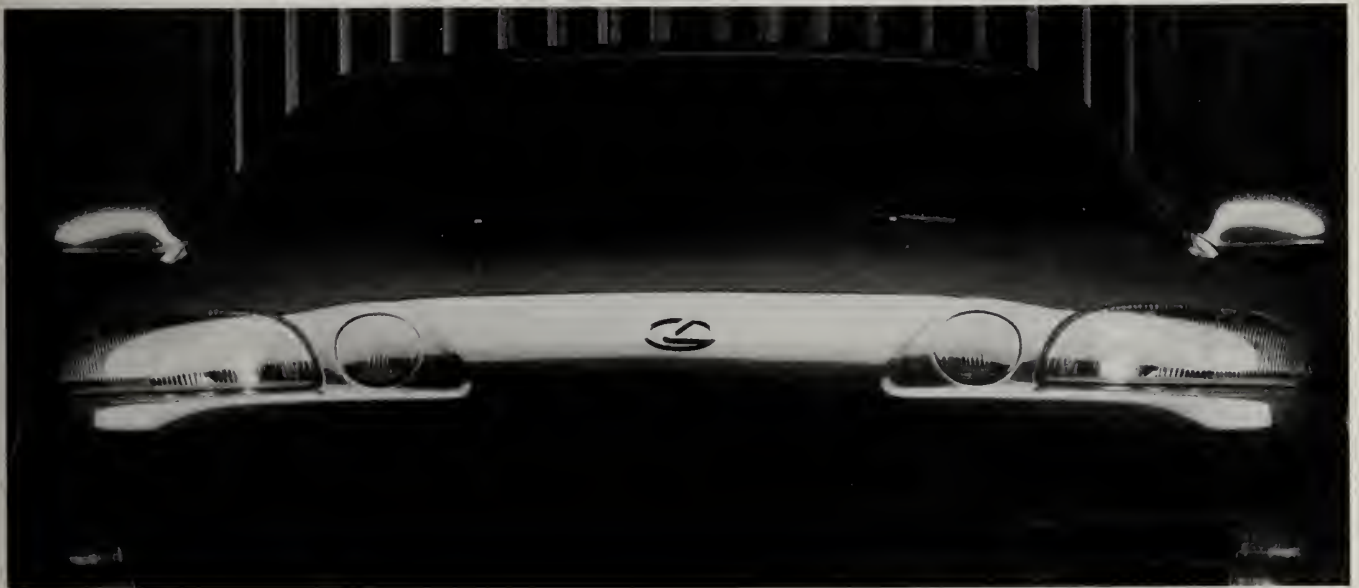
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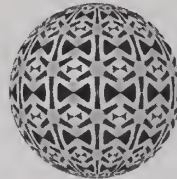
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32 Leadership Conference 1995: Coping with Kaleidoscopic Change

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18 The Making of a Physician Organization

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PITTSBURGH PHYSICIAN NOMINATED FOR STATE HEALTH SECRETARY:

Governor Tom Ridge on February 21 nominated Peter J. Jannetta, MD, a world-class surgeon from Pittsburgh, to be Pennsylvania's next Secretary of Health. The Pennsylvania Medical Society has gone on record as applauding the nomination. A Society member since 1972, Dr. Jannetta is chairman of the Department of Neurological Surgery at the University of Pittsburgh School of Medicine; he is known internationally for his clinical work. As health secretary, he will transfer his administrative duties at Pitt to the department's vice chairman and maintain a limited specialized clinical practice, performing surgery approximately one-and-a-half days per week. He will serve as secretary without compensation and will recuse himself from any decisions or transactions involving the University of Pittsburgh. The Department of Health has more than 1,300 employees and a total budget for this fiscal year of \$589 million. The appointment requires Senate confirmation.

QMB CROSSOVER PAYMENTS BEGAN LAST MONTH: At press time, physicians statewide should have received checks totalling more than \$9.5 million for over 650,000 claims processed for "Qualified Medicare Beneficiaries" (QMBs) who obtained medical services under the state's Medicaid program, according to Department of Public Welfare (DPW) data reports. DPW in early February sent out its first checks to physicians who participate in both Medicare and Medicaid. After catching up on claims not previously processed, DPW will reprocess previous incorrectly processed claims. The money is being paid as a result of the Society's victory in federal courts in a lawsuit that sought to force the state to pay appropriate coinsurance and deductibles for dual-eligible patients.

SOCIETY SUPPORTS INTRODUCTION OF RURAL ACCESS BILL: State Society President John H. Hobart, MD, spoke at a mid-February press conference in the State Capitol in support of House Bill 630, to protect health care access in light of restrictive health insurance networks. Introduced by Representative David O. King (R-Mercer), the bill addresses insurance industry policies related to managed care health programs. Specifically, the bill would provide a number of protections for health caregivers. In brief comments, Dr. Hobart said the Society supports measures which protect patient access. He also applauded a provision to prevent managed care plans from terminating caregiver contracts without cause. The bill was referred to the House Insurance Committee.

END-OF-LIFE CARE DEBATE CONTINUES, IN SPITE OF FIORI DEATH: The State Society has acted as *amicus curiae* in *In re: Daniel J. Fiori*, a court case involving the ability of a surrogate decision maker to discontinue feeding a patient who is in a persistent vegetative state and who never expressed any wishes concerning end-of-life care. The state attorney general's office has opposed this practice. The Superior Court in mid-January supported the ability of a surrogate, along with two qualified physicians, to make these decisions without court involvement, except in unusual circumstances. Although Daniel J. Fiori died in early February, the Pennsylvania Supreme Court has agreed to hear the attorney general's appeal of the Superior Court decision.

FEDERATION CAMPAIGNING FOR MEDICAL LIABILITY REFORM: At press time, the Federation of Medicine was campaigning to ensure that U.S. House of Representatives' efforts for liability reform within their "Contract with America" include medical liability measures. Currently, the legislation addresses liability reform for "product manufacturers and sellers" only. The State Society says: "If these reforms are passed without the inclusion of a cap on non-economic damages for medical malpractice, [the reforms] will be harmful to physicians—and their patients!" Physicians were asked to contact their U.S. representatives to encourage their support of medical liability amendments; action on the bill was expected in early March.

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Using My Editorial License

John W. Mills, MD
Medical Editor

During the past four years, only rarely have readers taken issue—by pen or phone—with the editorials I've written for this publication. I'm not sure why this is. Perhaps because no one reads them, or maybe because all who read nod their heads in sage agreement with all of my writings. Both these simplistic answers probably contribute to the truth. But as noted before in this column, I have earnestly tried, on occasion, to issue some challenges; to sound warnings; and, more often, to offer one physician's personal opinion of our profession's issues and problems. And, once in a while, I get carried away with the fun of writing and interject a personal anecdote or two.

Unless the Publication Committee or my readers suggest differently, I'll continue in this mode, again this month sounding more "warnings" to the profession.

Government scrutiny

My most ominous warning is a repetition of my message in January: Physicians beware the stepped-up fraud and abuse efforts of the Justice Department, the Health Care Financing Administration (HCFA), and the Office of Inspector General (OIG).

Attorney General Janet Reno has placed more agents, including FBI types, into this push and has specifically ordered increased action. More than 2,600 physicians nationwide have been excluded from Medicare and Medicaid on fraud and abuse charges since the mid-1970s; over 1,500 physicians are actively under exclusion from both programs in the U.S.

It has been observed that most of the "governmental trauma" to the medical profession has taken place during Republican administrations; that should be a warning in itself. With both political parties trying to reduce the deficit, and with the rhetoric coming out of Washington concerning entitlements and a middle class tax cut, it should be obvious that the two largest public health insurance programs—Medicare and Medicaid—are on the surgery table. Couple this with reports of increased fraud and abuse activity—we physicians have to be very sure we abide by all the rules and are proactive so that Congress doesn't just slice away.

The fearsome thing here is that mandatory physician participation, with or with-

out mandatory assignment, could be legislated on either the federal or state levels. In fact, several states already have such laws on the books. Loss of these freedoms would pretty much end medicine as a profession.

One further note on our Republican Congress—both the House and Senate Judiciary Committee chairs have been replaced by Republicans in favor of tort reform. There are two things to watch here: Federal tort reform may be seen to interfere with states' rights (a Republican plank), and the trial bar has hired a GOP strategist to look for some means to keep their winning ways. The recent Herrmann Hospital decision on physician recruitment should be "must reading" for all physicians and hospital physician recruitment personnel.

Owning managed care entities

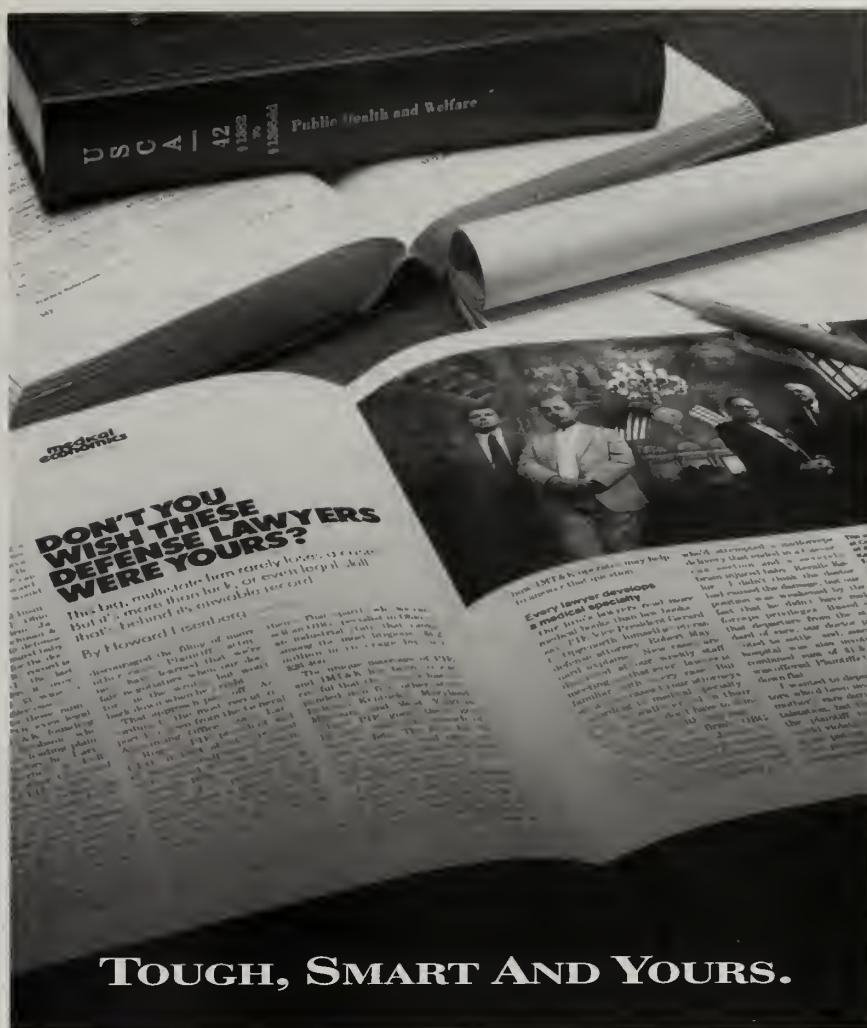
My second warning: Physicians are woefully behind in owning and operating managed care entities—especially in Pennsylvania. In comparison, California physicians have a considerable lead in such endeavors.

One of the impediments in Pennsylvania is the strong individualist posture of our physicians. As I've said before on these pages, we need to work together toward common goals. We're encouraged by the amount of interest engendered by our newest subsidiary, PMSCO. See page 18 for a sample of how they can help.

While our House of Delegates voted in the early '80s not to start a statewide HMO, this past October the delegates voted in favor of the concept. Your Board of Trustees considers this a top priority issue, for discussion on the agenda in our meeting this month. We'll be considering proposals put forth by the Pennsylvania Physician Healthcare Plan (PPHP), the physician-owned HMO being ushered by Gary Brown, MD.

A final thought—plan to attend the 1995 Leadership Conference, May 2-3, at the Harrisburg Hilton. Not only will the president of the California Medical Association be on hand to discuss managed care from his vantage point, but you can take advantage of the most up-to-date information available to help you deal with the "kaleidoscope of change" in medical practice issues. ☺

For the second year in a row, Dr. Mills is chairing the steering committee for the Society's annual Leadership Conference. For more information on what the committee has planned for this year's conference, see pages 22 and 32.



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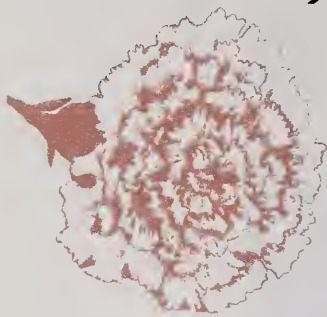


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Science, Compassion: Doctors' Day and Beyond



John H. Hobart, MD

Of all the achievements that could serve as the basis for what is called Doctors' Day, it is worth pondering a bit that March 30 commemorates one of the first instances of the administration of sulfuric ether during surgery. The physician who noted ether's effect on pain, and who made use of it to remove a tumor from the neck of a patient on March 30, 1842, was Crawford Williamson Long, MD, a Georgia native who received his medical degree, I am pleased to note, from the University of Pennsylvania.

While the Medical Society of the State of Pennsylvania—now the Pennsylvania Medical Society—was not founded until six years after this commemorative event, some county and district medical societies had been around for a while, including Philadelphia (1796), Warren County (1821), Berks County (1824), Franklin County (1825), Chester County (1828), and Susquehanna County (1838).

An early historian of the Society wrote that, while the "chief ideas" proposing a statewide medical organization were lost to time, "no doubt" the founders hoped "to institute a more powerful aid in the formation of medical societies, and the union of these into a harmonious body which would act to attract all respectable physicians to connect themselves to the local bodies."

Even as late as 1850, he continued, "the writer is aware of a great objection on the part of many of the more prominent physicians to hold allegiance to any form of medical organization..."

"Living in the light of the valuable results obtained from the many medical societies of the present day, it is difficult to realize the heart burnings and jealousies then prevailing. Up to the year 1857, membership was rarely sought, often declined, and for the most trivial reasons."

As one who often looks to history for the lessons it can teach us, I'm almost inclined to stop right there. It is both frustrating and encouraging to know that convincing

physicians of the value of membership in their state medical society is an issue that has been with us from the beginning.

Frustrating, because one would like to just solve the problem and get on with the business of representing and supporting our profession. Encouraging, because the past teaches us that events in the greater world—laws, regulations, economics—are often the best promoters of medical society membership.

Dr. Long's innovative use of ether has led to a sophisticated science of anesthesiology that has alleviated suffering for millions and made possible the life-saving surgical interventions we take for granted today.

In this, his work reflected one of the founding principles of our own State Society—"the promotion of all measures adapted to the relief of suffering and to improve the health and protect the lives of the community."

Sometimes we are criticized because the work of our meetings and assemblies concentrates on legal, legislative, regulatory, and economic issues. I make no apologies for this. Every day, we get up and go into our offices and devote our time, energy, and skills to helping our patients. Every day, we practice the science of medicine. Every day, I hope, we exercise the compassion of our profession.

Our medical societies work to ensure that we can do this tomorrow and that our young colleagues can continue to exercise their best medical judgment in 10 years, and 20 years, and 50 years from now.

It is good for our profession that March 30, Doctors' Day, commemorates the compassionate application of a scientific discovery. It is just as good that on March 31, and afterwards, our Pennsylvania Medical Society is meeting with legislators, reviewing regulations, analyzing insurance industry proposals, offering advice on managed care, and fulfilling its role in serving and preserving the profession that means so much to us all.

My sincere best wishes for Doctors' Day. ◉



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REFORM SHOULD INCLUDE LEGISLATIVE PROGRAM

The United States has the best medical care in the world. The decision about change that will be made in the immediate future will determine whether that care will improve and expand or whether bad decisions will cause deterioration. The following is offered as an approach to ensure the further development of good medical care in the U.S.

1. Universal accessibility is much preferred to the effort to obtain universal health care. Universal accessibility is a free-choice approach; the desire for universal care *must* include governmental intervention. In fact, that latter approach was an integral part of the Clinton National Health Plan.
2. High quality of medical care should be the basic goal in the patient-physician relationship. The medical profession is best capable of preserving and advancing that high quality care; governmental intervention will automatically reduce the quality of medical care and will increase the cost as well, resulting in rationing.
3. Patients should have complete free choice. They should have free choice to select their physician, and they should have free choice of the method of receiving medical care.
4. There should be marked reduction in governmental interference in medical care. [Such interference] operates to the detriment of the patient and results in large rises in cost. Even such features as peer review should be subjected to critical analysis. In my experience, it is wasting funds and impedes the giving of good care. Medicare ought to be eliminated.
5. A payment mechanism based on market forces is the only road to follow. This should involve the use of tax credit funds to pay for medical care deposited in medical savings accounts. Patients would pay for and choose high-deductible personal medical insurance (low premiums) and also pay for comprehensive insurance. The patient would own the insurance, making it completely portable, and all employer mandates (taxation of employers to pay for insurance) should be eliminated. Any funds remaining in the medical savings account would be invested by the patient.

6. Those people not able to participate in this major program would receive tax credits and tax vouchers so that they could buy their own insurance.

7. Physicians should institute an enlarged physician-patient partnership giving patients our guidance in the decision-making process—choosing health insurance, guidance on medical and consultation choices, and a participation in patients' problems that is professionally feasible.

8. Professional liability reform is essential.

9. Antitrust relief for the medical profession is vital.

10. We must also engage in persistent and continuing education programs among our physicians and medical students to alert them of the great danger in governmental control programs and/or excessively bureaucratic structures which will prevent high-quality patient care and which will make the cost mechanism the driving force in the care of patients. At the present time, I do not

think enough physicians are fully aware of these dangers.

*Paul S. Friedman, MD
Philadelphia*

JANUARY COVER: MADE 'YA LOOK!

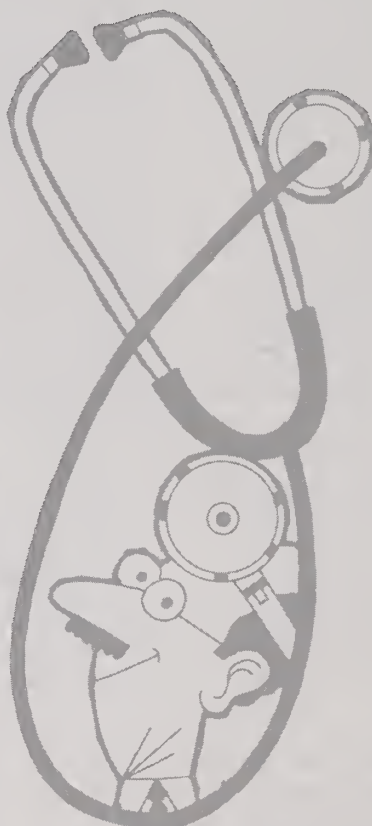
If a lost physician attempted to find his way with the help of the Uniphoto weather vane on the cover of your January issue, he/she would never make it, as the east and west indicators are reversed!

*George R. Hart, MD
New Wilmington*

I enjoyed the cover of the January issue of PENNSYLVANIA MEDICINE, but something immediately struck me as being wrong. According to my first geography teacher, when one faces north, his back is to the south, his right hand is to the east, and his left hand points to the west. Maybe that is why everything is going in the wrong direction in medicine today.

*John Dzwonczyk Jr., MD
Media*

Top Ten Reasons to Form a PO



10. No thesis to write.
9. The Fox Network is overrun with foreigners.
8. Cost effective is my middle name.
7. It's better than practicing in Bosnia.
6. Great way to meet lawyers.
5. K-Mart is not into health care—yet.
4. Already know the difference between capitation and decapitation.
3. Hillary says: Not as good as commodity futures, but better than Whitewater.
2. The ice age is coming: Can't grow fur, don't want to move south.
1. Don't want weasels running my life.

*Arthur Chernoff, MD
Philadelphia*

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Implementing a Membership-Driven Process: Communication Is Key

Roger F. Mecum
Kenneth G. Robinson

This second in a series of articles about the Society's new "membership-driven process" focuses on the importance of two-way communication to the State Society's effectiveness.

In 1990, the State Society initiated a three-year plan to improve communications efforts between our membership, leaders, and staff administration. At that time, we created a new logo, strengthened our corporate image, redirected our public relations efforts, redesigned this publication, consolidated several newsletters into *Executive Report*, and expanded our direct involvement in public health issues.

Your State Society did all this, anticipating the need for a more adaptable, focused, accessible organization to deal with the increasing pace of change. But no crystal ball in 1989 could have predicted the pace, or the incredible twists and turns, of health care marketplace change which have occurred in even the last two years.

Now, we are introducing the next step in our communications planning as part of the Society's "membership-driven process"—not only to maintain the new pace, but more importantly, to continue our leadership in the health care community.

The overriding organizational goal of this new plan is very basic: to increase membership ranks and retain individual members. Nothing is more basic to any membership organization during this decade of not only radical economic change, but also dramatic changes in professional identities.

How to do this? By becoming as valuable a resource as possible to Pennsylvania physicians.

To accomplish this, our first objective is to develop an effective, ongoing system to help leaders better listen and respond to members. Quite simply, our objective is to improve our ability to anticipate your needs, to take actions to aid those needs, and to communicate to you about our resources. We are developing new methods

toward more dynamic and interactive two-way communications between the State Society and its constituency groups.

The MDP link

In the January issue of this publication, we described the concept which underpins our plan. We envision the membership-driven process (MDP) as a five-step, continuous cycle:

- 1) obtain input from membership and outside sources,
- 2) analyze the information,
- 3) establish priorities,
- 4) act on the established priorities, and
- 5) provide feedback to membership.

The new communication plan addresses steps one and five of this process—how to obtain input in a more effective fashion and communicate what the Society is doing about it back to the membership. Both steps are critical to effective analysis by the Society so that its leaders can set clear priorities (step three) on your behalf. We see this process as a means to focus Society efforts on fine-tuning the existing communications system.

Since heightened, more responsive involvement from the Society's leadership and staff are key to improving communications, a major component of our strategy is to improve the tools and training provided to these groups. We are developing new tools to help physician leaders more effectively communicate with the grassroots membership—whether speaking at county medical society meetings, specialty meetings, hospital medical staff meetings, or simply one-on-one with colleagues. Since all physician leaders are as busy as their colleagues, these tools must be concise, practical, and easily accessible explanations of Society policies, activities, and actions.

But improving tools and training to the many willing Society leaders is not enough. Board members, council members, county society leaders, and committee members are readily activated communicators; we know that we must also identify and reach out to all potential

Mr. Mecum is the Society's executive vice president; Mr. Robinson is vice president of communications and public affairs.

leaders—members of the House of Delegates, academic physicians, and many others—and involve them directly in our two-way communications.

Technology: Help around the corner?

Communications technologies are changing almost as rapidly as the health care marketplace. While the Society's current communications efforts rely largely on direct mailings, fax correspondence, and telephone contact, we're carefully monitoring all emerging communications technologies—electronic mail, computer bulletin boards, teleconferencing—to select the most effective means to interface with members and leaders.

In January, the Society's board appointed a committee to work with an already active internal group to assess the complex pros and cons of various technologies and systems. This project's goal is to move ahead rapidly to research, test, and introduce pilots of the most cost-effective and promising systems.

Already part of that effort is a pilot program involving members of the Capitol Contacts project—physician members who are called upon to make timely contacts with state and federal legislators. The pilot will test various "fax-on-demand" and "broadcast fax" services to quickly disseminate calls to action on legislative issues and updates on fast-moving regulatory issues.

Fax-on-demand systems would allow callers to a special State Society number to reach a menu of frequently updated information, and through the telephone keyboard select documents to be immediately faxed to them. Broadcast fax services would enable the Society to fax high-priority documents to targeted membership segments. Pilots of these services to small test groups will be closely monitored and evaluated as they are considered for expansion to larger segments of the membership.

Meanwhile, the Society is investigating computerized information storage and retrieval systems to expand and expedite our ability to respond to members' questions and information needs. We are actively monitoring and testing various accesses to the "information highway," as well as researching physicians' developing use of this resource.

More questions than ever

All these efforts will require extensive research, perhaps more than we've ever done in the past. Your cooperation and active input is the key to our success.

If confronted with a Society communications survey or by a Society representative asking for your opinion, please take time to let us know, honestly and completely, what you think would make the Society more valuable to you as a dues-paying member.

One of the questions we intend to thoroughly investigate is the continuing perception of members that they are "inundated" by mailings from "organized medicine." While the 1990 communications reorganization attempted to address this perception by substantially reducing the number of State Society mailings, this perception seems to persist—at

"The overriding organizational goal of this new plan is very basic: to increase membership ranks and retain individual members."

least anecdotally.

Investigating such membership-wide perceptions is one of the greatest challenges to our new communications plans. You're busy, and the channels to the Society may not be perfect. But we realize that the State Society cannot effectively meet your needs without the ability to collect and condense the mountains of available information related to physicians and assemble it into useful, accessible resources. ☐

For more information on the Society's membership-driven process, see "Implementing A Membership-Driven Process: Medicine's Future Is in Your Hands," PENNSYLVANIA MEDICINE, January 1995, pages 26-28.

Opening Dr. Del Grosso's "Black Bag"



The world's second-largest online medical service is operated out of the home of a Pennsylvania physician. Reachable by a direct-dial phone call, it exemplifies several uses of computers in medical communications. This third in a series of articles on computers and medicine describes the Black Bag bulletin board service and how to use it.

Here's a question you can use to stump that computer jock down the hall: What's the world's second-largest online medical service? The largest? No, too easy. That, of course, is the Medical Library and Reference System (MEDLARS), operated by the National Library of Medicine (NLM). It contains some 40 huge databases, including its flagship database MEDLINE, which contains well over seven million bibliographic references. Recent articles in this series have described MEDLINE and the use of NLM's inexpensive software package, Grateful Med®, as a MEDLARS search tool. MEDLARS is supported by substantial staff at the National Institutes of Health and has an operating budget of millions of dollars annually.

So who's Number Two?

Try the Black Bag, operated by Edward Del Grosso, MD, a Pennsylvania doctor about six years out of medical school. It contains over 250 online discussion groups on almost any medical topic imaginable, a substantial body of medical information aimed primarily at lay users, a host of online newsletters, and the world's largest collection of medically oriented personal computer software in the public domain. Its staff consists only of Dr. Del Grosso, evenings and weekends, and its operating budget is about \$150 per month.

The Black Bag is an example of an online bulletin board service (BBS), accessed through a computer modem over regular voice telephone lines. As the words "bulletin board" imply, a BBS provides a place where callers can post messages to be read by anyone who checks the board. Anyone wishing to reply may do so either by post-

Fred D. Baldwin

ing another public message or by sending a private response. Most bulletin boards also maintain libraries on topics likely to interest their users—for example, reference materials, answers to frequently asked questions, or copies of particularly interesting exchanges that have appeared on the BBS in the past.

"My interest in computers has always revolved around the modem," Dr. Del Grosso says. "Other than word processing, the point for me of having a computer is communicating."

Currently, the Black Bag receives roughly 60 calls per day (almost all long distance) and has about 3,100 listed users. Although Dr. Del Grosso says he originally envisioned his service as a means of improving communications among medical professionals, about 80 percent of the callers today are patients and other individuals without formal medical training.

The feature most likely to make the Black Bag of interest to physicians is its provision of entry points into roughly 250 medical message centers. Many of these focus on specific medical problems such as cystic fibrosis, hearing difficulties, or substance abuse; some are organized around professional specialties such as radiology, psychotherapy, or nursing. There are several sections on AIDS, ranging from reports on clinical trials to sources of social and psychological support for patients.

These message centers serve as electronic bulletin boards or what Dr. Del Grosso calls "distributed conferences." That is, they provide online forums in which clinical practitioners, researchers, patients, and non-physician caregivers can communicate around common interests. Some are open to anyone; some permit anyone to read messages, but screen postings for relevance; a few, dealing with sensitive issues like child abuse, have closed sections. Computer buffs may call them by any of several names—"discussion groups," "news groups," or "echo mail"—but this reflects the histories of different transmission channels, rather than differing functions.

Mr. Baldwin, a contributing author from Carlisle, is currently co-authoring a book for Little, Brown & Co., with the working title, Infomedicine: A Consumer's Guide to the Latest Medical Research. Release is expected in Fall 1995.

The "files" section of the Black Bag includes *FDA News* (daily updates on Food and Drug Administration recalls and device alerts), *Aids Treatment News* (weekly updates on AIDS treatments), the CDC *MMWR* (daily updates from the Centers for Disease Control and Prevention), and, on the more popular side, an electronic edition of the health section of *USA Today*.

The Black Bag has a huge collection of "shareware" available for downloading without charge to your own computer. (Shareware is computer software distributed on an honor system; users who like a program are asked to pay a fee, typically modest, to its author in return for documentation and updates.) The Black Bag's software collection ranges from displays of medical graphics to programs to facilitate record-keeping and billing.

Non-physician callers often consult the Black Bag's disease and symptom databases, which cover a wide range of medical problems and techniques. Dr. Del Grosso describes these databases' level of sophistication as roughly that of the *American Medical Association's Home and Family Adviser*, or perhaps *The Merck Manual*.

Dr. Del Grosso, a native of Connecticut, received his medical training at Ohio State College of Medicine, Columbus, and completed his residency in Delaware. In 1994 he moved to Collegeville (near Philadelphia) where he works as a radiologist at Pottstown Memorial Medical Center. His wife, Carol Glessner, MD, is a family physician with, Dr. Del Grosso says, "no interest in my computers."

His own interest in computers began in medical school when a friend introduced him to a medical discussion group on the commercial online service CompuServe. He concluded that he could provide more information for health care practitioners at rates lower than those CompuServe then charged.

"I went and took out a student loan," he says. "Other people were going to Florida; I bought a PC [personal computer]. That was in 1984. It's been growth ever since then."

He now spends between 20 or 30 hours a week in work connected with the Black Bag. "You've got to realize," he says, "that everybody's got a hobby."

By the standards of serious technophiles, Dr. Del Grosso's personal computer network is modest enough. The Black Bag's hardware consists of five linked computers connected to four phone lines. He estimates its costs at only around \$10,000 because he assembled each ma-

chine himself from off-the-shelf components, like a music buff putting together stereo systems.

"When I was in residency," he explains, "that was the only way I could afford to have any of this stuff."

Dr. Del Grosso charges nothing for access or downloaded files, but callers outside the Black Bag's small local calling area must pay long-distance telephone tolls. He does ration online connect time, although users who contribute \$50 per year toward the Black Bag's support receive unlimited access, as do the disabled. (Contributions are payable, if one prefers, to the Mental Health Association of Collegeville.)

"If I had the money," he says, "I'd invest in a direct connection to the Internet. The big barrier for people calling my system is the long distance costs. With a direct Internet connection that could all be avoided. And I'd like about 20 CD-ROM changers and the CD-ROMs of the National Library of Medicine. I could offer online searches for free!"

For physicians, Dr. Del Grosso thinks that the principal value of computer communications lies in continuing medical education. "For example," he says, "you could get all the renal specialists in America together online overnight. Now that's something you can do only once a year."

Meanwhile, his "hobby" brings him frequent online fan mail like this note: "Your board has helped me stay drug free. Posting on Narcotics Anonymous and getting mail has helped in its own way to keep me clean. So thanks for just having that board." ☺

How to Reach Black Bag

To connect to the Black Bag via modem, dial (610) 454-7396. There is no Internet connection, but Internet users can get a copy of the list by sending e-mail to list@blackbag.com. For those on the system known as Fidonet, the address is 2614/ 706. For contributions or other off-line contacts, the Black Bag's "snail mail" address is: PO Box 632, Collegeville, PA 19426.

NLM Unveils Computerized Cadaver on Internet

The National Library of Medicine (NLM) in December released onto the Internet a three-dimensional, computer-generated "cadaver."

Known as "The Visible Man," the cadaver was created from thousands of images of a human body collected with state-of-the-art radiographic and photographic techniques, according to Donald A.B. Lindberg, MD, NLM director. In fact, the composition of the cadaver is so complex that those who wish to download it in its entirety will need up to two weeks of uninterrupted Internet time and 15 gigabytes of computer storage space.

NLM expects the data will be used mainly by medical schools and researchers, but practicing physicians may also find it useful, for instance, to plan surgery, design artificial hips and other man-made body parts, and test various types of medical treatments. While there is no charge to access the data, users are required to sign a licensing agreement with NLM stating how the information will be used. NLM expects to complete the next phase, "The Visible Woman," this year.

For more information, contact Michael Ackerman, PhD, project coordinator, via e-mail at ackerman@hpcc.gov or by phone at (301) 402-4100.

ACTIONS OF THE BOARD OF TRUSTEES, JANUARY 10-11, 1995**SOCIETY LOOKING TO HELP WORKERS' COMP PHYSICIANS**

Though regulations to implement Pennsylvania's new workers' compensation law remain unresolved, the State Society is taking steps on behalf of members treating workers' comp patients.

The Board of Trustees, at its meeting on January 11, authorized Society legal counsel to investigate the feasibility of establishing a program to defend the rights of physicians under the workers' comp system. The program, if implemented, would provide ongoing assistance to physicians through efforts which may include:

- education regarding the law, rights and obligations of providers, and paperwork requirements;
- development of a payment handbook, with updates discussing coding, billing, and other issues; and
- legal referral for individual advice and counsel, and for litigation of medical billing disputes.

Meanwhile, the proposed regulations moved back to the General Assembly in January. For an update, see page 24.

LAWSUIT STALLS NEGOTIATIONS ON CRNP PRESCRIBING

A lawsuit by the Pennsylvania Coalition of Nurse Practitioners has brought to a halt negotiations on draft regulations for prescribing by nurse practitioners. The Society's board in January reaffirmed its support of the stance of the State Board of Medicine, that strict controls are needed for such regulations.

Last fall, the state boards of medicine and nursing agreed on regulations authorizing certified registered nurse practitioner (CRNP) prescribing. Outlined were education requirements for the nurse practitioners, protocols, and physician oversight. But opposition from the nursing community led the nursing board to withdraw its support.

The coalition's lawsuit against both state boards charges that such prescribing rights should have been in effect long ago. Due to the pending lawsuit, and at the advice of its attorneys, the State Board of Medicine does not intend to comment until the lawsuit is resolved.

COMMITTEE TO STUDY PPHP REQUEST FOR SUPPORT

The Society is once again directing attention to the Pennsylvania Physician Healthcare Plan (PPHP), a physician group studying the feasibility of forming a statewide physician-owned and physician-directed health insurance company. The group recently requested Society support of its endeavors and of its promotional efforts.

PPHP is not new to the board or the Society—the House of Delegates voted at its annual meeting last October to endorse “the concept” of such organizations, and delegates learned much about the plan at that time. However, recognizing that many questions remain unanswered since the plan's feasibility study was still in progress in January, the board agreed to the appointment of an ad hoc committee to discuss the plan with PPHP representatives. Also, the committee will consider the logistics and implications of supporting PPHP's request.

The committee, chaired by President John H. Hobart, MD, will present its findings and recommendations to the board this month. (See page 21 for more details.)

MEMBER CONCERNS SPARK REVIEW OF CON PROCESS

In response to members' concerns related to the certificate of need (CON) process for ambulatory surgical facilities (ASFs), the board approved the creation of an ad hoc committee to work on amending the current process in Pennsylvania, which inhibits the development of such facilities in the commonwealth.

Pennsylvania law requires a two-step process before an ambulatory surgical facility may be constructed: 1) the applicant must obtain CON approval for the facility; and 2) the applicant must satisfy state ASF licensure requirements.

The State Society has maintained that the criteria in this process are far too rigid, but Society efforts to modify the requirements have been unsuccessful. The Society made one request that ASFs be allowed to prove their long-term cost effectiveness as part of the CON process; the Department of Health denied the request, citing a lack of conclusive, state-specific data on the cost effectiveness of ASFs.

Physicians, in particular gastroenterologists, otolaryngologists, and plastic surgeons, have complained about being unable to obtain a CON for an ASF and say their patients are complaining about high hospital outpatient operating room charges. Insurance companies are becoming reluctant to pay for certain procedures performed in hospital outpatient surgery centers. State-specific data would ease these problems.

The Health Care Facilities Act requires the State Health Services Plan to be revised on an annual basis, and the Surgical Services Chapter states that beginning in 1995, and every year thereafter, the department will update its projections of unmet need for surgical capacity. The Society's new committee will investigate how the Society can influence the department to modify the Surgical Services Chapter.

PATIENT PROTECTION ACT MOVES TO STATE LEVEL

The board learned that several elements of the AMA's Patient Protection Act, introduced in Congress in 1994, are expected to be introduced at the state level as part of three separate bills.

Among provisions to be included are patient coverage, access, and choice; physician and provider fairness, including credentialing, termination, and appeal issues; and utilization review safeguards. A report detailing the bills will be brought to the board in March for review. (See page 4 for related update.)

Communications Plan Approved for '95

In other action, the board approved a new Society communications plan for implementation in 1995. The plan, which focuses on two-way communication between members and the Society, is one step in the organization's new “membership-driven process.” An article detailing the plan begins on page 12.

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The Making of a Physician Organization

Judd A. Mellinger-Blouch

In cities and towns across Pennsylvania, many physicians have come to the realization that only by working together can they maintain a high level of influence over patient care and the business of medical practice. This case history focuses on the efforts of one group of physicians that has been helped by PennMed Member Services Company (PMSCO). The location and the identity of the group have been changed to ensure confidentiality.

Anytown is like many other towns in Pennsylvania. There are brick row homes and a farmer's market and several factories, some thriving and others shut down. It's a mixture of urban, suburban, and agricultural.

In early 1994, several of the physicians from Anytown's medical community began talking about their future role in the local health care delivery system. Several colleagues had sold their practices to Anytown General Hospital (AGH). These physicians had received what seemed like a good price for their practices. In return, they went to work for the hospital, took a small cut in pay, and relinquished all the headaches of running a medical practice.

In addition to the hospital's activity, managed care companies were signing up more subscribers in the Anytown area.

AGH offered to set up a physician hospital organization, but a group of physicians wanted to explore other options before signing their futures over to the local hospital. This group invited representatives from the PennMed Member Services Company (PMSCO) and the Pennsylvania Medical Society to speak with them. The physicians were urged to explore all of their options before making a commitment.

The decision-making process

The physicians, who began calling themselves the Anytown Physician Organization (APO), hired PMSCO to lead them through the decision-making process. PMSCO staff members conducted a mar-

ket assessment over a four- to five-week period. The assessment included a mixture of raw data and interviews. The raw data was gathered from sources including the U.S. census and the Pennsylvania Health Care Cost Containment Council.

When compared with the rest of Pennsylvania, the Anytown area has a fairly robust economy, a population with below-average age and above-average income, and several large employers who would make good customers for an integrated physician network. The data also showed that health providers in the area were good at keeping costs down while maintaining high quality.

Interviews with physicians and employers enhanced the picture presented by the hard data. Physicians told PMSCO that they liked their current practice structures and didn't want a large group practice or other economically integrated organization. The physicians were willing, however, to work together and to accept more risk. Employers made it clear they would be willing to work with a physician organization, but only if it could improve or hold the line on costs, quality, and access.

The market assessment, submitted to the APO steering committee, made it clear that the organization had a strong chance of success if it based its strategy on the needs of the market and then followed that strategy closely.

The question still existed, however, about how such an organization would relate to AGH. The physicians knew a good relationship with AGH was vital. The hospital had to be convinced that organizing physicians would be beneficial to all because it would strengthen joint ventures in contracting and managing risk.

Forming the business plan

Phase II was the formulation of a business plan that would turn APO from an idea into a provider network. Before this could take place, an APO board had to be assembled.

With the guidance of PMSCO, the steering committee selected a nominating committee whose sole duty was to identi-

Mr. Mellinger-Blouch is marketing manager, PennMed Member Services Company.

fy physician leaders who were willing to serve on the board. From this effort, a 13-member board was selected, and four committees—membership, finance, credentialing, and bylaws—were established. Each committee contained one board member and four at-large members.

Because the APO board and other involved physicians each had a different idea of where the group should go, Phase II was a consensus-building process. At one board meeting early in this phase, the chair of the board went around to members and asked them to state aloud their vision for

the organization. One or two members wanted to dive head first into capitation and risk-sharing, while an equally small number wanted to shun capitation and managed care completely.

Most of the board, however, believed in a mix of fee-for-service and capitation. All the board members wanted an organization focused on the patient, providing broad access to high-quality medical services.

PMSCO worked with the board of APO to look at its mission and the findings of the market assessment, and then to develop critical success factors. These are defined as the imperatives most likely to make a difference in the future success of the organization. After much discussion and debate, the APO board decided the following factors are critical to its success:

- establishing an organization with a strong base of primary care physicians, the gatekeepers required by most managed care organizations;
- creating the right incentives to attract and retain primary care physicians—these involve not only remuneration for services, but also involvement in the organization's governance and other incentives designed for retention of primary care physicians;
- marketing to the right segments, such as medium to large employers;
- containing and controlling health care expenditures to establish the reputation of

APO as dealing effectively with the community's health status; and

- establishing at least one or two partnerships with payers, employers, and other key organizations.

Facing difficult issues

Phase II also saw the board committees begin their work; each had to address difficult issues. The finance committee had the thorny issue of pricing the stock for primary care versus specialties. It was finally decided to charge primary care physicians about one-quarter of the price of a special-

ist's share of stock. The lower stock price should attract more primary care physicians, one of the critical success factors mentioned above.

Phase II is now concluding with the completion of a business strategy. In the strategy, the mission, target markets, critical success factors, and vision statement are used as the foundation for developing major goals, objectives, and action steps. This is a blueprint for APO to follow in the future. Of course, the strategy is a flexible document that must be

changed to meet the needs of the evolving marketplace.

A challenging future

APO will soon be ready for Phase III, which is to market itself to the physician community to become a viable organization. The organizing physicians have jump-started this marketing process through their involvement.

The success of APO will be determined by how many contracts and covered lives it can secure in the coming months and years. This would be an overwhelming challenge to an individual or small group of physicians. But by pulling together a sizable number of physicians, all of whom want to deliver high-quality, cost-effective care, APO has a good chance of success. ☐

“PMSCO worked with the board of APO to look at its mission and the findings of the market assessment, and then to develop critical success factors.”

AHCPR HELPING DEVELOP CONSUMER SCORECARD

The Agency for Health Care Policy and Research (AHCPR) is helping the state of Oregon develop a scorecard for consumers' use in selecting health care plans and providers.

The projects stem from an Oregon law that directs the Oregon Health Plan administrator to perform studies that include a proposal for the development of a consumer scorecard for use by plan participants. The projects will test several scorecard formats based on the needs of participants of the plan, a state-supported health insurance program that provides universal access to health care to low-income residents, especially in rural areas.

Research for the 18-month project—which began in January—will include focus groups to gather and synthesize information on the needs of three segments of Oregon Health Plan participants: urban residents, rural residents, and people with the conditions, disabilities, or other characteristics found to be most representative of the plan's population.

AHCPR's regional Rural Center at the University of Washington and its subcontractor, Oregon Health Sciences University, Portland, are carrying out this collaborative project. Based on research, these institutions will design and test several prototype scorecards. Policy options will also be analyzed.

For more information on AHCPR consumer initiatives, contact Sandra K. Robinson, Office of Program Development, AHCPR, 2101 East Jefferson Street, Rockville, MD 20852; or phone (301) 594-1455, or fax (301) 594-2157.

MEDICARE REVISES POLICY ON EMG AND NCV STUDIES

Pennsylvania Blue Shield's Medicare program has clarified its payment policy for electromyography (EMG) and nerve conduction velocity (NCV) studies performed on the same extremity, on the same day, by the same physician.

Confusion has existed since the local combination codes W9591-W9594 were deleted in October 1990 for Medicare. Effective November 1990, Medicare has permitted *separate, itemized* billing for the EMG study and NCV study when

performed on the same extremity, on the same day. In other words, NCV studies and EMG studies should be billed separately using procedure codes 95900-95904 or 95860-95872 as appropriate, according to the number of nerves studied.

Note: This change does not affect Blue Shield's non-Medicare business.

Direct questions about this policy to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7823.

BLUE SHIELD WINS CHAMPUS CONTRACT

A unit of Pennsylvania Blue Shield has been awarded a five-year, \$1.7 billion federal contract to provide dental services to dependents of active military personnel, company officials announced in February. The contract, awarded by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), covers 1.8 million people nationwide and in U.S. territories.

The Blue Shield subsidiary, United Concordia Companies, Inc., which operates in the mid-Atlantic region while administering all of Pennsylvania Blue Shield's dental business, will assume the program on August 1, 1995. The company won the contract over three other finalists—a California HMO, a partnership of a Kentucky HMO and Blue Cross and Blue Shield of South Carolina, and Delta Dental Plan of California which currently runs the CHAMPUS program.

In a February 8 *Wall Street Journal* interview, Thomas Dzuryachko, chief operating officer of United Concordia, said the contract gives members "total freedom" to pick their dentists. He also predicted the company would "make a small profit" from the new business.

MEDICAL ASSISTANCE HIO REMAINS ON HOLD

HealthChoices, the health insurance organization (HIO) proposed for Medical Assistance (MA) patients in Southeastern Pennsylvania, was to have become operational in late 1994.

Implementation was halted when hospital alliance and patient advocacy groups legally challenged the proposal process. Terms of the settlement are unknown at this time, and there is no word as yet whether Governor Tom Ridge and the newly

elected, Republican-controlled General Assembly will continue the push for managed care for the MA program.

The Society remains concerned over the original proposal because of the arbitrary division of the region into three areas and the lack of adequate patient and provider safeguards, but we are waiting to see the terms of settlement from the lawsuit.

Family Care Network

Twenty-one counties are currently on line with the Family Care Network, a primary care case management program for the under-21 MA population in 60 counties.

Under the program, managed for the Department of Public Welfare (DPW) by Automated Health Systems, Inc., Pittsburgh, primary care physicians, clinics, and hospitals are recruited to become primary care case managers. Eligible MA recipients are then given the choice of providers to serve as their "medical home."

Providers receive a case management fee of \$3 per patient assigned per month; in return, they are to provide care, including the necessary Early, Periodic, Screening, Diagnosis and Treatment visits and services, and immunizations, as well as coordinate specialty care for each assigned patient. Providers are reimbursed for those services at DPW rates in addition to the case management fee.

Response from the provider community has been positive, with the number of physicians and facility providers participating far exceeding original predictions. Recruitment in additional counties continues.

Lancaster Community Health Plan

In related news, the Lancaster Community Health Plan, which will link MA recipients with primary care providers in Lancaster County, is continuing efforts to become operational under a Department of Public Welfare contract.

For more information about HealthChoices, the Family Care Network, or the Lancaster Community Health Plan, call the Society's Department of Regulatory Affairs and Specialty Legislation at (800) 228-7823 or (717) 558-7750.

State Society Explores Managed Care Opportunities

the significance of this issue to State Society members, the board will consider PPHP's request for endorsement and other assistance as a priority discussion during the meeting.

The following questions and answers are provided to help members understand the origins of this initiative, as well as the State Society's activities on this issue.

Q: Has the feasibility of a statewide HMO ever been considered by the State Society, and if so, what was the outcome of those discussions?

A: The concept of a State Society-sponsored health maintenance organization was considered at a special meeting of the House of Delegates in the early 1980s. The House declined action, considering the task of capitalization insurmountable and the risk too great.

But the State Society continued to monitor the health care marketplace, and by the early '90s was aware that the concept needed to be again analyzed in greater depth. In 1994, a feasibility study commissioned by the State Society and conducted by nationally known consultants KPMG Peat Marwick showed the Pennsylvania health care market to be extremely complex and diverse—economically, socially, and demographically.

The recommendation was to initially pursue ventures that would aid Pennsylvania physicians in coping with integration in the health care market, rather than invest the Society's resources heavily in capitalization and risk associated with establishing a statewide HMO. The study did, however, suggest that the Society continue to monitor marketplace changes and efforts by physicians to establish HMOs.

In response to this investigation, the Society board immediately created PennMed Member Services Company (PMSCO), a subsidiary designed to meet the diverse needs of Pennsylvania physicians facing inroads of managed care and marketplace change. (For more on PMSCO, see pages 18-19.)

Recognizing the importance of this emerging issue, the House of Delegates

Pennsylvania physicians are approaching another crossroad this year, one of many they have faced over the past two years. Sometime this spring, a prospectus will be before them for their consideration, outlining the plans of the first statewide, physician-owned health maintenance organization proposed in Pennsylvania, and requesting their support.

Initiated by Gary Brown, MD, a Wyndmoor-based ophthalmologist, Pennsylvania Physician Healthcare Plan (PPHP) concluded a feasibility study in late January to determine if such a managed care entity is viable in a diverse state like Pennsylvania.

PPHP representatives have been in contact with the State Society's staff and officers since the inception of their plan, and were on hand during the board's January 11 meeting for extensive discussion and background information. Following the presentation, the Society's board created an ad hoc committee to further these discussions with PPHP, with a report due back to the board at its March 8 meeting. Recognizing

in October 1994 adopted a resolution on the issue of physician-owned HMO insurance companies:

That the Pennsylvania Medical Society endorse the concept of physicians pursuing the establishment of Pennsylvania physician-owned health care delivery organizations, such as an HMO, PPO, etc., [and] continue to study this matter.

The Society has continued to monitor a wide range of other developments in the state's health care marketplace, watchful of emerging creative solutions.

Q: How did PPHP originate?

A: In his presentation to the Society board, Dr. Brown outlined the history of PPHP, pointing out his concept that "unless physicians try to control dollars, we will lose the ability to manage our patients in the ways we think best. For us, being able to manage patients is the bottom line. We believe that we care more about our patients than the for-profit insurers, existing HMOs, and large hospitals."

PPHP was launched, through Dr. Brown's leadership, with a fundraising initiative last fall to finance the feasibility study. With the study now completed, the group's next step is to seek capitalization by creating an intra-state stock offering to Pennsylvania physicians, similar to an offering in New Jersey. As mentioned, the stock prospectus is expected to reach physicians this spring.

Q: How has the concept of a statewide, physician-owned HMO been received, in general, by Pennsylvania physicians?

A: As PPHP representatives traveled across the state in the past few

months, addressing county, specialty, and other physician groups, State Society leaders have attended many of these meetings and remained in close contact with PPHP representatives. Several county medical societies, including Allegheny and Philadelphia counties, have offered support to PPHP developers. State Society leaders are fully aware of the growing sentiments of physicians that maintaining a leadership position in the health care marketplace is of paramount importance.

Q: Would PPHP be wholly physician owned?

A: According to Dr. Brown, practicing physicians will have the initial option to join, and only physicians will be allowed to purchase voting stock.

Q: How will managing control of PPHP be structured?

A: Details of the management structure are currently being developed by the PPHP board. As soon as this information becomes clear and available, the State Society will provide as much detail as possible for Society members.

Q: When will details of the State Society's decisions regarding cooperation or involvement with PPHP be announced?

A: As previously mentioned, a number of key decisions will be made by the State Society's board at the March meeting. State Society members will be informed of any further details that are available at that time. In addition, the Society will continue to update members about these issues through its monthly publications.



4 PROGRAMS
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"Medicine's Dilemmas"—**William L. Kissick, MD, DrPH**, a participant in Medicare's original drafting in the '60s, is a prolific writer, commentator, and respected adviser on the U.S. health care scene. He is professor of health care systems, the Wharton School, University of Pennsylvania.

"California's Experience with Managed Care"—**Eugene S. Ograd, MD**, president, California Medical Association, speaks from the cutting-edge of health care change.

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- ♦ HMSS Seminar, 4:00 pm, "Enhancing Physician Leadership in a Changing World," created by the Leadership Institute of the Society's Educational and Scientific Trust.

♦ TUESDAY, MAY 2

- ♦ HMSS Assembly Meeting, 8:30 am, "How to Overcome Obstacles and Organize Physicians," a presentation by **Dr. Ograd**.

Look for details of all sessions next month in PENNSYLVANIA MEDICINE, and for your registration form in the March issue of Executive Report.

The Pennsylvania Medical Society is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

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For more information, call the State Society at (717) 558-7750 or (800) 228-7823.



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**WORKERS' COMP REGS
MOVE BACK TO LEGISLATURE**

Proposed regulations to implement Pennsylvania's new workers' compensation law are still not in place, despite a year-and-a-half of drafting and two months of active debate.

The regulations, proposed by the Department of Labor and Industry to implement the medical cost containment provisions of the Workers' Compensation Act, were in the drafting process since shortly after the law was signed in July 1993. They were rejected by the Independent Regulatory Review Commission (IRRC) on November 29, 1994, and went back to the department for revision.

Instead of recommending revisions, the department resubmitted the regulations without changes, forcing them back into the legislative process. On Inauguration Day, the regulations were withdrawn by the department.

The Society supported many of the provisions of the original regulations, including those intended to:

- 1) clarify the ambiguities of the statute; and
- 2) correct problems experienced by physicians and others in providing medical care under the act, and receiving fair and prompt payment for their services.

The Society continues its support with even more urgency, recognizing the overwhelming need to have the regulations in place to govern insurers' practices.

The Society will continue to work for additional modifications. Some physicians believe the current regulations give too much power to the referee in the appeals process and that the provisions for peer review are not strong enough, giving support to the criticism that physicians do not sufficiently police themselves.

At press time, the regulations are suspended, awaiting action by the newly designated secretary of labor and industry. The Society was in the middle of talks with the insurance federation—which has said it would actively lobby against the regulations—to find common ground to permit the regulations to move forward quickly.

Look for updates on the issue in future Society publications; for more information on current State Society efforts on behalf of members treating workers' comp patients, see page 16.

Q&A: Workers' Compensation

Q: Why is the workers' compensation rate for 1995 based on the 1994 Medicare allowance, and how is the rate calculated?

A: During legislative debate over changes to the Workers' Compensation Act, providers strongly objected to the use of the Medicare payment system as the basis for payment for medical care under workers' compensation as it had been used under the automobile law. Legislators responded to those objections by freezing the payment system at a point in time (December 31, 1994). Changes to the payment levels commencing January 1, 1995, would reflect changes in the Statewide Average Weekly Wage (SAWW). Those changes would be cumulative after 1995.

To calculate payment, take the amount that would have been paid as of December 31, 1994 (113 percent of the 1994 Medicare participating provider allowance), multiply that figure by 3.2 percent (the SAWW percentage change). The total is what you should expect to receive for services performed on or after January 1, 1995.

Unlike the auto law, there is no authorized delay for insurers to update their payments. Insurers were advised of the 3.2 percent increase by notice from the Department of Labor and Industry in December and through published notice in the *Pennsylvania Bulletin* (January 7, 1995).

Physicians should submit their regular charges for services provided on the current HCFA 1500 claim form, together with the Medical Report Form (LIBC 9), to the insurer. The report form is to be submitted within 10 days of initiating treatment and at least every 30 days for the duration of treatment. If the correct payment is not received within 36 days of submission, unless the necessity of the services has been challenged, physicians should file an Application for Fee Review (LIBC 507) with the Bureau of Workers' Compensation. For more information, call Don McCoy, the Society's director of regulatory affairs and specialty legislation, at (800) 228-7823 or (717) 558-7750, ext. 448.

**PAMPAC ELECTS
1995 LEADERS**

George Buerger, MD, has been elected chairman of the Pennsylvania Medical Political Action Committee (PAMPAC) for 1995. He replaces Andrew Gurman, MD, whose tenure on the board has expired.

Dr. Buerger, a Pittsburgh ophthalmologist, has served the PAMPAC board in other capacities for three years. He also represents the Thirteenth District, Allegheny County, on the board.

Other officers elected include: Richard T. Bell, MD, Second District, as vice chair; Jay L. Funkhouser, MD, Tenth District, as assistant treasurer; Elizabeth Twigg, Pennsylvania Medical Society Alliance (PMSA) Central Region, as secretary; and Andre C. Blanzaco, MD, as the at-large member of the executive committee.

Newly elected as an at-large member of the board is Robert Murphy, MD, who is replacing Leland Patterson, MD. Also, the board re-elected Dr. Blanzaco, Robert Mathews, MD, and Mark Friedlander, MD, as at-large members of the board.

Other members of the board include: Karl R. Myers, MD, First District; Carmen A. Brutico Jr., MD, Third District; Carl J. Forster, DO, Fourth District; Richard D. Baltz, MD, Fifth District; Raj G. Kansal, MD, Sixth District; Daniel E. Hill, MD, Seventh District; David F. Dieteman, MD, Eighth District; Paul Burton, DO, Ninth District; Thomas J. Strunk, MD, Eleventh District; and Joseph G. Ciotola, MD, Twelfth District. Eileen Plundo, PMSA Western Region; Judy Bucko, PMSA Eastern Region; and Mrs. Twigg are PMSA representatives on the board. Jerry L. Rothenberger is treasurer.

For more information about PAMPAC—what it is, what it does, and how you can become more involved—call Larry L. Light, executive director, at (800) 228-7823, ext. 452, or (717) 558-7822.

PAMPAC Workshop

Plan to attend "Techniques Legislators Really Understand," May 1, 1995, just prior to the Society's 1995 Leadership Conference. See pages 22 and 32 for details.

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John Ambrose, M.D.

Professor of Medicine, Mount Sinai School of
Medicine
Director, Cardiac Catheterization Laboratory
The Mount Sinai Medical Center
New York, NY

Kanu Chatterjee, M.B., F.R.C.P.

Professor of Medicine and
Luci Stern Professor of Cardiology
University of California, San Francisco,
School of Medicine
San Francisco, CA

Peter R. Kowey, M.D.

Professor of Medicine, Jefferson Medical
College of Thomas Jefferson University
Chief, Division of Cardiovascular Diseases
Lankenau Hospital and Research Center
Philadelphia, PA

Herbert J. Levine, M.D.

Professor of Medicine, Tufts University School
of Medicine
Division of Cardiology
New England Medical Center
Boston, MA

Navin C. Nanda, M.D.

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ACCME STATEMENT—The Medical College of Pennsylvania is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

AMA/PRA DESIGNATION STATEMENT—The Medical College of Pennsylvania designates this continuing medical education activity for 6.5 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. Medical College of Pennsylvania will award .65 CEU's to each participant who successfully completes this course or conference. Our program uses the standards and guidelines outlined by the International Association for Continuing Education and Training.

DISCLOSURE STATEMENT—In accordance with the Accreditation Council for Continuing Medical Education (ACCME) and the Association of the American Medical Colleges (AAMC) standards and the policy of The Medical College of Pennsylvania and Hahnemann University, presenters are asked to indicate if they have any relationship which, in the content of their presentation, could be perceived as a real or apparent conflict of interest, (e.g. ownership of stock, honoraria or consulting fees). Any such relationship will be disclosed to the audience and consideration will be given to the possible influences on the physician's presentation.

Understanding Your Graduated Dues Discount

William J. West Jr., MD

One area of particular interest to young physicians is membership in organized medicine. But dues have traditionally been a sticking point, preventing involvement of some.

For some time, the State Society has offered a first- and second-year-in-practice discount for physicians starting out. Initiated by the Society's Council on Membership in the early 1980s, the program provides a discount and an incentive for young physicians to join early in their careers.

This year, we are excited to be able to offer a first-, second-, third-, and fourth-year-in-practice dues discount. The Young Physicians Section (YPS) Governing Council is proud of its efforts in every step of this process.

For several years, the council has been contacting young physician members and nonmembers to discuss their concerns. The Governing Council continually heard that the cost of membership was the main reason young physicians were not joining. The council also noted that some members dropped their membership as soon as their two-year discount period ended, to avoid paying the full price of dues.

At its 1992 meeting, YPS assembly members considered a resolution to change the dues discount from two years to four years for young physicians. The assembly did not pass the resolution, but determined that there was a better way to accomplish its intent. The assembly asked the YPS Governing Council to work internally with the Council on Membership to address the issue of extending the length of time young physicians had until they must pay full dues.

At that time, Arthur Stein, MD, who was YPS vice chair, served on the Council on Membership and was instrumental in getting its members to discuss the issue. The council was already considering other dues discount categories and was very receptive to Dr. Stein's request on behalf of the section. Although seemingly a simple request, it took some time to accomplish this goal.

The Council on Membership formally recommended to the Board of Trustees that a graduated dues discount of four years would be in the best interest of the State Society in attracting new young physician members. The board, in turn, recommended to the House of Delegates that the Society increase the length of time for young physicians to pay full dues and that a four-year dues discount be implemented. The House adopted this with a bylaws change; there was a year layover for implementation.

We need your help.

We need to get the word out to our colleagues about this dues discount; we realize the best way to do that is

by word of mouth. Think about it: How much do you pay attention to your mail?

I would like to see each young physician member contact others about the graduated dues discount. Unless they know about it, they won't take the next step: Just tell them to call the State Society's Department of Membership at (800) 228-7823, extension 276, for information.

The members of the YPS Governing Council also invite your comments. See the box below for a listing of council members, their county locations, and their business telephone numbers.

We don't ask much action of our members throughout the year; yet, every little effort you make to promote the YPS and the State

About the YPS

The Young Physicians Section (YPS) was created in 1986 to provide a voice for young physicians across the state. Physicians who are 40 and under or in the first five years of practice are eligible to participate in the section. The YPS, which addresses issues of particular interest to young physicians, is governed by a council that carries out the section's programs and policies.

The section holds an assembly meeting each October prior to the State Society's House of Delegates. At this meeting, delegates from each county elect the YPS Governing Council, as well as delegates and alternate delegates to attend the Society's House of Delegates and the AMA-YPS annual and interim meetings. Resolutions of special interest to young physicians are also considered and adopted at the assembly meeting.

Members of the 1994-95 YPS Governing Council include:

Chair: William J. West Jr., MD (Berks), 610-376-6668

Vice Chair: Mark A. Piasio, MD (Clearfield), 814-768-2225

Secretary: Mary J. Hudak, MD (York), 717-244-4594

Delegates:

Jeffrey H. Baker, MD (Centre), 814-231-4560

Chris W. Fellin, MD (Montour), 717-271-6211

Marlon T. Maus, MD (Philadelphia), 215-928-1417

Martin D. Trichtinger, MD (Montgomery), 610-886-0174

Young Physician Trustee: Robert M. McNamara, MD (Montgomery), 215-842-6548

Member-at-Large: Daniel J. Glunk, MD (Lycoming), 717-321-2284

Alternate Delegates:

Joseph K. Izes, MD (Montgomery), 215-884-7114

Andrew R. Levette, MD (Montgomery), 215-576-2335

Carl A. Sirio, MD (Allegheny), 412-647-2335

Past Chair: Arthur V. Stein, MD (Lehigh), 610-437-5438



Renee Edinger

Career Counselor Renee Edinger will lead a workshop on "Managed Care—The New Career Paradigm" during the State Society's Leadership Conference, "Coping with Kaleidoscopic Change," to be held May 2-3, 1995, at the Harrisburg Hilton and Towers.

Edinger is vice president of physician search, Cejka & Company, St. Louis, Missouri. The workshop, coordinated with the Young Physicians Section, will include an overview of the current health care marketplace and a discussion of what it means for physicians to be "employees."

For more information, see pages 22 and 32.

Society gets us one step further to helping all the young physicians of Pennsylvania. Think of how much more we could accomplish if every young physician in the commonwealth joined together to work for a better tomorrow.

Dr. West, a Wyomissing obstetrician/gynecologist, is chair of the Society's Young Physicians Section.

NOMINATIONS SOUGHT FOR YPS SERVICE AWARD

The AMA Young Physicians Section is accepting nominations for the 1995 AMA-YPS Community Service Award, which recognizes and encourages excellence in community service activities carried out by young physicians.

Examples of projects which may be submitted are as diverse as a medical/legal clinic for the homeless, a natural science ambassador project, a monthly health education cable TV show, pre-participation sports examinations for needy children, sample pharmaceuticals donated to a clinic for the indigent, drug abuse prevention programs, volunteer activity at AIDS clinics, involvement in medical missions to other countries, or flood/hurricane relief projects.

For additional information or a nomination form, call the AMA Department of Young Physician Services at (312) 464-4749. All entries must be postmarked by April 1, 1995.

GUIDE OFFERS RESOURCES FOR NEW YOUNG PHYSICIANS

The AMA-YPS has compiled "Guide to AMA Services and Resources for Young Physicians Entering Practice," a booklet of existing products of special interest to senior

residents or physicians just entering practice.

Included is information on practicing in managed care settings, contract negotiation, practice management, equipment leasing, physician reimbursement, practice guidelines, insurance needs, continuing education, career resources, and risk management. Some materials listed are free; others are available at reduced costs for AMA members.

For a free copy of the guide, call the AMA Department of Young Physician Services at (312) 464-4978.

MANAGING PRACTICE IS FOCUS OF COUNCIL OFFERINGS

The Pennsylvania Medical Society's Council on Medical Practice offers a number of seminars and publications designed to help physicians better manage their practices.

Seminars

Upcoming practice management seminars include:

- "Managing Managed Care"—March 28-30 in Pittsburgh, Harrisburg, and Philadelphia.

- "Complying with OSHA Blood Borne Pathogen Regulations"—April 4-6 in Philadelphia, Harrisburg, and Pittsburgh.

- "How to Run a More Profitable Practice"—April 18-20 in Pittsburgh, Harrisburg, and Philadelphia.

For more information, or to register, call (800) 228-7823 or (717) 558-7750, extension 258.

Publications

Practice management publications available include:

- "Employment Law: A Guide for Pennsylvania Physicians"—This recently updated manual includes chapters on wages and overtime, hiring and terminating employees, unemployment compensation, and benefit plans.

- "Laws and Regulations Affecting Medical Practice"—This 48-chapter manual, which includes a new chapter on the Americans with Disabilities Act, is a highly valuable reference for any medical practice.

- "1995 Practice Management Software Comparison"—This guide includes purchasing guidelines, hardware specifications and pricing, and in-depth information on several software programs. It is available free of charge to State Society members.

- "Employment Contracts: A Guide for Pennsylvania Physicians"—This publication includes helpful information for physicians who contract with employees or who are themselves an employee.

For more information, or to place an order, call (800) 228-7823 or (717) 558-7750, extension 456.

Fax-Back Coupon

The Young Physicians Section, the Society's Hospital Medical Staff Section, and The Institute for Physician Leadership are cosponsoring a program on Monday, May 1, 1995, prior to the Society's Leadership Conference, on

"Enhancing Physician Leadership in a Changing World."

For more information about the program, see page 33; or fax this coupon to Christina Reese at (717) 558-7842.

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

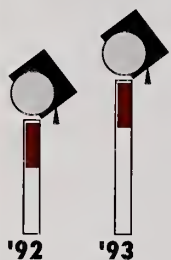
ANTI-SMOKING EFFORTS CONTINUE AT FARM SHOW

For the third year in a row, the State Society participated in the Pennsylvania Department of Health's Youth Against Tobacco (YAT) campaign at the 79th Annual Pennsylvania State Farm Show in Harrisburg in January.

Approximately 8,600 people visited the YAT booth, where teenagers signed pledges not to use tobacco products. Promotional items, including posters and luggage tags, were distributed to teens, educators, and other visitors to the booth as well.

Several members of the Society's staff volunteered their time to man the booth, along with volunteers from the Department of Health, Department of Education, and the state chapter of the American Cancer Society.

STATS



From 1992 to 1993, daily smoking prevalence increased among high school seniors from 17.2 percent to 19 percent.

Source: CDC. Cigarette smoking among adults—United States, 1993. *MMWR* 43(5):928, 1994.

LIVING WILL KIT AVAILABLE FREE TO MEMBERS

The Pennsylvania Medical Society's Council on Education and Science has compiled a "Physician Living Will Information Kit" to help physicians understand and properly address living wills with their patients.

Included in the kit are: a copy of Pennsylvania's Advance Directives for Health Care Act, articles explaining the act, professional viewpoints on malpractice issues, related AMA and State Society policies, levels of care guidelines, tips on how physicians can talk with patients about advance directives, a copy of the Society's "Dignity in Life, Dignity in Death" brochure, and other resources.

For more information, or to receive a kit, call the Society at (800) 228-7823 or (717) 558-7750, extension 443.

AHCPR NEWS

MEDICAID CAP ON DRUGS COST MORE THAN IT SAVED

Limiting Medicaid reimbursement to three drug prescriptions per patient per month markedly increased emergency and acute care services for non-institutionalized, schizophrenic patients who were unable to pay for the additional psychotropic drugs they needed. The cost-cutting initiative cost Medicaid 17 times more than it saved in prescription drug costs, concludes a study supported by the Agency for Health Care Policy and Research (AHCPR).

Harvard researchers linked Medicaid claims data for 42 months with clinical records from two community health centers and a psychiatric hospital in New Hampshire. Their analysis showed that the cap resulted in immediate reductions of 15 to 49 percent in the use of psychotropic drugs. The cap also resulted in coincident increases of one to two visits per month to the health centers and a sharp increase in the use of emergency mental health services and partial hospitalizations.

After the cap was discontinued, the use of medications and most mental health services reverted to pre-cap levels.

CABG SURGERY CONTRIBUTES TO DECLINE IN DEATHS

Coronary heart disease deaths in the U.S. declined by over 40 percent between 1963 and 1985, and according to researchers, coronary artery bypass graft (CABG) surgery contributed modestly to this decline.

The researchers abstracted from the medical records of Minneapolis-St. Paul area residents undergoing CABG surgery between 1970 and 1984 to compare the annual mortality rates of these patients with estimates of their expected survival rates had they not undergone surgery. The researchers estimate that the surgical contribution to annual reductions in heart disease deaths gradually increased from a negative 0.2 percent increase in deaths in 1970 to a positive 6.6 percent reduction in deaths in 1984.

This change appears to be related to an increased frequency of CABG surgery, improved outcomes following surgery, and a more severely ill mix of CABG patients whose survival is more likely than that of less ill patients to be

improved by surgery, according to the researchers.

However, it is questionable whether the contribution of CABG surgery to the decline in heart disease deaths continued to increase through the late 1980s and early 1990s. Other therapeutic approaches—angioplasty, atherectomy, and thrombolytics—whose use proliferated during this period, also may have contributed to improved survival of these patients.

AHCPR News is excerpted from the December 1994 issue of "Research Activities," published by the Agency for Health Care Policy and Research, Rockville, Maryland.

NEW MEDICATION TREATS ALCOHOL DEPENDENCE

The U.S. Food and Drug Administration has granted clearance for the sale of REVIA™ (naltrexone HCl), a new pharmaceutical to treat alcohol dependence.

In studies, funded by the National Institute on Alcohol Abuse and Alcoholism at the medical schools of the University of Pennsylvania and Yale University, treatment with naltrexone supported abstinence, prevented relapse, and decreased alcohol consumption. In addition, patients in comprehensive treatment programs who were treated with naltrexone reported a decrease in craving.

Other studies indicate that REVIA, an opioid-receptor antagonist, is non-habit forming and is not a drug of abuse. The most common side effect found in studies was nausea, though some patients reported difficulty sleeping, anxiety, nervousness, abdominal pain/cramps, low energy, joint and muscle pain, and headache.

REVIA is a product of the DuPont Merck Pharmaceutical Company.

Report Discusses Morbidity, Mortality of Dialysis

A National Institutes of Health (NIH) consensus development statement on "Morbidity and Mortality of Dialysis" is now available from the NIH Office of Medical Applications of Research.

The statement contains recommendations and conclusions concerning kidney disease.

To receive a free copy of the statement, call the NIH Office of Medical Applications of Research at (301) 496-1143.

Hahnemann University Hospital

Department of Medicine Grand Rounds

Wednesdays 8:30 to 9:30 a.m.

Classroom C (Alumni Hall), 2nd Floor, New College Building, Hahnemann University, 15th & Vine Streets (15th Street Entrance), Philadelphia

For more information, contact the Office of Continuing Education at 215-762-8263.

MARCH 1995

March 8th
Office Management of Heart Disease for the Generalist
George A. Beller, MD
Professor of Medicine
Cardiovascular Division
University of Virginia School of Medicine
Charlottesville, VA

Leonard S. Dreifus, MD
Professor of Medicine
Division of Cardiovascular Diseases
Hahnemann University

Richard Gorlin, MD
Professor of Medicine
Division of Cardiology
Mount Sinai School of Medicine
New York, NY

March 15th
Cutaneous Vasculitis
Richard L. Spielvogel, MD
Professor of Medicine and Dermatology
Chair of Dermatology
Hahnemann University and Medical College
Hospitals

March 22nd
Humoral Immunodeficiency for the Internist
Jonathan Jaffe, MD
Assistant Professor of Medicine
Co-Director, Allergy Center
Division of Allergy and Immunology
Hahnemann University

March 29th
Risk Management
Anita Miceli
Director of Risk Management
Hahnemann University Hospital

Medical Liability
Stephen A. Ryan, Esq.
Attorney-at-Law
Philadelphia, PA

APRIL 1995

April 5th
New Directions in Antiretroviral Therapy
Paul A. Volberding, MD
Professor of Medicine
University of California/San Francisco
School of Medicine
Director, AIDS Program
San Francisco General Hospital
San Francisco, CA

HIV-Associated Opportunistic Infections: An Overview
Henry Masur, MD
Clinical Professor of Medicine
George Washington University
School of Medicine
Chief, Department of Critical Care Medicine
Clinical Center, National Institutes of Health
Bethesda, MD

April 12th
Pathogenesis and Treatment of Acromegaly
Shlomo Melmed, MD
Professor of Medicine
Director, Division of Endocrinology and Metabolism
Cedars-Sinai Medical Center
Los Angeles, CA

April 19th
Atrial Arrhythmias: Newer Understanding of Atrial Fibrillation
Albert L. Waldo, MD
The Walter H. Pritchard Professor of Cardiology and Professor of Medicine
Case Western Reserve School of Medicine
Director, Cardiac Arrhythmia Service
University Hospital of Cleveland, OH

April 26th
Endoscopic Diagnosis of Gastrointestinal Disorders
J. Thomas Danzi, MD
Professor of Clinical Medicine
Senior Associate Dean for Clinical Affairs
Medical Director
Hahnemann University Hospital

MAY 1995

May 3rd
Acute Pancreatitis and Its Complications
Jamie Barkin, MD
Professor of Medicine, University of Miami
School of Medicine
Director, Division of Gastroenterology
Mount Sinai Medical Center
Miami Beach, FL

May 10th
Treatment of Hyperlipidemia: Primary and Secondary Prevention
David Capuzzi, MD
Associate Professor of Medicine
Director, Lipid Center
Medical College of Pennsylvania

May 17th
Advances in the Treatment of Type II Diabetes Mellitus
Donald C. Simonson, MD
Associate Professor of Medicine
Harvard Medical School
Chief, Section of Diabetes and Metabolism
Brigham and Women's Hospital
Head, Section of Clinical Physiology
Joslin Diabetes Center
Boston, MA

May 24th
Syndromes Confused with Vasculitis
Jeffrey Olan, DO
Head, Atherosclerosis and Lipids Section
Vascular Medicine Department
The Cleveland Clinic
Cleveland, OH

UPCOMING CME EVENTS!

3rd Annual Cardiovascular Disease Update '95: An Interactive

Case Management Program

Sunday Morning, April 23, 1995
Adam's Mark Hotel
City Avenue & Monument Road
Philadelphia, PA

Office Management of Heart Disease

Friday and Saturday
June 9 and 10, 1995
The Marriott's Seaview Hotel & Resort
Absecon, New Jersey
Call 215-762-8263 for information

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

MARCH 8, 1995

Office Management of Heart Disease for the Generalist

Guest Lecturers: *George A. Beller, MD,*
and *Richard Gorlin, MD*

APRIL 5, 1995

HIV and HIV-Related Opportunistic Infections

Guest Lecturers: *Paul A. Volberding, MD,*
and *Henry Masur, MD*

MAY 3, 1995

Gastrointestinal Acid-Peptic Disorders

Guest Lecturers: *Jamie Barkin, MD,* and
Walter Rubin, MD

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair, Chief of Service,
Director of Continuing Medical Education for the Department of Medicine

Full Disclosure Statement: All faculty participants in continuing medical education programs sponsored by Hahnemann University are expected to disclose to the audience any real or apparent conflict(s) of interest related to the content of their presentation.

Statement of Accreditation: Hahnemann University is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education programs for physicians. Hahnemann University designates each hour of attendance at these activities as 1 credit hour of Category 1 of the Physician's Recognition Award of the American Medical Association.

Specialty Scientific Meetings: Time for Critical Review

David Woods

There was a time when theater audiences routinely hurled apple cores or orange peels at actors whose performances they judged to be unworthy. Professional critics have continued the practice using verbal missiles, and in her entertaining book, *No Turn Unstoned*, actress Dame Diana Rigg catalogs several of the most deadly of these. They include: "The play opened at 8:40 sharp and closed at 10:20 dull"; "A bad play saved by a bad performance"; and Walter Kerr's terse dismissal of "I am a Camera"—"Me no Leica."

Most medical specialties and subspecialties hold annual or semi-annual scientific meetings and, while I'm not suggesting for a minute that the same critical barbs be aimed at their protagonists, I do believe that the time has come for honest and stringent appraisal. Such meetings will never improve so long as rambling, inaudible, or boring speakers are accorded the same polite applause as those whose words gladden the ear and stimulate the mind.

Having dutifully attended scores, perhaps hundreds, of medical meetings as a reporter, I must tell you that there can be no purgatory in the hereafter for those who write and edit. It exists here and now, and, most particularly, in hotel conference rooms where drowsy audiences succumb to numbing illogic, tortured syntax, and, in many instances, the slings and arrows of outrageous slide presentations.

In a recent piece in the *Canadian Medical Association Journal*,[†] my old friend and fellow scribe, Douglas Waugh, MD, former executive director of the Association of Canadian Medical Colleges, noted that "the people who attend medical meetings are a remarkably tolerant and forgiving lot. In the interest of keeping ourselves au courant with our world of science," he went on, "we...sit in mesmerized silence while our peers recount their scientific triumphs, or tell us how to do our work better."

Dr. Waugh recounts how at one recent meeting he attended, "We were offered

some excellent science, but its impact was seriously impaired by the appalling quality of at least half the presentations." The remark he heard most often was: "Those of you in the back of the room won't be able to see this slide, but..."

Dr. Waugh concluded with the plea: "Is it asking too much to suggest that skill in communicating with an audience be a prerequisite for membership in the presenters' club?"

Those planning specialty meetings can bring some imagination to the task by inquiring of those likely to attend them what subjects they would like to hear about and then matching those subjects to speakers of demonstrated ability. Didactic presentations, unless about the secrets of the universe, should be limited to 30 minutes, and slides should be professionally produced and presented, visible from all areas of the room, and left on the screen long enough to be read. When the speaker has finished, members of the audience should be encouraged to rate the performance then and there.

Beyond such rating, an exercise that in some instances might be the genteel equivalent of throwing apple cores or orange peels, specialty societies might appoint a "meetings critic" who would not only collate the written opinions of the audience, but also write a frank critique in the society's journal of the meeting's content and value—and high and low moments.

Of course, scientific meetings do not consist only of formal presentations. Many who attend them would agree that their greatest value is to be found in the social areas where exchanges about matters of common professional interest are often more relevant and rewarding.

But even these encounters in what used to be called the "smoke-filled rooms" might take on more focus and clarity if there has been some sparkle and fire at the podium, too. ☐

Mr. Woods, former editor and publisher of the *Canadian Medical Association Journal*, is president of *Healthcare Media International, Inc.*, Philadelphia, and a frequent commentator on health care issues.

[†] When is a picture not worth a thousand words? *Can Med Assoc J*, December 1, 1994.

THE PHILADELPHIA
BOARD REVIEW
COURSE IN
CARDIOVASCULAR
DISEASES

Presented by

♥ **PHILADELPHIA HEART INSTITUTE**

Presbyterian Medical Center

and

Ⓒ **THE GRADUATE HOSPITAL**

Co-sponsored by the Council
on Clinical Cardiology of the

♥ **American Heart Association**

October 15-20, 1995

Adam's Mark Hotel
Philadelphia, Pennsylvania

Program Committee

Bruce C. Berger, M.D., Michael S. Feldman, M.D., Ronald S. Gottlieb, M.D.,
Ami S. Iskandrian, M.D., Mariell Jessup, M.D., Thomas H. Kreulen, M.D.,
Francis E. Marchlinski, M.D., J. David Ogilby, M.D., Bernard L. Segal, M.D.

This program is designed to provide the physician with an intensive survey of our current understanding of the clinical manifestations, pathophysiology and treatment of cardiovascular disease. The course will also prepare the physician for the Board Examination in Cardiovascular Disease.

For registration information contact:

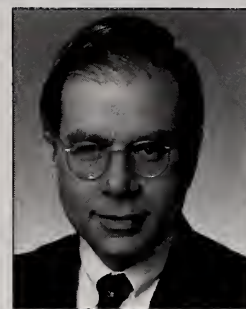
Ms. Racell Payton
Philadelphia Heart Institute
Presbyterian Medical Center
39th & Market Streets, Philadelphia, PA 19104
(215) 662-5341

Presbyterian Medical Center designates this Continuing Medical Education activity for 50 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association and The Pennsylvania Medical Society membership requirement.

The Presbyterian Medical Center of Philadelphia is accredited by the Pennsylvania Medical Society to sponsor continuing medical education for physicians.

All faculty participating in continuing medical education programs sponsored by Presbyterian Medical Center of Philadelphia are expected to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

CNN'S Levine to Speak at Leadership Conference



Jeff Levine

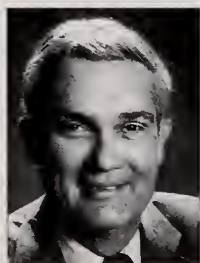
CNN Medical Correspondent **Jeff Levine** will present the keynote address at the State Society's 1995 Leadership Conference, "Coping with Kaleidoscopic Change," to be held May 2-3 at the Harrisburg Hilton and Towers.

Levine, who joined CNN in 1980, is based in the network's Washington, DC, bureau, where he follows medical legislation and regulation activities on Capitol Hill. His speech on day one is sure to include his impressions of health care's "big picture," drawing upon his experiences in Washington. He is also expected to take a look at current health care trends before offering a look at the future.



Dr. Ogrod

Following the keynote address, **Eugene S. Ogrod, MD**, president of the California Medical Association will discuss "California's Experience with Managed Care," focusing on how health care has changed in California during the past decade.



Dr. Kissick

William L. Kissick, MD, DrPH, professor of health care systems at the Wharton School, University of Pennsylvania, Philadelphia, and a participant in Medicare's original drafting in the 1960s, will conclude the first day's formal presentations with "Medicine's Dilemmas." In his book of the same title, Dr. Kissick offers guidelines for understanding the issues of, and implementing alternatives to, the current "health care crisis." He writes that Americans cannot expect "to have it all" and

advocates examining health care systems—local, state, and national—already in place in the United States. His presentation will touch upon some of these same points.

An open forum with State Society leaders and breakout sessions with Levine, Dr. Ogrod, and Dr. Kissick are also scheduled on day one. Evening activities include a PAMPAC-sponsored dinner and a "Vegas-style" variety show featuring Pennsylvania's own Charlie Prose.

Day two of the conference offers a somewhat different format from day one. During breakfast, State Society President John H. Hobart, MD, will present the annual presidential address, and the Society will honor its second annual Physician Volunteer Award recipient.

Wednesday morning, participants will attend workshops on specific issues related to the changing health care environment and to develop individual skills.

- Gordon Smith, Esq., executive vice president of the Maine Medical Association, will lead an informational workshop on "Practice Parameters." This workshop is supported in part by a grant from the Martin A. Murcek, MD, Fund of the Society's Educational and Scientific Trust.

- Michael Kurtz, PhD, president of Training Education & Consulting Services and an organizational psychologist working in the areas of organizational development, team building, and conflict resolution, will discuss "Leadership and Team Development" as it relates to physician-hospital organization (PHO) development, as well as physician leadership/management role changes. This workshop is made possible by a gift from the Institute for Physician Leadership and the Upjohn Company.

- Michael Lance, executive director and chief operating officer of the PennMed Member Services Company (PMSO), will discuss "How

Established Solo Practices Can Form Groups."

- An attorney specializing in antitrust issues will lead a workshop on "New Antitrust Developments Affecting Physicians." This workshop is being coordinated with the Society's Hospital Medical Staff Section (HMSS) Governing Council.

- William Greenberg, MD, founder and senior vice president of Physicians' Online, the first national online network offering medical information, and a licensed physician in New York, will offer a 40-minute presentation on "Empowerment Through Electronic Information." State Society Trustee Edward A. Dench, MD, will host the workshop and lead a question-and-answer session following Dr. Greenberg's presentation.

- Career Counselor Renee Edinger will lead a workshop on "Managed Care—The New Career Paradigm." Coordinated with the Society's Young Physicians Section, this workshop will include an overview of the current health care marketplace and a discussion of what it means for physicians to be "employees."

To register

Deadline for registrations is **March 31**. Registration fees are: \$70 for Society members, \$35 for residents, and \$115 for nonmembers; medical students may register free of charge.

Registration forms were sent to all Society members in the February and March issues of *Executive Report*. For additional information, call the Society's Department of Member Communications at (800) 228-7823 or (717) 558-7750.

Credit information: The Pennsylvania Medical Society has designated this continuing medical education activity for 7.75 hours in Category I of the Physicians Recognition Award of the American Medical Association and the

STANDARDS GUIDE TREATMENT OF PATIENTS WITH DIABETES

The American Diabetes Association (ADA) in 1993 published its revised "Standards of Medical Care for Patients with Diabetes Mellitus," which define basic medical care for people with the disease.

Diabetes is the fourth leading cause of death by disease in the U.S. and a leading cause of adult blindness. Each year, 650,000 new cases are diagnosed; yet, of the 14 million people with diabetes in the U.S., half are undiagnosed.

In Pennsylvania, more than 600,000 residents are estimated to have diabetes, only half of whom have been diagnosed. Diabetes contributes to the deaths of more than 11,500 Pennsylvanians every year. In 1992, the direct and indirect cost of diabetes statewide was approximately \$4.7 billion.¹

Diabetes is a complex chronic illness that requires continuing medical care and self-management education to prevent acute complications and reduce the risk of long-term complications. Ideally, people with diabetes should receive their care and treatment from a physician-coordinated team that consists of physicians, nurses, dietitians, and mental health professionals with expertise in diabetes.

Team members must have the information and resources they need to develop an aggressive, personalized management plan, particularly in light of the convincing evidence of the Diabetes Control and Complications Trial (DCCT).²

The ADA's revised standards appear in *Diabetes Care* 17:616, 1994. Free reprints of the article are available by calling the Professional (Pennsylvania) Diabetes Academy at (800) 228-7823 or (717) 558-7750, extension 271.

Contributed by Kathleen Dwyer, PhD, RD, assistant executive director and academic program coordinator, Pennsylvania Diabetes Academy.

References available upon request.

MAJOR CANCER CENTERS FORM NATIONAL NETWORK

Thirteen of the nation's leading cancer centers announced on

Leadership Conference '95: Related Offerings

On Monday, May 1, the Pennsylvania Medical Political Action Committee (PAMPAC) is sponsoring "Techniques Legislators Really Understand." This workshop, which begins at 11:00 a.m., will provide participants with skills for more effective lobbying of state and federal legislators on issues of quality and access.

State Senator John E. Peterson (R-Venango), chairman of the Senate Public Health and Welfare Committee, will speak at lunch on the health care agenda. Also scheduled are a panel discussion and role playing.

A fee of \$15 covers the cost of lunch. For more information, or to register, call PAMPAC at (717) 558-7822.

Later that day, the Society's Hospital Medical Staff Section (HMSS) and the Young Physicians Section (YPS) will join with The Institute for Physician Leadership to present "Enhancing Physician Leadership in a Changing World." This four-hour seminar will provide physicians involved in the formation of physician organizations, physician-hospital organizations, independent practice associations, merging group practices, and other coalitions, with additional tools and techniques to enhance peer cooperation and organizational cohesiveness.

One tool which will be examined is the Myers-Briggs Indicator, a nationally recognized measure of personality, and how it can help physicians individually and in their work, as well as how they can use it to help others. Participants will also learn how to: engage in active listening to manage conflict, employ "non-verbals" to enhance communication, design effective teamwork scenarios, test decision-making by consensus, and identify the best traits of successful leaders.

Presenters include Mike Magee, MD, senior vice president, Pennsylvania Hospital, and professor of surgery, Jefferson Medical College of Thomas Jefferson University; and Tim Brigham, PhD, assistant dean for graduate and continuing medical education, Jefferson Medical College.

The Pennsylvania Medical Society has designated this continuing medical education activity for four hours in Category I of the Physicians Recognition Award of the AMA and State Society membership requirements.

The cost of the seminar, which includes dinner, is \$130 for Society members and \$165 for nonmembers; quantity discounts are available. To register, call the Society's Department of Meeting Services at (800) 228-7823. Registration deadline is April 14.

The 22nd Assembly Meeting of the Hospital Medical Staff Section will be held Tuesday, May 2, from 8:30-11:30 a.m. Featured is, "How to Overcome the Obstacles and Organize Physicians," in which Eugene S. Ogrod, MD, president of the California Medical Association, will speak on the problems encountered in organizing physicians and how to resolve them. The meeting will also include an open forum in which participants can discuss critical issues confronting medical staffs.

Each hospital staff in Pennsylvania may send one voting representative to the meeting; alternate representatives are also encouraged to attend. For additional information, call (800) 228-7823, extension 457.



January 13 the creation of the National Comprehensive Cancer Network (NCCN), an alliance that will develop and institute standards of care for the treatment of cancer, and develop outcomes research. NCCN's goal is "to ensure the delivery of high-quality, cost-effective

services to cancer patients across the country."

The network will focus its long-term efforts on developing programs for large employers and third-party payers for providing prevention services and cancer care. Such national agreements will ensure →

access to the latest in cancer treatment, as well as prevention and screening programs. Pricing would remain within the control of individual member institutions.

The 13 participants—including Fox Chase Cancer Center, Philadelphia—have made an initial commitment to invest \$135,000 a year for the next four years.

COUNTY NEWS

ACMS KICKS OFF PREVENTION PROGRAM

The Allegheny County Medical Society (ACMS) this year kicked off its "Power of Prevention" campaign to promote preventive health to patients and the community.

According to ACMS, "While preventive health is already encouraged by physicians on a one-on-one basis, the goal of this campaign is to raise awareness of preventive health to a new level through the unified power of organized medicine." A second motive, the county society says, is to enhance physicians' roles in today's health care environment. "Physicians must continue to be regarded as the central experts when it comes to health, particularly as issues like cost and coverage take on new significance for patients. Taking a leadership role in preventive health is one way to remind patients that their health is physicians' top priority."

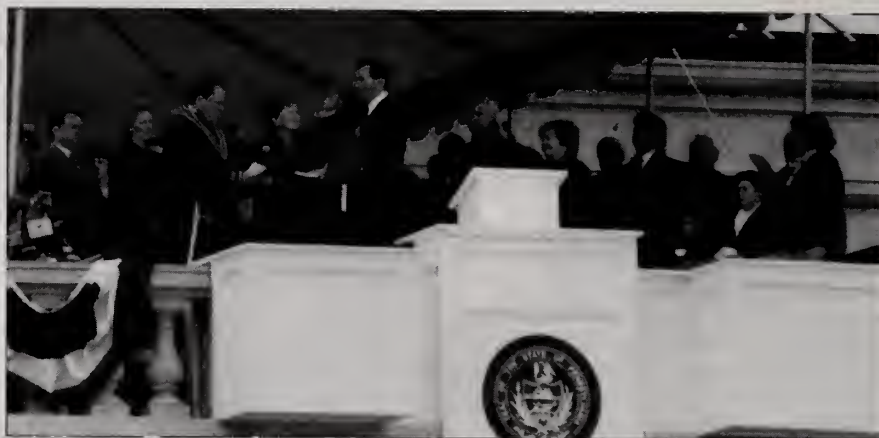
Activities will address domestic violence, substance abuse, living wills/advance directives, and care for the indigent. Local television and radio media have offered support of the project.

For additional information about the project, call the ACMS Department of Communications at (412) 321-5030.

LEHIGH PHYSICIAN HEADING TRAUMA PREVENTION EFFORT

Tamar D. Earnest, MD, a trauma surgeon at Lehigh Valley Hospital, Allentown, is heading the development of a trauma prevention video that will show that "the best way to manage trauma is to prevent it," she says.

Dr. Earnest says her goal throughout her career has been to "help put a trauma surgeon out of business." The video will show how trauma is managed and how trauma prevention efforts have been effective



An estimated 10,000 people attended the inauguration of Tom Ridge as Pennsylvania's governor on January 17 at the Capitol in Harrisburg. Shown here taking the oath of office, Governor Ridge focused his 20-minute inaugural address on the importance of values and the need for governmental, environmental, and educational reform. Also pictured with the governor are Justice Ronald D.J. Castille, administering the oath, and First Lady Michele Ridge. On the health care front, Governor Ridge in February voiced his support of managed care organizations serving Pennsylvania's Medicaid population.

in Lehigh County, as well as worldwide.

"We are filming patients, their families, caregivers in all trauma-related fields, and specialists in trauma prevention," she says. Cameo appearances are scheduled by a number of state and national figures, including Jack Templeton, MD, pediatric surgeon at Children's Hospital, Philadelphia, and president of the Pennsylvania Division of the American Trauma Society; and C. Everett Koop, MD, pediatric surgeon, and national chairman of the Safe Kids Coalition.

For additional information about the video, or how you can help, write to the Trauma Prevention Video Fund, c/o Burn Prevention Foundation, 5000 Tilghman Street, Suite 110, Allentown, PA 18104.

DR. DINOLUS INSTALLED AS PRESIDENT IN LEBANON

The Lebanon County Medical Society in January installed Baltazar T. Dinolus, MD, as president.

Dr. Dinolus, a board-certified general surgeon, has been in private practice in Lebanon for 30 years. A graduate of the University of Santo Tomas, he received his surgical training at Burlington County Hospital, Mt. Holly, New Jersey, an affiliate of the University of Pennsylvania and St. Joseph Hospital, Reading. He is an active member of the staff of Good Samaritan Hospital, Lebanon, and past chair of its Department of Surgery.

Other officers elected are: Denyse M. Allen, MD, president elect and program chair; John J. Messmer, MD, secretary; and Joseph M. Clark, MD, treasurer.

BERKS COUNTY INSTALLS 116th PRESIDENT

The Berks County Medical Society in January installed John C. Moser, MD, as its 116th president.

Dr. Moser, of Elverson, is board certified in family practice and geriatrics. He practices family medicine at Twin Valley Medical Center, Morgantown. A graduate of Hahnemann Medical College, he is a member of the medical staff at the Reading Hospital and Medical Center.

A member of organized medicine since 1980, Dr. Moser is a fellow of the American Academy of Family Practice and a diplomat of the American Board of Family Practice. He also is the team physician for Twin Valley School District.

At the same time, Daniel B. Kimball Jr., MD, an internist and director of the Department of Medicine at Reading Hospital and Medical Center, was installed as president elect.

ALLIANCE NEWS

1995 STATE AND NATIONAL ACTIVITIES PLANNED

The Pennsylvania Medical Society Alliance (PMSA) and the AMA Alliance (AMAA) will tackle several public health issues through 1995

activities. National and state alliances will participate in a new event this year to celebrate their many efforts to meet the health needs of their communities. Planned for this month, Medical Alliance Month "will provide a unifying activity through which all medical alliances...can bring awareness to the many things they do to help people."

Barbara Tippins, AMAA president, further explains that Medical Alliance Month is a way to link all medical alliances across the nation, as well as a means of telling the alliance story to the public to let others know about the health and service programs that benefit so many.

Campaign against violence

PMSA has also joined with the AMA in its Campaign Against Family Violence.

National statistics show that nearly one-quarter of women in the nation—more than 12 million—will be abused by a current or former partner sometime during their lives, and battered women may account for 22 to 35 percent of all women seeking care in emergency rooms. According to FBI statistics, 30 percent of women who were murdered in 1990 were killed by husbands or boyfriends.

PMSA has asked county alliances to schedule joint meetings with their county medical societies to increase awareness of such statistics, as well as other aspects of domestic violence, including identifying victims, and providing aid and treatment.

A 30-minute video, "Domestic Violence—A Talk by Sarah Buel," is available as part of the program. Buel, an attorney and a victim, offers a number of tips to help identify and assist victims; Dr. Richard F. Jones III, former president of the American College of Obstetricians and Gynecologists, also participates.

The tape is available free of charge from Wyeth Ayerst. For more information about the tape, or to preview or order it, call PMSA at (800) 228-7823 or (717) 558-7750.

In related news, Domestic Violence Day will be recognized on October 11.

Other efforts

In other efforts, PMSA is celebrating Doctors' Day—March 30—with a postal plate to stamp all mail leaving Society headquarters between March 15 and March 30. This effort began in 1991.

Also, PMSA's Emergency Assistance Fund in January donated \$1,000 to the California Medical Association Alliance to aid victims of the January floods. The check was presented to the alliance's president elect at the AMAA Confluence, held at the end of January.

For more information about national activities, call the AMA at (312) 464-4470. Direct questions about state efforts to PMSA at (800) 228-7823 or (717) 558-7750.

REPORTS AND DEADLINES

BYLAWS, REPORT AVAILABLE; AMA DEADLINE APPROACHES

The State Society in January published its 1994-95 bylaws, which have been mailed to county medical societies, specialty societies, and select leadership groups. For a copy of the bylaws, call your county medical society or the State Society at (800) 228-7823 or (717) 558-7750, ext. 406.

Also, in accordance with Resolution 92-27 of the House of Delegates, the quarterly report on actions of the House is now available from the Society. The report is provided to members to enable them to respond to and participate in upcoming House activities. To request a copy, call (800) 228-7823, extension 403.

AMA resolution deadline

The Resolution Committee of the Pennsylvania Delegation to the AMA has set March 31 as the deadline for receiving resolutions to be considered for submission to the AMA House of

Delegates at its annual meeting in June 1995. Resolutions received after this date will be considered for the December 1995 interim meeting.

Send resolutions to Arnold Cushner, Pennsylvania Medical Society, P.O. Box 8820, Harrisburg, PA 17105-8820, or fax to (717) 558-7840.

KIOSK NETWORK OFFERS HEALTH CARE, JOB INFO

The Commonwealth of Pennsylvania in mid-December unveiled Info/Pennsylvania, a network of multimedia, touch-screen kiosks that provide citizens with information on jobs and children's health care.

Unveiled under Governor Casey, the statewide network initially will provide information about eligibility and enrollment in such free and low-cost health programs as the Children's Health Insurance Program and the Society-supported Maternal and Child Health Outreach Campaign, offering health care and nutrition programs for pregnant women, mothers, and their families.

Information on services for the disabled, youth employment rights, youth and community services, and PennDOT license and registration is also available through the network, along with three video public service announcements on the dangers of tobacco, alcohol, and drug use. Education, tourism, and senior citizen services will be added later this year.

Pilot kiosks are located in: Super Fresh Food Market, North Philadelphia; Century III Mall, suburban Pittsburgh; Viewmont Mall and The Mall at Steamtown, Scranton; Colonial Commons/Giant Food, Harrisburg; Mill Creek Mall, Erie; Galleria Mall, Johnstown; Camp Hill Shopping Mall, Camp Hill; Oxford Valley Mall, Langhorne; and Fairgrounds Mall, Reading.

Info/Pennsylvania is funded by federal grants to the commonwealth.

ORTHOPODS TO DISCUSS SPORTS MEDICINE

The Pennsylvania Orthopaedic Society will hold its 1995 Spring Scientific Meeting, April 5-8, 1995, at the Williamsburg Inn and Lodge, Williamsburg, Virginia.

The meeting—approved for 12.5 CME Category 1 credit hours—will focus on sports medicine, with discussions on: Knee—Articular →

Lobbying Percentage Set at 16 Percent for 1994

For federal income tax purposes, the actual non-deductible percentage of your 1994 Society dues is 16 percent. Because of changes in the tax law, membership associations are required to report the percentage of their overall efforts related to lobbying. Members of these organizations are required to take this percentage into account when identifying dues as tax deductions. Direct questions to (800) 228-7823, ext. 234. Note: The AMA reports that 23 percent of its dues is not deductible.

TABLE 1: Number of cases in which a physician is joined as an additional defendant by a hospital or physician

Since beginning tracking joinder data on April 7, 1987, 131 PMSLIC insureds were joined by other parties through December 31, 1994, as follows:

PMSLIC Insured Joined By:	Number of Times:
Hospital	63
Other Physician	28
Nursing Home	4
Commercial Business	8
Plaintiff	4
Pharmacy/Pharmacist	10
Manufacturer	2
Drug Company	4
Other	8
TOTAL	131

During the same period, PMSLIC joined 21 other parties, as follows:

Party Joined By PMSLIC:	Number of Times:
Hospital	2
Physician	11
Drug Company	1
Manufacturer	4
Other	3
TOTAL	21

Cartilage, Meniscus; Knee Ligament; Knee, Spine, Foot, and Ankle; Patellofemoral Disorders/General Sports Medicine; Spine and Upper Extremity; and Cervical Spine—Upper Extremity. A health care update is also planned.

Meeting sessions are offered each morning, with family activities scheduled in the afternoons and evenings. For registration information, call (800) 228-7823 or (717) 558-7750, extension 447.

PMSLIC ISSUES SEMI-ANNUAL CLAIMS STATISTICS REPORT

The Pennsylvania Medical Society House of Delegates Resolution 86-17 requires that the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) report certain claims statistics to the House of Delegates on a semi-annual basis.

In response to this resolution, PMSLIC published the first semi-annual report in the September 1987 issue of PENNSYLVANIA MEDICINE. The data included in the following tables is an update of PMSLIC's claims experience as requested by the resolution.

TABLE 2: Number of claims and suits filed by specialty from January 1, 1978-December 31, 1994

Specialty	Total Claims and Suits	Specialty	Total Claims and Suits
Allergy	25	Pathology	57
Anesthesiology	492	Pediatrics	438
Cardiac Surgery	31	Plastic Surgery	433
Cardia-Thoracic Surgery	67	Preventive Medicine	1
Cardio-Vascular Surgery	146	Proctology	11
Cardio-Vascular & Thoracic Surgery	149	Psychiatry	82
Cardiology	368	Pulmonary Diseases	5
Colon-Rectal Surgery	3	Radiation Oncology	1
Dermatology	142	Radiology	670
Emergency Medicine	378	Rehabilitation/Physiatry	124
Endocrinology	1	Rheumatology	13
Family Practice	797	Thoracic Surgery	74
Gastroenterology	47	Urology	272
General Practice	785	Vascular Surgery	37
General Surgery	1,691	Vascular/Thoracic Surgery	8
Geriatrics	2	Physicians NOC	102
Gynecology	72	Other Practitioners	
Hematology	2	Clinical Psychologist	1
Hematology/Oncology	12	Nurse Anesthetist	19
Industrial Medicine	17	Nurse Midwife	4
Infectious Diseases	7	Nurse Practitioner	2
Internal Medicine	1,881	Physician's Assistant	6
Nephralogy	10	Physiotherapist	2
Neurology	170	Registered Nurse	7
Neurosurgery	428	Surgical Technician	4
Nuclear Medicine	3	X-Ray Technician	2
OB/GYN	1,694	Other Practitioner	1
Oncology	17		
Ophthalmology	395	Corporate Liability	1,379
Orthopedics	23	Partnership Liability	64
Orthopedic Surgery	1,797		
Otolaryngology	301	GRAND TOTAL	15,772

Keep in mind that the specialty totals are affected in part by the number of PMSLIC insureds in each specialty. In addition, some specialties are relatively new PMSLIC rating classifications and were not in existence for the entire time period represented.

Note: To more accurately reflect PMSLIC's experience, the tables have been expanded to include all claims and suits indexed against PMSLIC insureds since the company's inception in 1978. The exhibits represent data for January 1, 1978, through December 31, 1994.

Table 1 (above left): Joinders—Includes PMSLIC physicians joined by other parties and other parties joined by PMSLIC.

Table 2 (above right): Number of claims and suits filed by specialty, January 1, 1978-December 31, 1994.

Table 3 (next page): Breakdown of PMSLIC claims and suits filed by specialty, January 1, 1978-December 31, 1994.

Individuals having questions or comments about this material should contact Jane L. Conley, director of medical research and statistics, PMSLIC, P.O. Box 8375, Harrisburg, PA 17105-8375, (717) 558-7500, extension 501.

NATIONAL LEADER TO SPEAK AT ANESTHESIA MEETING

Norig Ellison, MD, president elect of the American Society of Anesthesiologists, will present a special address to attendees of the Pennsylvania Society of Anesthesiologists' annual meeting, to be held April 21-23, 1995, at the Doubletree Hotel, Philadelphia.

The meeting program will focus on trauma patients, heart and lung transplantation, obstetric anesthesiology, operating room hazards, and elderly patients.

Application has been made to the Pennsylvania Medical Society for 14 CME credit hours. For registration information, call (800) 228-7823 or (717) 558-7750, extension 447.

CORRECTION: In *Leadership Profiles* of the February issue of PENNSYLVANIA MEDICINE (page 44), Sunbury was inadvertently placed in Union County. In reality, Sunbury is located in Northumberland County.

TABLE 3
Breakdown of PMSLIC claims and suits filed by specialty
January 1, 1978-December 31, 1994*

Specialty	# Open C & S	Closed Settlement No Loss Payment		Closed Verdicts No Loss Payment		Closed Settlements with Loss Payment			Closed Verdicts with Loss Payment		
		# C & S	Avg Exp Pmt	# C & S	Avg Exp Pmt	# C & S	Avg Loss Pmt	Avg Exp Pmt	# C & S	Avg Loss Pmt	Avg Exp Pmt
Physician Specialties											
Allergy	13	6	\$ 3,800	0	\$ -0-	5	\$30,500	\$ 9,874	1	\$200,000	\$42,595
Anesthesiology	88	202	3,980	20	21,436	177	30,020	4,262	5	95,008	22,328
Cardiac Surgery	5	21	4,626	3	25,760	2	26,250	498	0	-0-	-0-
Cardio-Thoracic Surg.	14	36	7,010	6	29,463	11	79,091	20,860	0	-0-	-0-
Cardio-Vasc. Surg.	26	64	4,521	7	38,878	46	76,671	10,414	3	166,667	36,336
Cardio-Vascular & Thoracic Surgery	52	71	4,633	4	25,389	19	100,158	14,991	3	72,678	41,016
Cardiology	145	185	5,720	4	24,735	32	82,451	12,293	2	100,875	42,441
Colon-Rectal Surgery	2	1	656	0	-0-	0	-0-	-0-	0	-0-	-0-
Dermatology	26	72	4,204	11	22,721	31	36,721	8,658	2	14,750	22,661
Emergency Medicine	53	192	5,111	28	23,167	93	59,995	9,128	12	30,283	12,008
Endocrinology	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Family Practice	241	359	5,579	32	26,458	157	86,391	10,202	8	120,247	27,218
Gastroenterology	8	27	3,465	1	9,577	11	51,659	14,477	0	-0-	-0-
General Practice	131	369	4,568	43	31,032	235	62,950	8,496	7	55,664	41,206
General Surgery	251	764	5,452	118	25,562	532	70,297	9,970	26	98,500	31,156
Geriatrics	1	1	8,658	0	-0-	0	-0-	-0-	0	-0-	-0-
Gynecology	9	32	4,585	2	26,150	28	72,732	9,099	1	3,289	2,388
Hematology	0	2	5,314	0	-0-	0	-0-	-0-	0	-0-	-0-
Hematology/Oncology	9	3	3,099	0	-0-	0	-0-	-0-	0	-0-	-0-
Industrial Medicine	1	11	2,619	1	6,164	3	133,500	23,630	1	4,000	5,241
Infectious Diseases	3	4	4,804	0	-0-	0	-0-	-0-	0	-0-	-0-
Internal Medicine	501	923	6,631	87	26,814	349	71,350	12,052	21	92,945	44,387
Nephrology	6	4	6,490	0	-0-	0	-0-	-0-	0	-0-	-0-
Neurology	46	99	6,176	7	18,954	17	85,676	13,729	1	50,000	755
Neurosurgery	92	207	6,904	25	38,286	96	79,816	17,665	8	118,889	28,671
Nuclear Medicine	0	2	2,247	0	-0-	1	60,000	75	0	-0-	-0-
OB/GYN	360	713	5,864	96	31,247	487	83,684	10,774	38	72,796	28,636
Oncology	7	9	253	0	-0-	1	4,000	1,948	0	-0-	-0-
Ophthalmology	90	199	3,293	25	23,718	79	78,691	8,837	2	119,523	21,562
Orthopedics	0	14	4,976	2	20,066	7	27,429	7,373	0	-0-	-0-
Orthopedic Surgery	219	893	5,075	150	28,319	512	63,768	9,893	23	83,815	29,309
Otolaryngology	38	150	4,805	27	22,659	78	57,181	9,447	8	67,115	34,453
Pathology	20	23	6,626	2	52,840	11	84,682	11,525	1	8,333	3,236
Pediatrics	137	188	6,292	28	32,894	80	98,083	15,086	5	134,710	40,221
Plastic Surgery	158	159	4,143	24	23,902	85	41,845	7,523	7	64,367	34,916
Preventive Medicine	0	1	21,584	0	-0-	0	-0-	-0-	0	-0-	-0-
Proctology	0	3	8,636	0	-0-	8	130,000	14,802	0	-0-	-0-
Psychiatry	23	41	6,284	6	30,838	12	60,858	15,191	0	-0-	-0-
Pulmonary Diseases	4	1	1,571	0	-0-	0	-0-	-0-	0	-0-	-0-
Radiation Oncology	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Radiology	163	360	5,357	14	35,770	124	61,616	9,767	9	72,960	21,233
Rehabilitation/Physiatry	51	64	6,845	4	19,065	5	109,500	13,869	0	-0-	-0-
Rheumatology	9	3	6,966	1	42,566	0	-0-	-0-	0	-0-	-0-
Thoracic Surgery	9	43	8,249	0	-0-	21	70,835	8,373	1	83,718	42,612
Urology	62	117	5,201	19	22,569	68	49,175	8,494	6	108,581	34,713
Vascular Surgery	12	16	5,459	2	34,096	7	79,643	18,351	0	-0-	-0-
Vasc. & Thoracic Surg.	3	5	4,124	0	-0-	0	-0-	-0-	0	-0-	-0-
Physicians NOC	19	48	5,747	8	26,831	25	46,533	5,565	2	181,392	70,304
Other Practitioners											
Clinical Psychologist	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Nurse Anesthetist	2	6	3,852	0	-0-	11	22,028	2,183	0	-0-	-0-
Nurse Midwife	1	1	18,793	0	-0-	2	62,728	4,516	0	-0-	-0-
Nurse Practitioner	1	0	-0-	1	6,265	0	-0-	-0-	0	-0-	-0-
Physician's Assistant	2	2	1,651	0	-0-	2	80,000	91	0	-0-	-0-
Physiotherapist	1	0	-0-	0	-0-	1	5,000	-0-	0	-0-	-0-
Registered Nurse	0	5	4,693	0	-0-	2	5,500	134	0	-0-	-0-
Surgical Technician	3	1	6,813	0	-0-	0	-0-	-0-	0	-0-	-0-
X-Ray Technician	1	1	1,484	0	-0-	0	-0-	-0-	0	-0-	-0-
Other Practitioner	0	0	-0-	0	-0-	1	4,000	2,923	0	-0-	-0-
Corporate Liability	685	555	4,961	63	19,435	65	86,232	12,213	11	123,164	24,888
Partnership Liability	29	28	4,830	5	21,163	2	53,500	2,704	0	-0-	-0-
GRAND TOTALS	3,835	7,306	\$5,428	876	\$27,041	3,541	\$68,736	\$10,179	214	\$86,787	\$30,527

* Claims and suits filed during this period resulted from policy years 1978-1994. PMSLIC's limit of liability is \$100,000 per incident for policy years 1978-1982, \$150,000 for 1983, and \$200,000 for 1984-1994.

Keep in mind that the specialty totals are affected in part by the number of PMSLIC insureds in each specialty. In addition, some specialties are relatively new PMSLIC rating classifications and were not in existence for the entire time period represented.

This PUP Is Not a Dog

Donald E. Harrop, MD

Parts of the Health Care Quality Improvement Program (HCQIP) have been discussed in this column. This month, KePRO's president goes one step further, describing the development, implementation, and results of one HCQIP project.

I thought it might be interesting to look at a cooperative project step-by-step, from start to finish. The one I've chosen to describe here is the Platelet Utilization Project (affectionately referred to by KePRO staff as "PUP").

The idea for this project originated with a HCFA request that PROs look into projects concerning utilization of blood or blood components. A staff member had noted that it appeared as though platelets were being ordered by many physicians in standard amounts, instead of in accordance with the College of American Pathologists' guideline.

The guideline recommends transfusing one random donor platelet concentrate per 10 kilograms of the patient's body weight. The hypothesis is that excess platelets increase the risk of patients acquiring transfusion-associated diseases, in addition to causing significant waste of this sometimes scarce product.

We conducted analysis of hospital data to determine if the hypothesis appeared to be correct and to see if a pattern was evident. This information was considered by KePRO's Project Evaluation Committee, which decided the project had merit and met the criteria: It appeared to involve a sufficient number of problem cases, had the potential to improve care, and the hypotheses were supported by the medical literature and practice parameters.

A study group established the criteria for selecting providers for possible participation, KePRO's Steering Committee was asked to provide input, and 40 hospital chief operating officers were asked for information concerning Medicare patients who had received platelet transfusions during 1993. Six of the 40 providers representing peer groups were selected for collaboration and asked to provide a total of

287 medical records. Meanwhile, a Project Data Collection Instrument—the series of data elements to be abstracted from each medical record—was developed.

An instructional session was held for KePRO staff to assure that they understood the specifics of the abstraction process. Key elements to be collected were the patient's weight, the number of random donor platelets ordered, and the number of random donor platelets actually transfused.

Patients whose records showed they received only single-donor platelets prepared by apheresis were eliminated from the study. Data were collected for only the first pooled platelet transfusion the patient received. Validation of the abstracted data was conducted and found to be 90 percent reliable.

The results of the project supported the hypothesis: Platelets were not being administered to patients based on body weight, but rather according to patterns learned during medical or surgical residencies.

Data from the project, unique to each institution, were shared with the six providers, and they were invited to submit action plans. In general, the providers were receptive to the information; action plans intended to correct the situation in their facilities are presently being submitted. At this writing, the project is entering its second phase: to select other providers and repeat the project.

Although the PUP was designed as a means of quality improvement, it provided another important benefit: potential cost savings. The six hospitals, in 206 cases used in the study, averaged overutilization of 2.8 units per patient—an average of \$140 per case could have been saved by the hospitals, not HCFA, if the guideline had been followed. As the guideline becomes recognized as the standard, the quality improvement and cost savings for providers will apply to their non-Medicare patients as well.

This points out the tremendous potential for the HCQIP to improve the delivery of health care as we progress to even more meaningful projects. ◊

Dr. Harrop is president of the Keystone Peer Review Organization.

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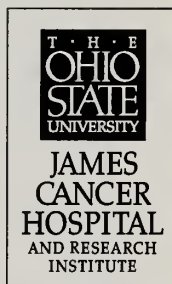
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University of Pennsylvania School of Medicine, 1927; age 93, died January 1, 1995. Dr. Beerman was a dermatologist. •

Hugh G. Boyle, MD, Forty Fort

Temple University School of Medicine, 1933; age 88, died December 31, 1994. Dr. Boyle was a radiologist. •

Louis H. Castor, MD, Philadelphia

Hahnemann University School of Medicine, 1953; age 67, died January 8, 1995. Dr. Castor was an internist. •

Donald A. Dupler, MD, Bryn Mawr

Age 80, died December 26, 1994. Dr. Dupler specialized in cardiovascular disease. •

Louis K. Elfman, MD, Hollywood, FL

University of Pennsylvania School of Medicine, 1923; age 94, died December 15, 1994. Dr. Elfman was an otolaryngologist. •

Dorothy J. Fischer, MD, Wilkes Barre

Medical College of Pennsylvania, 1939; age 84, died December 25, 1994. Dr. Fischer was a general practitioner. •

Abraham Ginsburg, MD, Huntingdon Valley

Temple University School of Medicine, 1943; age 76, died December 2, 1994. Dr. Ginsburg was a family practitioner. •

Margaret E. Hallock, MD, Lewisburg

New York Medical College, 1952; age 73, died November 28, 1994. Dr. Hallock was a family practitioner. •

John E. Hartle, MD, Everett

University of Pittsburgh School of Medicine, 1953; age 71, died November 22, 1994. Dr. Hartle was a family practitioner. •

Harry B. Hayman, MD, New Hope

Jefferson Medical College of Thomas Jefferson University, 1945; age 76, died November 21, 1994. Dr. Hayman was an obstetrician/gynecologist. •

Mark P. Holland, MD, Mahanoy City

Temple University School of Medicine, 1934; age 86, died November 23, 1994. Dr. Holland was a pediatrician. •

Carl H. Hoover, MD, La Jolla, CA

Harvard Medical School, 1930; age 94, died December 30, 1994. Dr. Hoover was a pediatrician. •

D. Kenneth Leiby, MD, Doylestown

University of Pennsylvania School of Medicine, 1931; age 91, died December 31, 1994. Dr. Leiby was a general practitioner. •

Harmon J. Machanic, MD, Port St. Lucie, FL

University of Vermont College of Medicine, 1946; age 71, died December 27, 1994. Dr. Machanic specialized in diagnostic radiology. •

Thomas C. McAuliffe, MD, Ambler

University of Pennsylvania School of Medicine, 1935; age 85, died December 8, 1994. Dr. McAuliffe was a general surgeon. •

Robert L. McCoy, MD, Bethlehem

Hahnemann University School of Medicine, 1967; age 54, died January 1, 1994. Dr. McCoy was a neurologist. •

Myer Mendelson, MD, Philadelphia

Age 74, died December 25, 1994. Dr. Mendelson was a psychiatrist. •

Ali Mohamed Musa, MD, Schnecksville

B.J. Medical College, Gujarat University, Gujarat, India, 1978; age 40, died July 7, 1994. Dr. Musa was an internist. •

Robert W. Preucel, MD, Gladwyne

University of Pennsylvania School of Medicine, 1950; age 74, died January 8, 1995. Dr. Preucel was an obstetrician/gynecologist. •

Alvin M. Soffe, MD, Bryn Mawr

Hahnemann University School of Medicine, 1946; age 73, died January 13, 1995. Dr. Soffe was a cardiologist. •

Emanuel G. Tulsy, MD, Philadelphia

Jefferson Medical College of Thomas Jefferson University, 1948; age 70, died November 28, 1994. Dr. Tulsy was an oncologist. •

Lee Weinstein, MD, Lancaster

State University of New York at Buffalo School of Medicine and Biomedical Sciences, 1929; age 94, died January 11, 1995. Dr. Weinstein was an ophthalmologist. •

Albert E. White, MD, Yardley

Hahnemann University School of Medicine, 1943; age 76, died January 9, 1995. Dr. White was a family practitioner. •

Frederick Bachman, MD, Berwick

George Washington University School of Medicine and Health Sciences, 1947; age 72, died January 4, 1995. Dr. Bachman was a general practitioner. •

John T. Kea, MD, Philadelphia

Hahnemann University School of Medicine, 1978; age 48, died December 19, 1994. Dr. Kea was a family practitioner. •

Manuel Montes, MD, Palmerton

University of the East, Manila, 1961; age 59, died December 3, 1994. Dr. Montes was a general practitioner. •

C. Christopher Morris II, MD, Philadelphia

Tufts University School of Medicine, 1941; age 80, died December 28, 1995. Dr. Morris was a psychiatrist. •

Jacob Specter, MD, Penn Valley

University of Pennsylvania School of Medicine, 1943; age 75, died December 11, 1994. Dr. Specter was a general surgeon. •

Patrick L. Tighe, MD, Clark's Green

Hahnemann University, 1938. Dr. Tighe was an anesthesiologist. •

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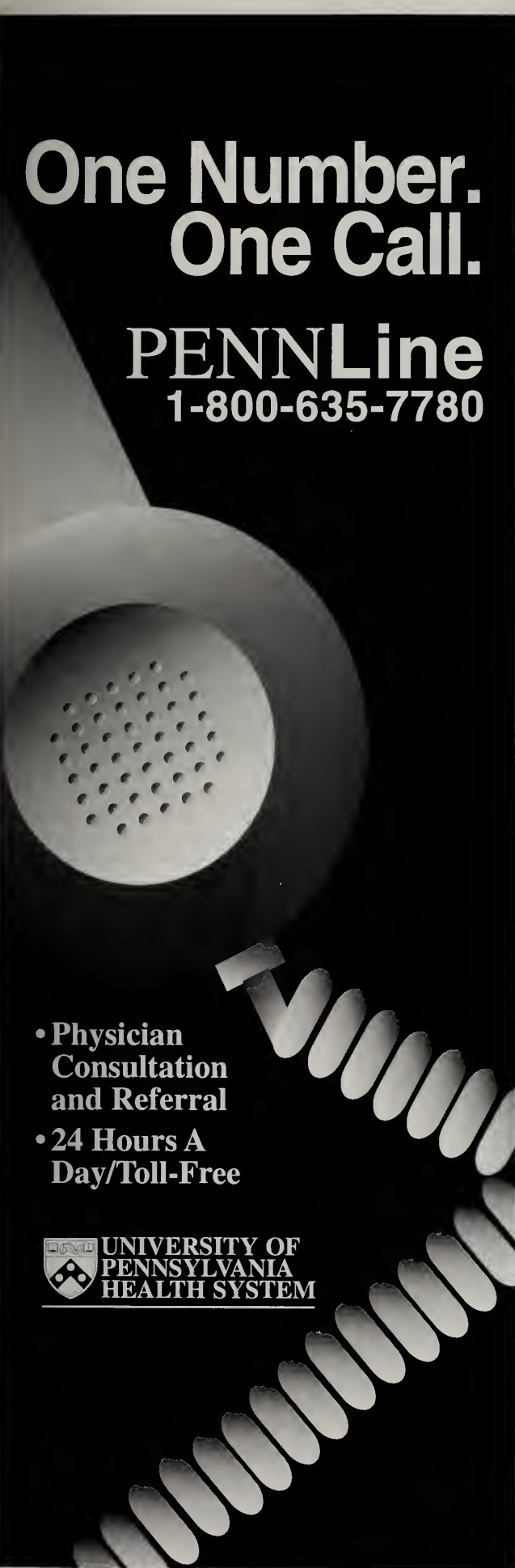


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Ten Skills You Need to Manage a Modern Medical Practice

In today's competitive medical market, the practice that is well managed has a better chance of success. In a busy group practice, it is best for the physician manager to oversee operations, leaving the nuts and bolts of daily administration to an efficient lay manager. In a smaller or solo practice, finances may dictate that you serve as the physician manager.

In either event, you—or you and your practice colleagues—may need advice and assistance with management issues. The State Society can offer support, and it may also be wise to consult with a professional medical-practice adviser. Informally, you should develop a number of management assets, including these top 10:

1) *Assessment*: You need strong assessment skills to evaluate and articulate practice goals and expectations. Schedule time to meet with your colleagues and compare assessments.

2) *Planning*: To establish measurable practice goals and focus on long-range achievements will take discipline, creativity, thoroughness, foresight, and flexibility, as well as access to research capability and resources.

3) *Initiative*: Waiting to be told what to do can cost your practice. Anticipate needs and potential problems, and address them proactively.

4) *Communication*: Clear, consistent communication is vital. Keep the other physicians in the group advised of the practice's goals, expectations, achievements; the hurdles that need to be cleared; and the responsibilities that must be met. Remember: At least 50 percent of good communication is listening. Meet regularly and frequently with your peers.

5) *Internal Relationships*: Get the most from your lay staff by making sure your people are skilled and trained. Get the most from your

physician colleagues by making sure things work the way they should, including the scheduling, reporting, and records systems. Make sure the human components of the system interact smoothly. Make any necessary adjustments, and use incentives wisely.

6) *Delegation*: Your time is valuable. Learn to assign each task to the person at the lowest level at which the job can be done well. Don't micro-manage; instead, encourage the lay staff to become experts at what they do.

7) *Systems Coordination*: A modern medical practice is a complex organization. Make sure the components mesh well. If you are continually "too busy," adjustments need to be made. Find out where the problem is and fix it.

8) *Finance*: Don't get involved with filing reports, entering data, tracking down accounts receivable. Have good systems in place and capable people running them. Use your time to analyze their summaries and reports, interpret data sets, and plan for financial growth.

9) *Marketing*: Promote your practice to your patients, the community, and any potential sources of business. Develop educational materials, press releases, and newsletters; make speeches; join civic groups; analyze patient flow. Survey your patients and, as applicable, referring physicians. Listen to their input, make necessary changes, and report those changes.

10) *Learning*: Know everything about your practice, competition, patients, and referrers. Know what legislation has been passed and is pending; know its impact on your practice. Know which payers are entering your area and the nature of the contracts being offered, including capitation. Know what other area physicians are doing, and why. Know what your local, regional, specialty, and national medical organizations are doing; what they support and

The Health Care Group

oppose; and whether you agree. Be active in these groups. Read anything that crosses your desk, attend seminars, talk to people, including government officials at all levels. Keep your colleagues and staff advised, and get their input.

All or some of the group's physicians may serve as manager on a rotating basis, usually for a term of three or four years; or you may be the only candidate for the job. You may like being a physician-manager. You may be able to streamline operations to reduce practice costs or discover contracts that lead to greater financial gains. You also may work longer hours and have less time to devote to patient care, which may mean reduced income. Beware burnout.

You have the right to be compensated for managing. Often, a group's physicians are glad to pay perhaps \$10,000 or \$20,000 annually to be relieved of management duties. You may prefer extra time off to cash. Understand that the other doctors may say you are not generating enough income and should be "doctoring" instead of managing.

Of course, you have the right to refuse to continue managing if you are denied compensation, or if you agree that you should be spending more time with patients. In that case, the group will be forced to adjust, either by appointing a different physician to take your place or by hiring more lay management help.

The group must decide which arrangement it wants, and occasionally review its goals and the steps being made to achieve them. It may be wise to form a steering committee to keep the group focused on its goals and the group's progress toward achieving them.

The contributing author, Michael S. Bottrill, is a consultant with The Health Care Group, Plymouth Meeting.

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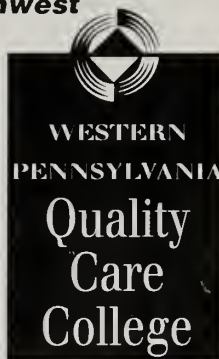
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Risa J. Lavisso-Mourney, MD, MBA, associate executive vice president for health policy, University of Pennsylvania Medical Center, Philadelphia, has been named to the national advisory council of the Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services.



Dr. Rovner

Barry W. Rovner, MD, director of geriatric psychiatry, Wills Eye Hospital, Philadelphia, was appointed a member of the Human Development and Aging Study Section, Division

of Research Grants, Department of Health and Human Services, National Institutes of Health.

Paul C. Brucker, MD, president, Thomas Jefferson University, Philadelphia, was elected to the Institute of Medicine.

Domingo T. Alvear, MD, was appointed president of Polyclinic Medical Center, Harrisburg.

Benjamin Calesnick, MD, internist, St. Joseph's Hospital, Philadelphia, was reappointed to the Pennsylvania Drug, Device, and Cosmetic Board by former Governor Robert P. Casey.

The Spina Bifida Association of Western Pennsylvania has named **Thomas B. Benz, MD**, a Pittsburgh urologist, to its board of directors.

John R. Glassburn, MD, chief of radiation oncology, Pennsylvania Hospital, Philadelphia, received the Cancer Control Award from the American Cancer Society. Also at the hospital, **Carolyn E. Parry, MD**, deputy chairman of radiology, was awarded a fellowship to the American College of Radiology.

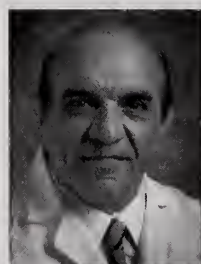
Reginald P. Pugh, MD, director of medical oncology, Allegheny General Hospital, Pittsburgh, was honored by the Cancer Support Network with the Paul C. Gaffney, MD, Humanitarian Award.

Albert J. Finestone, MD, professor of medicine and director, The Institute on Aging, Temple University

School of Medicine, Philadelphia, was awarded the 1994 Clinician of the Year Award by the Delaware Valley Geriatric Society, an affiliate of the American Geriatric Society.

The Arthritis Foundation, Eastern Pennsylvania Chapter, awarded **Donald Friedman, MD**, director of rheumatology, Crozer-Chester Medical Center, Upland, the National Volunteer Service Citation and the Award of Appreciation for Outstanding Leadership.

Stephen D. Silberstein, MD, director, Comprehensive Headache Center, The Germantown Hospital and Medical Center, Philadelphia, spoke at the Tenth Migraine Trust International Symposium: Recent Advances in Migraine Research and Therapy, in Kensington, London, England.



Dr. Simeone

Jefferson Medical College of Thomas Jefferson University, Philadelphia, has appointed the following: **Frederick A. Simeone, MD**, chairman of neurosurgery; **H. Warren**

Goldman, MD, PhD, professor and vice chairman of neurosurgery; **Robert H. Rosenwasser, MD**, professor of neurosurgery; **William A. Buchheit, MD**, professor of neurosurgery; and **David W. Andrews, MD**, associate professor of neurosurgery.

John C. Sonne, MD, a Philadelphia County psychoanalyst, was honored for his special efforts as a member of the volunteer faculty of Robert Wood Johnson School of Medicine, Piscataway, New Jersey.

Raj K. Narayan, MD, was appointed professor and chairman of neurosurgery, Temple University Health Sciences Center, Philadelphia.

The North Philadelphia Health System appointed **Eric I. Mitchell, MD**, as senior vice president for medical affairs.

Arthur S. Patchefsky, MD, former professor and vice chairman of pathology, Hahnemann University

Hospital, Philadelphia, joined Fox Chase Cancer Center, Philadelphia, as chairman of pathology. Also newly appointed at Fox Chase are: **Harry S. Cooper, MD**, chief of surgical pathology; **Hormoz Ehya, MD**, chief of cytopathology; and **Nancy Anne Young, MD**, director of clinical pathology.

Stephen E. Cyran, MD, associate professor of pediatrics, Penn State's Milton S. Hershey Medical Center, Hershey, has been appointed chief of pediatric cardiology.

Ajit K. Sachdeva, MD, chief of surgical education, Medical College of Pennsylvania and Hahnemann University, was named president-elect of the American Association for Cancer Education. Also from MCP/Hahnemann, **John S.**

Bomalaski, MD, associate professor of medicine, Rheumatology Division, was named chairperson of the Immunology Merit Review Board for the Department of Veterans Affairs; and **Rolando H. Rolandelli, MD**, associate professor of surgery, was named director of surgical nutrition, Hahnemann University Hospital.

Sherin Devaskar, MD, was named chief of pediatrics and director of neonatology, Magee-Womens Hospital, Pittsburgh, with a joint appointment as professor of pediatrics and obstetrics, gynecology, and reproductive sciences, University of Pittsburgh School of Medicine.



Dr. Roslyn

Joel J. Roslyn, MD, chairman and Morani professor of surgery, Medical College of Pennsylvania, Philadelphia, was elected president of the Society of University Surgeons.

S. Fred Brunk, MD, DuBois, received a three-year appointment as cancer liaison physician, Hospital Cancer Program, DuBois Regional Medical Center.

Mark S. Adkins, MD, was named chairman of cardiothoracic surgery, Albert Einstein Medical Center, Philadelphia.

ALLEGHENY

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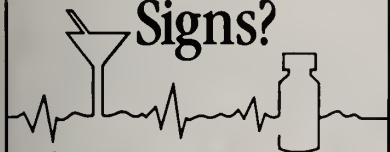
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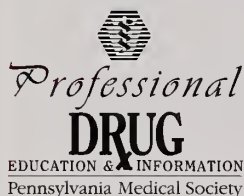
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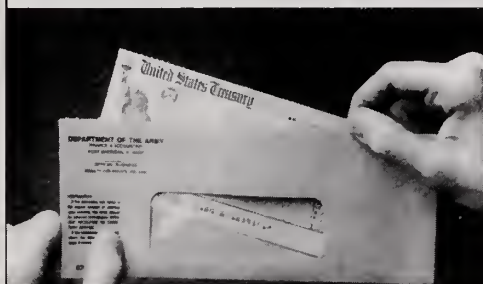
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Transforming Medicare: Will the Train Derail?

Lonnie R. Bristow, MD

Editor's note: This is excerpted, with permission of the American Medical Association, from a nationally broadcast speech by Dr. Bristow given January 13 in San Francisco.

On January 1, 1995, the first baby boomer became eligible for a membership in AARP—the American Association of Retired Persons. At first it's going to be just a trickle, then it'll become a torrent, and before we know it they'll all be racing toward 65. And when they get there, the first thing they're going to ask is: "Where is my Medicare card?" But at the rate we're going, they might not be able to get one—unless Medicare is changed—changed dramatically and changed definitively.

It will take nothing less than a transformation to turn Medicare around, [and] the AMA plans to be a leader in that transformation [with] a treatment plan built upon a set of six principles.

First, give the people who use Medicare a financial stake in their own health care decisions. There is an enormous disconnect between the program and the people. There is no sense of individual responsibility. And Medigap doesn't help, either. This inexpensive insurance program insulates patients from deductibles and copayments, so the care actually seems to be free—which it is not. If people could see and feel a direct connection between ordinary services they demand and what those services cost, I have to believe the excess demand would diminish.

Medical savings accounts can help because they give cost-conscious patients greater control over the financing of their own health care. And perhaps someday, we might even consider a system where government literally gives people vouchers for the amount Medicare owes them, so they can make their own health care choices.

Second, make the financing of Medicare more equitable. Right now, young people at the bottom of the income ladder are footing the bill for older people who have reached the very top. Young people with modest incomes should not be subsidizing older people who have substantial assets. That's not just bad public policy; it's bad fiscal policy, and it's certainly bad human policy. We must restore balance and fairness to paying for Medicare.

Third, open up Medicare to price competition. If we relax Medicare's nonsensical price controls, we'll discover there are ways out there to do it better and cheaper.

Fourth, tear down the regulatory maze that makes Medicare a bureaucratic nightmare that's ripe for games and rip-offs. Most people just assume that Medicare is a national program run by a national bureaucracy. Well, it's not. Medicare is run by dozens of private contractors, each with its own set of rules and standards. [We must] simplify the system and end inequities.

Fifth, we are calling on America's physicians to join in a major campaign to reduce the level of care that's just not necessary. It comes in many forms: care that is wasteful and unneeded, inappropriate care, and care that is part of defensive medicine, which will be an unfortunate and expensive fact of life until the professional liability laws are revised. We realize a big part of this problem is educational. And at the AMA we are uniquely positioned to help doctors, institutions, patients, and their families better understand the legal and ethical issues involved here.

Sixth, reduce fraud and abuse by the handful of unscrupulous practitioners inside and outside medicine who steal millions—if not billions—from Medicare each year. A tiny criminal minority robs our health system of precious resources by conspiring with other providers, by billing for services never rendered, by paying bribes and kickbacks for referrals. Physicians have an ethical obligation to report fraud, whether by their colleagues or by others.

If we're really going to make this [treatment plan] work, the physicians of America had best be at the table. You might remember that physicians were shut out of the process the last time around—and I think that's one of the reasons health system reform didn't get off the ground in the first place.

Reforming health care without talking to the doctors is like reforming the courts without talking to the judges—it just makes no sense. But that was then; this is now. ○

Dr. Bristow is president elect of the American Medical Association.

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Prescribing for Minorities:

**Special Focus from the
Society's Center for
Professional
Drug Education &
Information—pages 32,34**

Also in this issue:

New Drugs in '94—page 39

**Pros & Cons of Cancer
Treatment Info "Online"—page 18**

Your Side of Plan Exclusions—page 12

**Calling All
Young Physicians**

Important Message—page 22

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Special Section:

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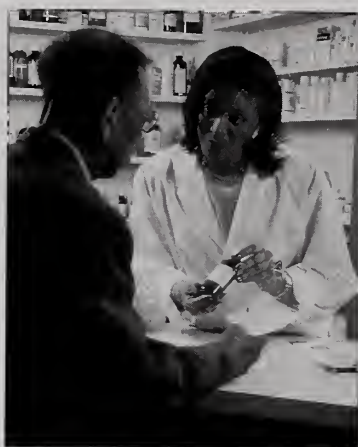
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31 Drug Education Efforts Focus on Minority Medicine

The Society's Center for Professional Drug Education and Information suggested the publication of articles on prescribing for minorities as part of the Center's focus this spring. "Building Your Cultural Competency" (page 32) explains why it's important to recognize the differing needs of diverse patient populations. "Pharmacologic Initiatives in Black Hypertensives" (page 34) takes a clinical look at why managing hypertension in blacks remains a special challenge.



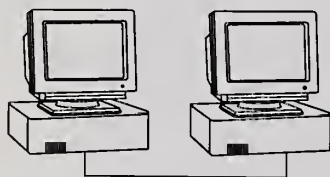
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Related article:

39 New Therapeutic Agents Marketed in 1994

Further prescribing information is offered in this update by Daniel A. Hussar, PhD, of the Philadelphia College of Pharmacy and Science.

18 OncoLink Completes Hectic Year



Our specialist on computer medical networks describes the triumphs and tribulations of the University of Pennsylvania's cancer information service. Controversy is brewing about control of medical information on the super-highway.

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Medigram

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AT LONG LAST, A MEDICAL LIABILITY VICTORY: The U.S. House of Representatives voted 247-171 in mid-March to pass a cap of \$250,000 on awards for non-economic damages in medical malpractice or "health care liability" cases. The action was the result of an amendment—introduced by Christopher Cox (R-CA) and Pete Geren (D-TX)—to a Republican package of broad legal reforms aimed at protecting business from frivolous lawsuits and excessive jury awards. Trying to broaden the scope of the debate to include medical liability reforms, the AMA worked with state and specialty medical societies to support the cap. The State Society was actively involved in the effort: In addition to a letter from Society President John H. Hobart, MD, to Pennsylvania's Congressional delegation, Society Capitol Contacts urged their representatives in Congress to support the amendment. At press time, the reforms were awaiting consideration by the U.S. Senate.

SOCIETY MEMBERS ARE URGED TO CALL SENATORS ARLEN SPECTER AND RICK SANTORUM TO SUPPORT SENATE PASSAGE.

BOARD VOTES TO SUPPORT GOALS OF PHYSICIAN-OWNED MANAGED CARE ORGANIZATION: The State Society's Board of Trustees in mid-March approved recommendations: 1) to fully support and endorse the goals of the Pennsylvania Physician Healthcare Plan, Inc. (PPHP), and 2) to continue discussions with PPHP leadership in evaluating how the Society and its subsidiaries can assist and coordinate efforts with PPHP. Look for an interview with PPHP founder Gary Brown, MD, next month in PENNSYLVANIA MEDICINE. Details of the business relationship forming between Infinity Management Services, Inc.—a subsidiary of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC)—and PPHP will appear in a subsequent issue.

LEGISLATION SOUGHT TO CREATE CME LICENSURE REQUIREMENT: Also at its March meeting, the Society's board approved a recommendation of the Council on Education and Science that the Society seek and support legislation creating a licensure requirement for continuing medical education (CME). It was agreed such a requirement would increase credibility for medical liability reform and may reinforce the level of expertise of some physicians. The Society is in contact with legislators willing to introduce such a bill.

CAT FUND GETS SERIOUS ABOUT LATE SURCHARGE PAYMENTS: Physicians are reminded that required Catastrophe Loss Fund (CAT Fund) surcharge payments—made through each physician's primary carrier—are due within 60 days of the inception or renewal of coverage. Some physicians have paid their carriers late, or their carriers have remitted the monies late. In such cases, the CAT Fund is permitted to deny coverage and report the physician to the State Medical Board for possible licensure action. Though it has not taken such action yet, the CAT Fund has indicated it is serious about addressing the problem.

PHYSICIANS SHOULD REVIEW USE OF CALCIUM CHANNEL BLOCKERS: Research presented at a recent national conference on cardiovascular disease epidemiology and prevention indicated that patients taking calcium channel blockers may be at increased risk for heart attacks, compared to patients on other types of drugs. However, actual increased risk for an individual patient is still quite small, according to the Society's Center for Professional Drug Information and Education. National clinical trials should provide more definitive answers in the future. Patients now on calcium channel blockers are advised to continue their medication and consult their physicians about possible alternatives.

INSURANCE COMMISSIONER TAKES OFFICE: Linda S. Kaiser, former assistant general counsel, Reliance Insurance Company, Philadelphia, was sworn in on March 20 as state insurance commissioner. In remarks, Kaiser said she will reevaluate several insurance issues, including managed care and utilization review under Act 6. Society staff have met with the commissioner to discuss Society concerns.



PENNSYLVANIA MEDICINE

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Where Have Our Statesmen Gone?

John W. Mills, MD
Medical Editor



As I've perused the papers for the last two months, it has become increasingly clear that, despite much rhetoric, very little of substance has been accomplished by our elected members of the U.S. House of Representatives and the Senate. Newt Gingrich (R-GA) would no doubt readily disagree with me; but when you take stock, anyone would realize that *both* "houses" have to come up with a compromise before any legislation can reach the White House, for either signature into law or veto. The "new" House of Representatives has churned out much paper (wasting our natural forest resources) and many, many words (excess CO₂), but that's about the extent of it. Until our Senate debates and considers all this verbiage, we've spent a lot of time and money for naught.

Perhaps this is the way it is supposed to be, but I got to thinking about some of our great statesmen of the past and how they accomplished the creation of the strong underpinnings of our democracy, without telephones, computers, typewriters, fax machines, or printers. They made their way to Washington on horseback or by stagecoach, through weather at least as severe as we now have, without the convenience of Amtrak, jet liners, or limos. Central heating was not around; night work was done with the help of *real* candle power—and all of it was in longhand!

Our present Congress typifies the point: an excess of resources and reams of paper—with little substance. The results are pretty mundane—increased taxation almost yearly and much less benefit for the people.

I recently came across the following, attributed to Abraham Lincoln:

You cannot keep out of trouble by spending more than your income. You cannot help the poor by destroying the rich. You cannot establish security with borrowed money. You cannot bring about prosperity by discouraging thrift. You cannot lift the wage earner by pulling down the wage payer. You cannot strengthen the weak by weakening the strong. You cannot help small men

by tearing down big men. You cannot build character and courage by taking away man's initiative and independence. You cannot help men permanently by doing for them what they would and should be doing for themselves. You cannot further the brotherhood of man by inciting class hatred.

This is very sage advice for all of us, and especially for our politicians.

Another quote—a proclamation by Mr. Lincoln in 1863:

We have grown in numbers, wealth, and power as no other nation has ever grown. But we have forgotten God...Intoxicated with unbroken success, we have become too self-sufficient to feel the necessity of redeeming and preserving grace, too proud to pray to the God that made us!

Substitute "Supreme Being" for "God," and I believe this speaks to all people.

Lincoln was a statesman, politician, military strategist, parent, and a thinker—no hollow words or deeds here.

Thomas Jefferson also comes to mind whenever I think of great leaders of our country. He was a thinking politician who considered the welfare of all citizens, not just his constituents. Jefferson founded the University of Virginia, was an avid reader and writer, and had much to do with the establishment of the scientific method in American medicine. Visit Monticello, and you will realize what a truly remarkable statesman Jefferson was—as well as a real scientist seriously observant of all types of phenomena.

An article in the November 1994 issue of the American College of Surgeons' *Bulletin* pointed out Jefferson's reference to "informed consent" from patient to physician and the necessity of helping the patient benefit from a sense of well-being and hope.

I don't consider myself a dreamer, but I wish we had a few good statesmen, without the greed, dishonesty, self-interest, and egocentricity which seems so evident in present-day Washington. It may take successive clean-sweeping elections to ferret out a few good political statesmen who realize that the people *want* to return to their "roots." ◊

Agree? Disagree? We Welcome Your Response!

Dr. Mills invites *your* reactions to this and other articles in this issue of PENNSYLVANIA MEDICINE.

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Malpractice Liability Reform: Twenty Years and Working

John H. Hobart, MD

There's a number that keeps coming up in the stories I've been reading about the medical liability amendment to a bill in U.S. House of Representatives that was originally intended only to protect product manufacturers. The number is 20. As in, 20 years.

The AMA noted that the medical liability amendment, dubbed the "Cox-Geren Amendment" for Representative Christopher Cox (R-CA) and Representative Pete Geren (D-TX), came as a result of a "tireless campaign" begun by organized medicine 20 years ago.

Twenty years is a long time to sustain any effort, let alone a tireless one, and I suspect that there may have been a moment or two in the preceding decades when some of us wondered if we'd ever get anywhere. I confess to a few moments of discouragement myself.

But as the saying goes, it's not how many times you fall down, it's how many times you get up again. Despite many disappointments at both the federal and state levels, I am gratified to be able to say that your organizations have not succumbed to discouragement. Our State Society continues to hold medical liability and tort reform as key objectives, year after year, and we make what inroads we can, where we can.

Let's consider the recent passage in the U.S. House, by a vote of 247 to 171, of a provision that would set a cap of \$250,000 for non-economic damages in health care liability cases. A similar cap is a major part of California's Medical Injury Compensation Recovery Act (MICRA), which for the last decade has been a major factor in holding down malpractice premiums in that state, while at the same time preserving an injured party's right to economic recovery.

As I mentioned earlier, the original U.S. House bill did not include any mention of medical liability when it was first introduced. But here is the value of an organization that can monitor the whole spectrum of proposed legislation and make connections that others might not make.

A report in the *Congressional Quarterly* pointed out that the general liability legislation "offers a shortcut to medical malpractice reforms [the nation's doctors] have long sought." The fact is, nobody offered us a shortcut. We had to pursue it ourselves.

To us, it seemed just, well, common sense, that medical liability should be addressed in the original bill, HR 10, initially called the Common Sense Legal Reform Act in the Republican Contract with America. It didn't seem common sense to others, until organized medicine pointed it out to them. You may take "pointed it out" as a euphemism for an intelligent, multi-faceted lobbying effort that proceeded on several fronts.

Your State Society joined the AMA and others in grassroots contacts with key legislators at all stages of the legislative process, as the legal reform measure moved through the House. We made our concerns known to Representative George Gekas, a Central Pennsylvania Republican on the House Judiciary Committee, which considered the bill in late February.

Then, when we learned that the House Rules Committee would be likely to limit floor amendments to the measure, our advocates in Washington also worked to craft a floor amendment that would be acceptable to the House leadership.

Physicians from across the United States wrote, called, and faxed their support of the medical liability provision to their representatives in Washington at several key junctures. The amendment was offered. The amendment was accepted. The amendment passed the House.

There is still a long way to go on medical liability reform, but I think our progress so far gives us some perspective on the value of an organizational effort that doesn't quit, even after 20 years. We're in this for the long haul. The physicians of today care about tomorrow's patients, and the physicians and patients of the future. We're working on their behalf, though we ourselves may not reap the benefits of our work. ◊

***"The fact is,
nobody
offered us a
shortcut.
We had to
pursue it
ourselves."***





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CAN WE AFFORD TO FIX EVERYTHING THAT'S NEEDED?

Mrs. Smith and her two children do not have health insurance. She is one of about 35 million Americans that have "fallen through the cracks" on this issue. Mrs. Smith works as a waitress and earns \$18,000 per year. Her husband is out of the picture. Mrs. Smith's six-year-old daughter is a kindergarten student, and her two-year-old son attends day care. She gets no child support. Fortunately, the children are healthy.

Health insurance for Mrs. Smith and her children would cost about \$120 per month. She doesn't have it. Her budget is tighter than a drum. She spends hours working on ways to make ends meet. Her employer doesn't provide health insurance as a benefit. Mrs. Smith was on welfare before getting her present job. She and her children were covered by health insurance then. When she acquired her job, she lost the insurance provided by the state.

Most of the efforts to reform the health care system are directed toward helping people like Mrs. Smith...

For Mrs. Smith and her children to have health insurance, someone other than Mrs. Smith must pay for it or help her to pay for it. But before you agree to that, let's look at Mrs. Smith's situation once more.

Mrs. Smith is a 23-year-old product of a white, middle-class, suburban family. She never liked school and did only enough work to pass each grade. She loved to be with her friends and would stay out late on most nights. She did drink beer, but didn't do drugs.

Casual sex began at age 16, sometimes unprotected. At age 17 she was pregnant. She took time off from school to have the baby. Mr. Smith, 19, married her before the child was born, and they lived with her parents. After the baby was born, she completed high school. He didn't. Her parents took care of the baby most of the time.

Mr. and Mrs. Smith worked at various jobs over the next several years. She found she was pregnant again at age 20. Shortly after their son was born, Mr. Smith had had it with this situation and left, whereabouts unknown. At that time, Mrs. Smith went on welfare for two years. She then decided to take her present job as a waitress.

The story of Mrs. Smith is fairly common and in many respects relatively benign...Unfortunately, not having health insurance may be just one of the many serious psychosocial problems that need to be addressed [in this case].

Not having health insurance is too often a symptom of a deeper and broader series of several life decisions with negative results. Will society have the resources to confront the numerous other problems of people without health insurance?

Joseph A.C. Girone, MD
Philadelphia

CURRENT CONCEPTS IS TEACHING TOOL TO EMULATE

Congratulations on the exceptionally fine publication—*Current Concepts in Ophthalmology*, Vol. 3, 1995—featuring ocular emergencies. I think it is an issue that should be in every doctor's medical library for reference. Because I am a retired physician, I am donating my copy to the Centre Community Hospital Library. If I were still in active practice, I would not part with it.

The color plates with the black/white reproduction pointing out the abnormalities is a teaching tool that all texts would do well to emulate. Many is the time I have

looked at photos and not known where to find the captioned pathology.

Thank you for a job superbly done!
Ling G. Wong, MD
State College

Editor's note: This letter has been forwarded to the Pennsylvania Academy of Ophthalmology, the publisher and editor of Current Concepts in Ophthalmology.

The editors of PENNSYLVANIA MEDICINE encourage comments about the magazine and its contents, as well as viewpoints on current medical issues. Letters should be typed or legibly handwritten, concise, and should not exceed 200 words.

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So, before you write or phone Congress, think. Think about your own responsibility, not just theirs."

— Syndicated columnist, David Broder

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APRIL 1995

April 5th

New Directions in Antiretroviral Therapy

Paul A. Volberding, MD

Professor of Medicine

University of California/San Francisco

School of Medicine

Director, AIDS Program

San Francisco General Hospital

San Francisco, CA

HIV-Associated Opportunistic

Infections: An Overview

Henry Masur, MD

Clinical Professor of Medicine

George Washington University

School of Medicine

Chief, Department of Critical Care Medicine

Clinical Center, National Institutes of Health

Bethesda, MD

April 12th

Pathogenesis and Treatment of Acromegaly

Shlomo Melmed, MD

Professor of Medicine

Director, Division of Endocrinology and Metabolism

Cedars-Sinai Medical Center

Los Angeles, CA

April 19th

Atrial Arrhythmias: Newer Understanding of Atrial Fibrillation

Albert L. Waldo, MD

The Walter H. Pritchard Professor of

Cardiology and Professor of Medicine

Case Western Reserve School of Medicine

Director, Cardiac Arrhythmia Service

University Hospital of Cleveland, OH

April 26th

Endoscopic Diagnosis of Gastrointestinal Disorders

J. Thomas Danzi, MD

Professor of Clinical Medicine

Senior Associate Dean for Clinical Affairs

Medical Director

Hahnemann University Hospital

MAY 1995

May 3rd

Acute Pancreatitis and Its Complications

Jamie Barkin, MD

Professor of Medicine, University of Miami

School of Medicine

Director, Division of Gastroenterology

Mount Sinai Medical Center

Miami Beach, FL

May 10th

Treatment of Hyperlipidemia:

Primary and Secondary Prevention

David Capuzzi, MD

Associate Professor of Medicine

Director, Lipid Center

Medical College of Pennsylvania

May 17th

Advances in the Treatment of Type II

Diabetes Mellitus

Donald C. Simonson, MD

Associate Professor of Medicine

Harvard Medical School

Chief, Section of Diabetes and Metabolism

Brigham and Women's Hospital

Head, Section of Clinical Physiology

Joslin Diabetes Center

Boston, MA

May 24th

Syndromes Confused with Vasculitis

Jeffrey Olan, DO

Head, Atherosclerosis and Lipids Section

Vascular Medicine Department

The Cleveland Clinic

Cleveland, OH

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APRIL 5, 1995

HIV and HIV-Related Opportunistic Infections

*Guest Lecturers: Paul A. Volberding, MD,
and Henry Masur, MD*

MAY 3, 1995

Gastrointestinal Acid-Peptic Disorders

*Guest Lecturers: Jamie Barkin, MD,
and Walter Rubin, MD*

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GIVE PATIENTS YOUR SIDE OF PLAN EXCLUSIONS

Physicians frequently feel frustrated and helpless when faced with exclusion by managed care plans—especially as they deal with patients forced to leave their care.

Communication with patients—giving them an understanding of the policies of managed care plans, and how you feel about the situation—can go a long way toward not only alleviating your frustrations as a practitioner, but also mending patients' confusion and resentment at loss of your services.

A simple letter such as the example at right could be sent by physicians when an exclusion occurs. Informing the patient population of the importance of legislative safeguards is another benefit of this communication. Once patients have experienced first-hand the meaning of managed care plan restrictions, they will not only understand their physician's plight, but also be much more willing to take action to correct the situation. For more information, contact the State Society's Department of Medical Economics at (800) 228-7823.

Note:

Generally speaking, enrollees in a managed care plan are penalized for using a non-participating provider. For example, the plan may reduce the payment allowance or deny coverage completely. (Exceptions to out-of-network penalties generally apply in emergencies.) If you are sure of the terms of the specific plan affecting your patients, you may want to add that in paragraph 2 of the sample letter. But be sure you are correct. If you give out incorrect information, you will frustrate or anger your patients and may be held accountable for the misinformation. Also, keep in mind that some plans don't penalize those who go out of the network—but out-of-network providers can balance bill the patient. The patient should be told whether or not you will balance bill.

How to Tailor Your Letter

Paragraph 1: You may want to explain why you are not participating in the network anymore. For example, if the network is downsizing, you may want to add: "The network decided to reduce the number of physicians from my specialty who are allowed to participate, and did not renew my contract, even though I was providing quality care to my patients."

Paragraph 2: If you are sure of the specific terms affecting your patient, you may want to add that here. **But be sure you are correct (see note, below left).**

Paragraph 3: Disclose any copying charges here. For patient goodwill, you may want to waive those charges in this instance.

Paragraph 4: The paragraph may need to be altered or deleted to the extent that you were given an explanation or the opportunity to appeal.

Paragraph 5: You may want to include a list of local legislators and their addresses and phone numbers. Such a list may be obtained from the Society's Government Relations Department.

Regardless of what your letter says, it should show concern for your patient.

SAMPLE PATIENT LETTER

Dear Patient:

I wanted to let you know personally that as of (effective date of termination), I am no longer participating in (name of network).

I appreciate the trust that you have shown in me, and I would like to continue to serve as your physician. However, your health insurance may not pay for my services as it did in the past. I suggest that you ask your health benefits manager or review your benefits handbook to learn how you would be reimbursed for my services in the future.

If, after looking at your alternatives, you decide to select another physician, I will be happy to forward a copy of your medical record to your new physician. Let my office know if you feel that you need to change physicians, and we will forward you a medical release form.

Unfortunately, what happened to you and me in this case is happening with increasing frequency across Pennsylvania. Insurance plans are excluding physicians from their networks for any reason they choose, without providing any explanation or opportunity to appeal. This often leaves patients with little choice but to find a new physician.

If you are concerned about what has happened, you may want to let the following people know of your concerns:

- **Your human resources department at work.** These people make the decisions about what health insurance plans are offered to employees. If you let them know that you are not happy with your plan, this input will likely figure into the decision whether to keep the plan or to offer others in the future.

- **Your elected officials.** Pennsylvania legislators are now considering safeguards to assure that health insurance plans do not improperly exclude physicians from their networks. Legislators need to hear how patients have been adversely affected by the exclusionary practices of managed care plans. This will help them balance what they have been hearing from those who are more concerned with the financial bottom line than with your health.

- **Your health care plan.** Your health insurance plan may not realize how its decisions are affecting you. You may want to let the plan know that restricting your choice of physician may force you and others to turn to alternative plans.

I want you to know that I will understand the decision you make on your future care. Thank you for the opportunity to take care of you; your well-being remains my primary concern.

Sincerely,
Your physician

ALLEGHENY COUNTY PROPOSES MA PROGRAM RESTRUCTURING

Physicians in Allegheny County are analyzing a proposed health system reform package to restructure the delivery of the local Medical Assistance (MA) program. Proposed by the Allegheny County Department of Human Services, the package seeks to improve access, quality, continuity of care, and outcomes for Medicaid patients, while eliminating duplication of services.

John G. Krah, executive director of the Allegheny County Medical Society (ACMS) explained the new structure in a recent issue (February 11, 1995) of the ACMS *Bulletin*:

- A local not-for-profit health corporation would: take in and pool funds from multiple sources; select and oversee a number of local health plans (anticipated to be managed care entities) that will be required to provide a full continuum of physical health, mental health, drug and alcohol treatment, and human services; and serve as an unbiased, client-supportive enrollment counseling agency.

- All Medical Assistance recipients in Allegheny County, with the exception of nursing home residents, would be required to enroll in one of several health plans that will contract with the above-mentioned corporation. Mandatory enrollment is believed to assure greater savings and eliminate the selection that can be costly in voluntary programs. Current indemnity-like coverage would be eliminated.

- Funding to and through the corporation would include a capitation payment from the Department of Public Welfare as well as portions of other non-Medicaid funding that would normally go to specified services such as mental health, drug and alcohol treatment, maternal and child health programs, and AIDS treatment and care. Again, it is hoped that this would accomplish integration of currently fragmented services in Allegheny County, thereby providing more effective care.

According to Krah, "If this county proposal receives the necessary approvals [and waivers] from federal and state governments, it will mean major changes for the physicians and hospitals treating Medicaid patients [in the county]."

The proposal is supported by grant money from the Robert Wood

Johnson Foundation and the Jewish Healthcare Foundation of Pittsburgh. For further information, call ACMS at (412) 321-5030.

STATE LAWSUIT SPARKS AMA LITIGATION INITIATIVE

A Pennsylvania lawsuit has sparked the creation of the new AMA/State Medical Society Litigation Center, "designed to strengthen organized medicine's presence in [the courtroom] when cases arise that have potential major impact on the practice of medicine."

According to the AMA, the center is an outgrowth of national and state cooperation on two recent cases: 1) in Pennsylvania, the successful appeal to the Health Care Financing Administration, saving physician practices more than \$2 million in refunds demanded by Pennsylvania Blue Shield; and 2) in Minnesota, a case striking down provisions of a provider tax that allowed the state to tax providers outside its borders.

The center is expected to focus on cases involving inappropriate government regulation, patient protection, defense of tort reform, provider taxes, arbitrary coverage decisions, peer review, and ethics. As explained in the February 20 issue of *AMNews*, "The prime selection criteria will be importance of the case to patients and physicians, and the potential for precedent setting."

For more information on the new initiative, call (800) AMA-3211.

STATE HEALTH PLAN CHAPTERS RAISE SOCIETY CONCERN

The State Society in February submitted comments to the Pennsylvania Department of Health on two proposed chapters of the State Health Services Plan.

The plan was mandated by the Health Care Facilities Act. Designed to serve as both a policy and regulatory document, it: 1) identifies clinically related health services that are necessary to serve the health needs of Pennsylvanians; 2) analyzes the availability, accessibility, and affordability of clinically related health services identified in the plan; 3) outlines qualitative and quantitative standards and criteria for the review of certificate of need applications required under the act; and 4) describes a process which permits exceptions to be granted to

the standards and criteria in order to reflect local experience, to ensure access, or to respond to circumstances which pose a threat to the public health and safety.

Of primary concern to the Society is the chapter on managed care.

"Contrary to what some may think, the [State] Society is not opposed to managed care," the Society's letter begins. "Managed care, when properly implemented, can cut health care costs, increase preventive and early-detection care, and coordinate the care of multiple providers. When managed care truly means 'coordinated care,' when it incorporates better communication, closer teamwork, and real dialog between physician, insurer, employer, and patient, then there is potential for benefit to the system."

At this time, however, the Society is concerned that to some, managed care may mean saving costs by reducing the quality of care. The Society also believes patients should be assured freedom of choice and firmly opposes "mandated" managed care.

Specific Society observations about the managed care chapter include:

- 1) "The Department seems to imply that managed care is the only way to reduce health care costs, and that isn't true." In its 1993 position paper on managed care, the Society recommends a number of ways to reduce costs: making physicians and patients more cost conscious, while maintaining patient freedom of choice; cutting government red tape; instituting "meaningful" liability reform; and eliminating duplication of equipment and facilities.

- 2) "We agree that managed care can play a role in reducing health care costs, but equally important is the adoption of safeguards to protect quality and access."

- 3) "We agree with you that people have problems when choosing a health plan—they don't know what the different plans offer. We don't think the standardization of the medical benefit package [as proposed] is the solution." Instead, the Society suggests that a formal grievance system be mandated for managed care plans.

The Society also commented on the HIV/AIDS Services chapter of the plan—expressing concern about the funding needed for the extensive services outlined in the plan, and requesting explanation and reconsideration of a number of key items.

STATE TACKLES HIV/AIDS WITH PREVENTION PLAN

While Philadelphia may well be the major HIV/AIDS epicenter of the commonwealth and one of the six major epicenters nationwide, the fact is 53 percent of Pennsylvania's AIDS cases are *not* diagnosed in Philadelphia. AIDS isn't just a city problem...a Philadelphia problem. Instead, it's a Pennsylvania problem.

Having gained greater knowledge about the disease and its spread over the past decade and a half, and recognizing the urgent need to contain the spread of HIV in the absence of an AIDS vaccine or cure, the Centers for Disease Control and Prevention (CDC) in Atlanta has taken one further step—requesting that each state develop an HIV prevention plan. Pennsylvania's plan, outlined below, was developed late last year by the state Department of Health, Bureau of HIV/AIDS with extensive community input (see sidebar below).

AIDS in Pennsylvania

Pennsylvania recorded 11,940 cases of AIDS between January 1, 1981, and September 1, 1994. According to the plan, though these totals only represent three percent of all U.S. cases, Pennsylvania has the seventh largest concentration of cases among all 50 states.

AIDS in Pennsylvania seems to be spreading in concurrent waves, according to the plan. The first wave, which began in 1981, involved mostly gay, white men; hemophiliacs; recipients of blood/tissue products; and black, injection drug users. The second, more recent wave involved growing numbers of women, Hispanics, infants and children under 13, and heterosexuals.

AIDS in Pennsylvania has spread outward from two areas of the state: the southeast, including Philadelphia, Lancaster, and Chester counties; and the southwest, namely Allegheny County. The spread of the disease in the northeast may have emanated from New York City and Newark, New Jersey. More recently, the rate of infection in rural Pennsylvania has grown alarmingly.

Other state-specific statistics cited in the report include:

- AIDS is the leading cause of death for black males, ages 25-44, and

the fourth leading cause of death for all people in that age group.

- The most common mode of transmission among whites is homosexual contact (81 percent), followed by injection drug use (13 percent) and heterosexual contact (six percent). Among blacks, injection drug use leads (52 percent), followed by homosexual contact (37 percent) and heterosexual contact (11 percent); and among Hispanics, injection drug use leads (72 percent), followed by heterosexual contact (15 percent) and homosexual contact (13 percent).

- HIV was detected in one of every 1,602 mothers participating in a publicly funded 1992 study.

- Nearly 39,000 HIV tests were conducted in 1993 across the state at publicly funded sites.

A plan of action

Prior to development of its Comprehensive HIV Prevention Plan, the Bureau of HIV/AIDS coordinated a number of primary HIV prevention efforts, including counseling and testing services, funded by the CDC; direct or subcontracted services of seven regional planning coalitions for care, education, and prevention services; and health education and risk-reduction activities provided by nine county and municipal health departments.

However, needs assessment studies show that more education at targeted populations—high-risk communities and pre-teens/adolescents—is warranted, along with more extensive outreach and free, anonymous, and confidential counseling and testing in community-based clinics. Also, though past local activities have been well-tracked by the bureau, more coordinated, statewide efforts are needed.

From these and other findings, and a series of discussions, the

Pennsylvania HIV Prevention Community Planning Committee agreed on three broad goals in the commonwealth:

1) Reduce the incidence of HIV transmission by providing culturally, linguistically, and gender-appropriate prevention services in the state of Pennsylvania. High-priority objectives include standardizing training of HIV counselors, developing marketing and outreach plans to reach target markets, and expanding the number and types of facilities statewide that would offer counseling. Re-evaluation of these objectives is also planned as implementation progresses.

2) Reduce the morbidity and mortality associated with HIV in the state of Pennsylvania. Proposed actions focus on increasing awareness of services available to people living with HIV and encouraging early intervention medical and mental health services. Related objectives seek to provide free HIV testing in *every* county and explore the "true incidence" of HIV in Pennsylvania.

3) Reduce HIV-related stigmatization, including that associated with sexuality, culture, addiction, gender, and disability issues. The main objective here is to provide annual diversity training on sexual, cultural, addictions-related, and economic issues to staff and administrators of organizations receiving HIV prevention funding through the state Department of Health.

Inherent to these three goals is linking state and local programs, as well as governmental and non-governmental programs. Also, the state will coordinate efforts with abuse and correctional facilities.

Pittsburgh MD, PhD Play Key Roles

Department of Health, Bureau of HIV/AIDS representatives are quick to note that community input was essential to the development of Pennsylvania's Comprehensive HIV Prevention Plan.

Among those involved: From the physician community, **Donald R. Mattison, MD, MPH**, dean of the Graduate School of Public Health, University of Pittsburgh, served as principal investigator of the plan. Also, past PENNSYLVANIA MEDICINE contributor **Linda Frank, PhD**, of the university's AIDS Education and Training Center, served on the HIV Prevention Community Planning Committee.

Many kudos to them and their colleagues at the university and statewide who volunteered their time to research and develop the plan.

So much to do...

The state's Comprehensive HIV Prevention Plan was completed in the fall of 1994 under the Casey administration; soon afterward, the CDC approved the plan. But, how does the change in administration—with the inauguration of Governor Tom Ridge in January—affect the work already accomplished?

According to Richard McGarvey, a Department of Health spokesperson, though the plan is directly linked to the department, its progress is not

slowed at all. In fact, McGarvey says, the state is actively working to accomplish the goals and objectives set forth in the plan.

FIVE NEW DRUGS AVAILABLE FREE FROM STATE

The Pennsylvania Department of Public Welfare has announced that five new drugs are now available through the state's Pharmaceutical Benefits Program. They are: Mycobutin (rifabutin), Biaxin (clarithromycin), Mepron (atovaquone), Sporanox (itraconazole), and Marinol (dronabinol).

The department also announced two other program changes:

- Diflucan (fluconazole), available through the benefits program since February 1993 to treat only cryptococcal meningitis, is no longer restricted to this disease.
- A number of *disposable* medical supplies used for intravenous Ganciclovir and Foscavir treatments are now available. These supplies include disposable home pumps, sterile water, and various tubing and needles.

People with HIV infection should check with their case managers to learn whether they are eligible for the Pharmaceutical Benefits Program. Individuals whose drug costs are covered by Medical Assistance are ineligible.

Direct questions about the program to (800) 922-9384.

STATS



By 1992, all but three Pennsylvania counties had reported at least one case of AIDS.

Source: Pennsylvania Department of Health, Bureau of HIV/AIDS

CLARIFICATION

Page 14 of the February 1995 issue of PENNSYLVANIA MEDICINE included an updated list of reportable diseases in Pennsylvania. Among the diseases listed was cancer, which prompted inquiries from some members.

To clarify: Cancer is a reportable disease in Pennsylvania, although only by hospitals and laboratories, not by physicians as suggested. Although representatives of the department indicate that they are working to make cancer reportable by physicians in the future, they stress that at this time, physicians need not report incidences of cancer.

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CAPITOL CONTACTS, LEADERS WELCOME NEW LEGISLATORS

Eighteen freshmen legislators attended a breakfast in their honor sponsored by the State Society on March 8 in Harrisburg. The goal of the breakfast was to introduce the legislators to the Society, its leadership, and to constituent members who participate in the Capitol Contacts program.

Legislative leaders also attending were: Senate President Pro Tempore Robert C. Jubelirer (R-Blair), Senate Majority Leader R. Joseph Loeper (R-Delaware), House Majority Leader John M. Perzel (R-Philadelphia), and House Minority Whip Ivan Itkin (D-Allegheny).

Following a brief welcome by Society President John H. Hobart, MD, the legislators and 39 member physicians and Alliance members enjoyed a leisurely breakfast and talked informally.



Lehigh Valley legislators and physicians made a strong showing—sharing this table were (left to right): Robert X. Murphy Jr., MD; Henry H. Fetterman, MD; Society President John H. Hobart, MD; Vice Speaker of the State Society House Donald H. Smith, MD (standing); State Senator Joseph M. Uliana; Society Trustee James R. Regan, MD; and Arthur V. Stein, MD.



Representing Delaware County were Society Chairman of the Board John W. Lawrence, MD (left), and Senate Majority Leader R. Joseph Loeper.



Chester County Representative Curt Schroder (left) talks with KePRO President Donald E. Harrop, MD.



Newly elected House Majority Leader John M. Perzel talks with Society leaders from Philadelphia County. Pictured (left to right) are: First District Trustee George R. Fisher III, MD; Representative Perzel; Resident Physician Section Trustee Joyann A. Kroser, MD; and Young Physicians Section Trustee Robert M. McNamara, MD.



Society Lobbyist David A. Thompson (center) introduces Senate President Pro Tempore Robert C. Jubelirer (left) to Richard L. Decker, MD, of Altoona.

Monday, May 1, 1995 • A NEW PAMPAC SEMINAR • Training you in *Effective Lobbying Strategies & Techniques*

This exciting new seminar from PAMPAC offers you the opportunity to go beyond the campaign and become an effective lobbyist for the medical profession. The seminar features a panel discussion with a successful physician participant in the political process, a key representative from the General Assembly, and an AMA lobbyist. There will also be a role-play session and a briefing on timely legislative issues. The luncheon speaker is state Senator John Peterson, chairman of the Senate Public Health and Welfare Committee.

This is a workshop designed to provide physicians and alliance members with the skills needed for more effective lobbying of their state or federal legislator on issues of quality or access.

Fee: \$15 to cover costs of luncheon • Time: 11:00 a.m. - 4:00 p.m. • Date: May 1, 1995 (the day preceding the State Society's Leadership Conference) • Place: Harrisburg Hilton and Towers

To register: Telephone the Society's Department of Meeting Services at (800) 288-7823, extension 1258, or the PAMPAC office at (717) 558-7822.

"Lobbying Techniques Legislators Really Understand"



4 PROGRAMS
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LEADERSHIP
TRAINING!

of the Pennsylvania Medical Society

May 2-3, 1995 • Harrisburg Hilton and Towers

◆ TUESDAY, MAY 2, 1:00 PM

KEYNOTE ADDRESS—**Jeff Levine**, CNN correspondent since 1980, covering medical legislation and regulation on Capitol Hill, Washington.

PLENARY SPEAKERS:

"Medicine's Dilemmas"—**William L. Kissick, MD, DrPH**, a participant in Medicare's original drafting in the '60s, is a prolific writer, commentator, and respected adviser on the U.S. health care scene. He is professor of health care systems, the Wharton School, University of Pennsylvania.

"California's Experience with Managed Care"—**Eugene S. Ograd, MD**, president, California Medical Association, speaks from the cutting-edge of health care change.

PLUS...

- Enjoy an evening of entertainment • Next morning, breakfast with the State Society president
- Attend information-packed workshops on technology, leadership, practice parameters
- Visit exhibitors • Meet colleagues from across the state...ALL FOR ONLY \$70!

Look for your registration form in the April issue of Executive Report.

COME EARLY FOR ADDITIONAL EDUCATIONAL OPPORTUNITIES*

**Separate registration and fees for sessions below*

◆ MONDAY, MAY 1

- ◆ PAMPAC seminar, 11:00 am, "Techniques Legislators Really Understand."
- ◆ HMSS Seminar, 4:00 pm, "Enhancing Physician Leadership in a Changing World," created by the Leadership Institute of the Society's Educational and Scientific Trust.

◆ TUESDAY, MAY 2

- ◆ HMSS Assembly Meeting, 8:30 am, "How to Overcome Obstacles and Organize Physicians," a presentation by **Dr. Ograd**.

The Pennsylvania Medical Society is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The Pennsylvania Medical Society designates this continuing medical education activity for 7.75 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association and the Pennsylvania Medical Society membership requirement.

All faculty participating in continuing medical education programs sponsored by the Pennsylvania Medical Society are expected to disclose to their program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

For more information, call the State Society at (717) 558-7750 or (800) 228-7823.

OncoLink Completes Hectic Year

Fred D. Baldwin

In its first year, a University of Pennsylvania cancer information service received well over a million calls. OncoLink's first year represents a dramatic challenge to the notion that what happens in cyberspace must mirror a world where specialists talk mostly to specialists and patients are slow to ask questions.

OncoLink, an online cancer information service provided on the Internet by the University of Pennsylvania School of Medicine, celebrated its first birthday on March 7. Its first year was marked by extraordinary growth and marred by a highly publicized dispute among its three co-editors about the role of medical information centers on the information superhighway.

All three editors agreed on OncoLink's main mission: to provide accurate, understandable, cancer-related information for both doctors and patients. All also agree that patients should rely on their own physicians for diagnoses and advice on treatments. During interviews, however, two competing visions of OncoLink emerge.

"This is a medical library," says E. Loren Buhle Jr., PhD, assistant professor of medical physics in the Department of Radiation Oncology at the university's School of Medicine. He was the moving force behind OncoLink's creation and for its first nine months effectively in control of the service. "It does not replace the physician in any way, shape, or form. It brings the patient to the physician's office with a better understanding of the background of a problem. That frees the physician to focus on the things the physician is uniquely qualified to address."

"There has to be some degree of editorial process to filter what is and is not appropriate," says Ivor Benjamin, MD, assistant professor of gynecologic oncology, University of Pennsylvania Cancer Center, and also an OncoLink editor, "as would be true with any other specialty

journal, whether it be a medical journal or a technical journal on aviation or anything else."

These visions may not be polar opposites, but they conflict. Editors, however open-minded, accept more responsibility for the content of what they offer readers than do librarians, however selective. Neither model for an online information service is inherently superior—the question is whether the same service can offer the advantages of both. For roughly nine months, the astonishing growth of OncoLink seemed to suggest that the answer might be, "Yes."

The roots of OncoLink go back to 1989 when Dr. Buhle's daughter, then three-and-a-half years old, was diagnosed with acute lymphoblastic leukemia (ALL). Despite his own scientific training and that of his wife, a critical care nurse, shock prevented them from absorbing most of what their daughter's physician told them. Even with access to a medical library and computer skills, Dr. Buhle found it hard to locate current, reliable information on treatment options. Realizing that the average patient would be even more dependent on the opinion of one or two physicians, he became active in patient-oriented support groups.

In 1993, Dr. Buhle began participating in the Cancer Forum on CompuServe, the heavyweight among commercial vendors of online services. He found himself answering similar questions from hundreds of people, and envisioned an almost universally accessible service that would be both an online library and question-and-answer center.

The Internet offered the ideal vehicle—a mega-network using telephone lines and other channels to connect thousands of networks, collectively estimated to reach 30 million individual users worldwide.

Realizing that the service would need medical expertise, Dr. Buhle teamed up with Joel W. Goldwein, MD, associate professor of radiation oncology at Penn, who suggested the name OncoLink and became a cofounder of the service at the medical

Mr. Baldwin, a contributing author from Carlisle, is co-author of a book on locating medical information to be published by Little, Brown & Co. in the fall of 1995 under the title, InfoMedicine.

school. They were soon joined by Dr. Benjamin as a third "co-editor-in-chief."

OncoLink opened on March 7, 1994. The response exceeded anyone's expectations.

By January 31, 1995, in just 330 days of operation, OncoLink had handled 1,248,706 transactions—about 10,000 per weekday and 3,000 on weekends. These contacts and questions came from 16,840 Internet addresses worldwide. The number of individuals using the service has to be much larger since major Internet nodes (e.g., Harvard University, CompuServe, America Online) often count as a single address.

Dr. Buhle worked 16-hour days to find time to post new material and to improve OncoLink. Probably 80 percent of the material posted consisted of carefully reviewed medical information from other online sources such as Physician's Data Query (PDQ), but Dr. Buhle wrote many articles, including nontechnical summaries of medical literature. Other articles were written by Drs. Goldwein and Benjamin.

The official policy seems always to have been that OncoLink postings would go through some kind of peer review process, with disputes arbitrated by a University of Pennsylvania advisory board. In practice, Dr. Buhle exercised control.

"He was the only one who had access to the hardware and software," says Dr. Benjamin. "He, in essence, controlled the printing press. I did not have password access and neither did Dr. Goldwein. He would post something that we would request not be posted or that we had requested have further review."

Dr. Buhle says that an editorial review board to which he referred materials acted slowly or not at all. He says, "What value is it to the patient who needs something he can ask his doctor about next week to say, 'We'll get back to you in six months?'"

"I worry about editorial quality, too," he says. "Why is it that I never got a negative comment from outside of the University of Pennsylvania? Every once in a while, a physician would say, 'Loren, that's great, but it's kind of old.' I'd say, 'Thanks for helping me make this a better resource for everyone.'"

In December, tensions between Dr. Buhle and his co-editors came to a head. The exact sequence of events is in dispute, but the upshot was that Dr. Buhle lost control of OncoLink. He retains the title of co-editor, but any editor can now remove anything any other one posts. In addition, his contract with the university will not be

renewed next year, although he notes that others are in the same boat as the result of downsizing.

OncoLink itself is still available, and it's an impressive resource. Its menus are divided into four general categories: 1) disease sites (e.g., breast cancer, ovarian cancer); 2) medical specialties (e.g., medical oncology, radiation oncology), 3) news items (e.g., FDA/CDC announcements), and 4) links to other cancer-related resources on the Internet.

In technical terms, OncoLink is searchable either by Gopher, a menu-oriented search program, or by World Wide Web, a program that permits searches by keywords anywhere in a document and even that, for users with suitable equipment, provides access to sound and images. Among image files of interest to physicians are tumor boards for educational purposes that include x-rays, MRI scans, and histologic slides.

Dr. Goldwein says the university is unequivocally committed to maintaining OncoLink. The controversy attracted substantial attention on the Internet and among commercial online services, notably the CompuServe Cancer Forum, where Dr. Buhle was almost universally perceived as a martyr to the cause of open access to information for patients. Drs. Goldwein and Benjamin reject that image.

"I have no qualms," says Dr. Benjamin, "with Loren Buhle buying his own computer and calling it 'LorenLink' and putting up anything he wants about cancer. But don't say it's coming from the University of Pennsylvania Cancer Center. You can put all the disclaimers you want, but if we're putting it out, it's a tacit approval in my mind. That's the beauty and charm of the Internet, that it's such a free-for-all. But when it's coming out with [the university's] nameplate, we feel a moral and ethical obligation as professionals to make sure that information has been reviewed appropriately."

"It's a matter of balance," Dr. Buhle says. "My vision is for doctors to say, 'Learn, read everything you can, and then we'll talk about it.' That's not the vision of my co-editors. Should libraries protect themselves by removing from the shelves all books whose contents people could possibly use to hurt themselves?"

All parties agree that if OncoLink's history does nothing else, it shows a tremendous hunger for specialized information on the part of patients—and, for that matter, on the part of nonspecialist physicians, nurses, and other health professionals. ☐

Pitt Adds Interactive Radiology to Curriculum

The University of Pittsburgh School of Medicine is one of 40 U.S. medical schools and several universities abroad using cutting-edge technology to master concepts of normal anatomy and imaging.

Radiologic Anatomy is an interactive computer developed at the University of Florida which combines descriptive text, still images, video segments showing fluoroscopy studies and radiological technique, and cadaveric still photographs. Its developers and users believe it is a cost-effective way for medical schools to train students in diagnostic imaging, normal anatomy, and neuroanatomy.

Radiologic Anatomy is available in Macintosh and Windows™ formats, as well as on CD-ROM. For additional information, contact Gold Standard Multimedia, Inc., at (904) 373-1100.

You're Never Too Young to Plan Your Retirement

Robert L. Lamb

Young physicians have time on their side when it comes to retirement planning: Starting early assures more security—and less worries—later in life.

Can young physicians just entering practice, carrying thousands of dollars of debt, dare think about retirement? Not only must they think about it, they must formulate a savings plan to fund it, even if the amounts seem nominal. Some experts are advising physicians to put away as much as one-fifth of their net income each year to assure an adequately funded retirement.

A number of factors are driving the need to begin financial planning immediately:

- Long-term inflation is devastating.
- Career stability is disappearing.
- Income growth is far less predictable.
- Retiree benefits are eroding.
- Life expectancy is rising.
- Retirement lifestyles frequently require 75-80 percent of pre-retirement income.
- Adult children keep coming home.
- Elderly parents require more care.

Time is an ally

It's hard to overstate the importance of time in terms of building an estate and accumulating retirement security. One example of the relationship between savings and time is a scenario which plots the annual investment needed to accumulate \$100,000.

If we assume eight percent interest, it would require an annual investment of \$6,392 to accumulate \$100,000 in 10 years. However, saving over 20 years at eight percent interest would require only a \$2,023 annual investment. And if you started immediately and saved over a 30-year period, you would only have to invest \$817 a year![†]

Another way to illustrate the power of time and asset growth is to assume that you saved \$100 per month in investments that yield a 12 percent return. In the fortieth year of your program, you would become a millionaire!

James Glassman, writing in the *Washington Post*, uses some illustrations from Smith Barney Consulting. In this scenario, the husband retires at age 62 with a fixed pension of \$20,000 per year. The couple also receives about \$10,000 annually in Social Security benefits. In the illustration, inflation runs four percent per year, and investment income is projected to be seven percent a year after taxes. The couple's nest egg at retirement is \$500,000.

Maintaining a lifestyle costing \$80,000 a year, how long does the \$500,000 last? Just 11 years! If the desired income level at retirement remains at \$80,000, then a more realistic nest egg would be \$1 million.

Paying and saving for college

Could it be possible that you would find yourself in the unwieldy position of paying off your own educational debts while also saving for your kids' college education? It's a real possibility. If you estimate a current annual cost of \$18,000 for private college tuition, fees, room, and board, and factor in a conservative five percent annual inflation rate, we can predict that in 18 years, the annual cost of college will be \$43,200. (The current college inflation rate is over eight percent.)

Tax deferral, a saver's friend

A typical example of tax-deferred earning runs like this: Assume a \$10,000 initial investment for a person in the 31 percent income tax bracket. At the end of 10 years, a taxable investment would have grown to \$14,033, while the tax-deferred investment would be worth \$16,289.

At 15 years the tax-deferred investment is ahead by slightly more than \$4,000 and at 20 years has climbed to \$26,533 as compared to the taxable nest egg at \$19,597 or a saver's advantage of nearly \$7,000.

Net worth—the place to start

A healthy checking account could mean that you're doing well, but until you compute your net worth, you won't know for sure. A thumbnail net worth spreadsheet might have four columns: assets and liabilities, 1993, 1994, and percent increase (or decrease).

Mr. Lamb is planned giving officer of the State Society's Educational and Scientific Trust.

Your list of assets should include: retirement plans (including IRAs), personal bank accounts, stocks and mutual funds, real estate (except the office), other investment assets, market value of home, life insurance cash values, and miscellaneous. You'll also want to include the value of your practice—for an objective view, consult with your accountant.

In the liability column, find: mortgage and other long-term balances, taxes payable, and bills due. If you turned a profit, celebrate; but not before you've analyzed the numbers to be sure that your good fortune didn't result from a one-time, unusual event rather than your plan.

Start with a will

While financial advisers abound and theories are many, the consensus is that a sound financial plan begins with an effective estate plan. The will, drafted by your personal attorney, works with and complements the trusts you may establish to minimize estate taxes. Be careful regarding so-called "short cuts" such as jointly held assets. They can defeat a well-crafted estate plan and cause your heirs to incur unnecessary estate taxes.

Ready, fire, aim

A savings program devoid of an objective could cost you thousands of dollars. Better to spend some consulting money first to have an impartial expert show you the alternatives and their consequences. A plan to finance a new car or house would be different from one established to pay a child's college costs or fund your retirement.

One recent survey determined that despite the fact that few physicians are trained financial planners and have even less time to study the markets, most choose to manage their own pension plans and family savings plans.

Choosing a financial adviser

- Don't use your friends.
- Don't do business with anyone who won't tell you exactly how and how much he or she is paid.
- Put together a list. To build your list, consult your attorney, your tax accountant, the Institute of Certified Financial Planners (800-282-PLAN), and the International Association for Financial Planning (800-945-IAFP). Members of the American College of Life Underwriters (CLU) are also capable of providing financial planning information.
- Create a screening list, and make your phone calls.

- Narrow your list to three candidates, and schedule interviews with an agenda.
- Check references.

Stocks, the conventional wisdom

A quick review of inflation over 20 years, taxes, and the return on all investments leads most experts to the conclusion that meaningful growth of assets can only occur if sizable portions of savings are invested in the stock market.

Beyond that, there is much less agreement. Which stocks to choose and how long to hold them defy consensus, hence, investors frequently opt for mutual funds where they seek solace from the expertise of fund managers and the diversity implicit in the fund concept. Also implicit in the equity theory is the understanding that the market outperforms other options only if the investor has the patience to wait out its daily, weekly, and monthly fluctuations. In this context, long-term is often interpreted as not less than three years.

The tortoise wins

With the advent of on-line trading, no doubt more and more physicians will be tempted to wrap up the day by dialing their brokerage service on their modem and doing a little trading. However, the data seem to indicate that those who make it a habit to put a regular amount of money into the market do as well if not better in the long run.

In a process known as "dollar cost averaging," savers invest a set dollar amount in a mutual fund every month, regardless of market behavior. Over the long haul, their automatic purchase of shares when the market is down lowers their average cost of investing in the fund.

"Cold calls" and other "opportunities"

Most "go-go" investment schemes are soon "gone-gone." To minimize risk, look to the well-known indexes and a financial adviser with a proven track record.

Finally, these observations:

- It's very hard to win the lottery if you don't play.
- Several times a year, the dart board team wins the *Wall Street Journal* Experts Contest.
- In 1994, the hero money manager of Wall Street was a 17 year-old high-school junior from Troy Michigan. Matt Seto came up with a 33 percent return on investment in his micro-mutual fund while the best the Dow Jones Industrial Average could do was 2.1 percent. ☺

† Illustration courtesy of AMA Investment Advisers, LP.


Yes, I would like additional information on physician financial planning. Please send me the free pamphlet, ***Better Estate Planning for Physicians.***

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The YPS—It's You!!

Jeffrey H. Baker, MD

The Young Physicians Section (YPS) represents physicians under the age of 40 or in the first five years of practice. It is a "special interest group" of the Society. Like the Hospital Medical Staff (HMSS), Resident Physician (RPS), and Medical Student Sections (MSS), it meets to discuss issues pertaining to its particular membership, then works to help shape and influence health care policies surrounding those issues.

The issues and pressures felt by young physicians are not entirely unique to our group, but the section provides an open forum of discussion and debate for seeking solutions to those problems. Such open discussion among peers helps to break down the stereotype of "the old-boy network" of organized medicine.

The section's influence reaches from the local to the national levels, representing approximately 13,000 young physicians across the state. We are a strong voice at the State Society's House of Delegates, as well as on numerous committees, commissions, and task forces within the organization.

Who runs the YPS?

You can and do run the YPS!

Each county medical society selects a delegate to attend the annual meeting in October. The delegates, as well as the section's Governing Council, bring issues, in the form of resolutions, to the meeting to be discussed, modified, and, if appropriate, passed on to the House of Delegates.

At the annual section assembly meeting, the Governing Council is elected by the delegation to meet regularly, oversee and report on activities throughout the year, and provide direction for the section's growth. A representative is elected to serve as trustee from the section to the Society's board, the highest level of influence and command in the

organization. The opinion of the YPS trustee is respected and sought after by the other board members.

What has the YPS done for me?

The State Society's YPS has a strong history of helping to educate and influence other physicians about the problems facing today's young physicians.

In 1990, we were successful in establishing a seat on the State Society board so our voices would be better heard at this level. We can now

"The section's influence reaches from the local to the national levels, representing approximately 13,000 young physicians across the state."

work with the organization to help mold the future direction of medical practice within the state. The Society recognizes the value of our input and actively seeks the opinions and expertise of young physicians.

The Society's YPS was also responsible through the AMA-YPS for establishing a seat at the AMA Board of Trustees for young physicians. The AMA's first young physician trustee will be elected in June.

So far, one of our most significant accomplishments was the creation of a two-year graduated dues program, which began in the early '80s, to help new physicians become involved in organized medicine without a significant financial burden at the beginning of their practices. This year, that program was enhanced to a four-year program.

Also this year, we have brought forth the issue of restrictive covenants in private and corporate medical practices for investigation and debate. The section hopes to accomplish state reform and relief

from overburdensome and unfair practices.

The section has also voiced concern about the urgent need to investigate, and perhaps establish, a statewide, physician-owned entity to provide cost-effective medical care and compete with managed care corporations across the state.

At the national level, the State Society's YPS, through the AMA-YPS, was instrumental in forcing the federal government to recognize the disparity of payment to new physicians by Medicare and to reinstate equal reimbursement for services rendered to their patients.

Our actions can and do make a difference in influencing policies for physicians at all levels of medical practice.

What should I do?

Get involved—bring your opinion and perspective to the discussion table! Go to your county medical society meetings; bring along colleagues; raise issues that concern you. Encourage others to join the State Society and AMA, and to support their efforts on your behalf.

If you have a concern regarding any issue relating to the practice of medicine, let your county delegate to the YPS know, and work with them to seek a resolution or solution to the problem. Volunteer to help your county delegate in the section; run for the position yourself and take part in discussions at the state level.

Don't forget to attend the upcoming Leadership Conference in Harrisburg, May 2-3, 1995, and plan to join us at the section meeting in Hershey, October 26—you do *not* need to be a county delegate to attend!

Take an active part in shaping your future.

Dr. Baker, a State College family practitioner, is a delegate to the State Society's House of Delegates and the AMA's Young Physicians Section.

Looking for Dr. New: Hints That Will Help You Hunt

The Health Care Group

Every day, practices are looking for new associates and physicians are looking for places to work. Essentially, it is no problem at all for you to expand your practice. The difficult part of the proposition is to enter into a lasting relationship. To help you understand the process, here are 15 hints to consider:

1. Really *need* a new associate. Assess your patient volume, scheduling, and practice growth over the past two years; consider the number of patients you are treating, your well-patient backlog, and patient waiting time for procedures. A management consultant or your specialty organization can advise you of industry standards. Never recruit just to improve your lifestyle; make this a good *business* decision.

2. Ask you hospital's physician services department if it has received any inquiries about job opportunities in your specialty.

3. Contact residency program directors within a 30-mile radius of your office; in many cases, a young physician stays in the area where he or she was a resident.

4. Directly contact all the residents and fellows concluding their training at institutions within 30 miles, informing them of your opportunity. Send a letter to each resident/fellow, have copies of your letter posted on residency program bulletin boards, or placed in the job opportunity files.

5. Advertise in state and local medical journals and national specialty publications to attract a significant number of in-practice physicians.

6. Network. Talk to your friends and colleagues about physicians who recently left medical positions or are considering new opportunities.

7. Hire a full-service recruitment firm, which can help you identify your needs, fill your position, and develop a business arrangement that will satisfy your newly hired physician, you, and your partners.

8. Schedule your first conversation with the candidate, by telephone, at a time that is convenient for both of you. If either or both of you are at

work during this conversation, distractions—expect many of them—will hinder the necessary flow of information.

9. Speak to at least four references. Letters of reference are helpful, but you can get a better understanding of the candidate by speaking to the references directly. It allows you to ask follow-up questions if the information you receive from the reference is incomplete or ambiguous.

10. Before you discuss financial arrangements with a candidate, make sure you are comfortable with the candidate; consider not only training and, if appropriate, experience, but also the candidate's clinical/medical philosophy, and his or her personality. One of the worst mistakes you can make is to hire a

"Your 'gut feeling' about somebody is rarely wrong."

physician with a "Type A" personality to join your laid-back, relaxed practice—or vice versa.

11. Make sure the candidate wants to join your practice because of you and your partners, your location, your philosophy—not solely because of the money. Money is important, but it should be more important that the new associate is professionally, personally, and clinically fulfilled in his or her new work environment.

12. When you do talk turkey with a candidate, know the financial arrangements, business arrangements, and contractual issues that may arise. If you seem to be unprepared, you may lose negotiating leverage. You should offer the deal, rather than let the candidate establish the terms.

13. Spouses/significant others are vital to the negotiating process, but agree to keep them out of it until you and the candidate show serious interest in moving forward. Your first face-to-face meeting with the candidate will probably be more of a whirlwind visit. You will want the candidate to see how your practice operates, meet your people, and ask questions. Either party's spouse/significant other may slow the process and interfere with the information-gathering process.

14. When you extend a written offer, make sure it includes a deadline for response; typically 30 days is plenty of time for the candidate to review the contract with an adviser, suggest any revisions, and agree to final terms. If the process is delayed more than six weeks, and the candidate turns down your offer, you will find that some candidates may no longer be available and others may have lost interest in your practice. You may have to start the process over again.

15. Trust your instincts. If you like a candidate, his or her references check out, and your professional, personal, and clinical philosophies are similar, make an offer. Your "gut feeling" about somebody is rarely wrong.

Have fun. Even though this is serious business, and the process tends to be time consuming and emotionally draining, remember that if a particular candidate is wrong for the job, the next candidate may be "Dr. Right." Some candidates will play games, lead you on, waste your time; there is nothing you can do about that. Take the time to do the job right the first time. You will benefit from the effort. So will your practice, your patients, and your new associate.

The contributing author, Wayne G. Grodsky, is a consultant with The Health Care Group, a national medical practice management consultation firm based in Plymouth Meeting.

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Communication as a Medical Skill

William Schwartz, MD

Research and case studies show that a strong physician-patient relationship may be the best malpractice insurance for physicians.

If you are involved in the care and treatment of patients, ask yourself the following question: "What do I want to accomplish when I practice medicine?" Though the answer can take many forms, at least part of it is likely to be that you want to make people as healthy as possible. Then, if you dare, ask the next question: "Am I satisfied with the result?" Be advised that patients are asking themselves similar questions about the care you provide.

Technology has brought us far in the diagnosis and treatment of disease. But because the practice of medicine depends upon human interaction, and because both doctor and patient come to the medical interview with a distinct set of values and expectations, communication is also an essential tool. It is the oldest and most common medical procedure used by physicians. It is also an important factor influencing patients' ratings of physician performance and physicians' satisfaction with their chosen profession.

As with any interaction in life, the better the communication, the better the outcome. The dexterity with which a physician wields the tools of communication can, in fact, mean the difference between a positive outcome and a disastrous one.

Consider, for example, Scene 1 of the role play (below).

In this fictional case study, the relationship between the doctor and the patient's mother started off on the wrong foot and proceeded steadily downhill. Both parties allowed differences in perspectives, aided by the external stress of their respective situations, to prevail. Unfortunately, neither could summon the skill to avoid a communication breakdown, to the detriment of the child they were both trying to help.

The role of communication

A body of research on physician-patient communication has emerged in recent decades. In addition to increasing the satisfaction of doctor and patient,¹⁻³ studies show that effective communication improves diagnostic accuracy.^{4,5} The physician will have a more informed understanding of the patient's condition and can make the most appropriate medical decision regarding the patient's health.

Dr. Schwartz is associate chair of pediatrics, Children's Hospital of Philadelphia, and associate dean of ambulatory care education, University of Pennsylvania School of Medicine. He serves as a member of the volunteer faculty of the Bayer Institute (formerly the Miles Institute for Health Care Communication), based in West Haven, Connecticut.

Role Play—Scene 1

It is early Sunday morning. The resident on ER duty is coming to the end of a 24-hour shift. The staff is two people short; the waiting area is filled. The next patient is a 14-month old boy whose only apparent symptom is a temperature of 104 degrees. His mother begins by complaining about how long they have waited to be seen. The resident, pressed for time, ignores the complaint and opens the following dialogue:

Resident: Have you given him anything to get the fever down?

Mother: I tried alcohol baths and cold compresses, but they just made him scream.

Resident: Alcohol baths can be dangerous. Did you give him an analgesic—Tylenol or anything?

Mother: No, I didn't...

Resident: Okay, first we'll give him medication to get that temp below 101; then we'll run some tests.

Mother: Some people don't agree with that approach. I read in a magazine that fevers can be good. They're one of the body's ways of fighting infection, and...

Resident: I doubt that the writer has a medical degree—if so, he would understand the importance of reducing such a high fever.

Mother: No, I don't think she has a medical degree—but then I don't think doctors are the only ones in the world who know about health.

Resident: Look, there really isn't time now for debate. I'm going to have the nurse give him an analgesic, and then...

Mother: (with an icy glare) No, you are not. I want to find out what's causing the trouble, not just mask the symptoms.

Resident: (returning the glare) If you don't want us to treat this child, then why did you come here?

Mother: Doctor, that is a very good question. (The mother picks up her child, walks to the desk, and asks to see the hospital administrator.)

Resident: *I can certainly understand your hesitancy to seek chemical solutions. I think you'll be interested to know that studies have shown alcohol can be absorbed through the skin.*

Mother: *What studies are those?*

Resident: *They can be found in medical journals. A good library could help you find them. And I agree that all fevers do not need treating. However, wouldn't you agree that your son is suffering a lot of discomfort?*

Mother: *Yes, he is.*

Resident: *And 104 degrees is approaching a dangerous level, especially in view of his age. Giving him a minimal dose of Tylenol will help to make him comfortable while we get to the bottom of what's causing the trouble. Shall we try it?*

Mother: *Sounds reasonable.*

Resident: *Good. Is there anything else you'd like to discuss with me?*

Several methods can help make a treatment plan clear and acceptable to the patient:

- 1) Explain the most important points first.
- 2) Write out instructions.
- 3) Ask the patient to restate the treatment plan.
- 4) Establish priorities, if the plan involves several goals.
- 5) Inform the patient of possible side effects and how to handle them.
- 6) Involve the patient's family as a support system.
- 7) Summarize the discussion at the end of the visit.

The expression of empathy and respect comprises one of the most important groups of communication skills. Patients judge the empathic skills of a physician through nonverbal communications such as body language, facial expressions, and tone of voice.¹⁵

Good inquiry techniques will enhance the physician's capacity for empathy, since true feeling for another's situation comes from actual knowledge of it. A good way to initiate the inquiry process is to begin with open-ended questions and allow the other person a period of uninterrupted talk. Typically, doctors interrupt patients within 18 seconds after they begin explaining their symptoms. Studies show little, if any, total interview time change when a patient is allowed to speak without interruption, and most patients complete their statements in less than 60 seconds.¹⁶ Instead of interrupting the mother twice, the resident could have quickly determined her viewpoint and possibly avoided antagonizing her.

The resident might ask the mother to explain more about the magazine article she is citing. By listening to her response, he could determine how best to translate his own medical knowledge into a language the mother would understand. Then, invoking the mother's inquisitive mind and dedication to her child's best interest, the resident might achieve the outcome in Scene 2 of the role play (at right).

The physician's ability to get past communication barriers can thus make it possible for the patient to receive much-needed care. By focusing on their mutual goal—diagnosis and treatment of the child's condition—doctor and mother were able to form a relationship that worked.

After the tests are completed and a diagnosis is imminent, the doctor can educate and enlist the patient in a realistic treatment regimen. Patients typically forget 40-60 percent of what they are told¹⁷ and follow treatment regimens only 50 percent of the time.¹⁸ Good instruction techniques help patients understand and accept the diagnosis and treatment plan, improving the likelihood of adherence (see box, at right).

Physicians are not born with the ability to communicate with patients. Whether we think of it as an art, a science, or both, communication is a learned skill. Following practices like the 4E model can help physicians develop this skill and improve the health care experience for both doctor and patient. ○

References available upon request.

Research also indicates that the use of effective instruction techniques increases treatment adherence.^{6,7} Both the lack of a shared language and patient uneasiness can affect the patient's listening and comprehension skills. Also, the signs of illness or the fear of illness can make a patient anxious. The physician can adopt several simple communication measures—such as using layman's terms and asking the patient to repeat the instructions—to determine whether the patient understands and agrees with the treatment regimen.

Several studies have shown that it is often poor communication and subsequent anger that lead patients to file malpractice claims.⁸⁻¹⁰ In fact, poor physician-patient communication is believed to be the major cause of three out of four medical malpractice claims.¹¹ Research into the origin of malpractice actions includes anecdotal evidence that a strong physician-patient relationship may prevent the patient from suing even if a problem develops from a medical error.¹²⁻¹⁴

With so much evidence pointing to the value of good communication skills for physicians, a number of medical schools have incorporated communication programs into their curricula. Such programs are also being embraced by medical societies, managed care organizations, and insurance companies.

One of the more well-established of these programs includes a workshop, offered by the nonprofit Bayer Institute (formerly the Miles Institute for Health Care Communication), which organizes communication techniques into a model known as the 4Es: engage, empathize, educate, and enlist.

Employing the 4E model

Keeping in mind that the four skills overlap and are not necessarily employed in order, let's return to our opening case study and consider some ways the unhappy resident might achieve a better outcome.

First, the child's mother provides an excellent clue to her own emotional state with her first words of complaint. Instead of ignoring the complaint, the resident could consciously take a few seconds to look her in the eye and acknowledge her feelings. For example, he could say: "It's frustrating, I know, to wait so long with such a small child." In fact, what the mother is feeling is not unlike the frustration the resident is experiencing at the end of a long and stressful shift. Once he recognizes this, he can put himself in the mother's place and begin the interview on a more positive note.

Patients' Work May Hold Key to Illness

Maureen Hoepfer

Because almost 70 percent of U.S. employees work in facilities without medical services, physicians should consider a patient's occupational history to assure accurate diagnosis and appropriate therapy for a patient's illness.

A substantial amount of illness, injury, and death is attributable to or affected by occupational and environmental conditions. In Pennsylvania, an estimated 329,000 injuries and illnesses occurred in private industry workplaces during 1993, according to a survey released earlier this year by the state Department of Labor and Industry. Nationally, there were more than three million disabling work injuries reported in 1993 (see Figure 1, on next page). Of these, about 9,100 were fatal.

"Most adults in the United States spend almost 25 percent of their time in the workplace," says Joseph J. Schwerha, MD, MPH, FACOEM, general manager of health services and medical director of U.S. Steel Group in Pittsburgh. "Some people work for large companies which have occupational health departments or divisions to monitor employees' health, but we probably have the majority working in situations where there is no medical supervision over the workplace. In these cases, these workers' overall health is the responsibility of their personal physicians."

A study conducted in 1988 by the National Institute of Medicine found that approximately 70 percent of the nation's 104 million employees work in facilities without medical services.¹ For most workers, their personal physician is the first contact

they have for medical advice. "It is this physician who must be alert to a potential occupational or environmental cause of an illness, and then call on available resources for an accurate diagnosis and appropriate therapy," Dr. Schwerha says.

Lack of training and resources

The institute's study found, with few exceptions, that physicians are inadequately trained in occupational and environmental medicine. "All practicing physicians have a need to better understand the relationship between health and work, and to adequately diagnose, treat, and prevent work-related illnesses and injuries," says J. Frederic Green, MD, FACOEM, president elect of the American College of Occupational and Environmental Medicine (ACOEM). "Unfortunately, most physicians have received little training in this area in medical school."

The lack of teaching time for occupational and environmental health in medical school curriculum has been amply documented.² The Institute of Medicine's study concluded that the teaching of occupational illness to medical residents is also inadequate.³

The primary care physician or specialist confronted by unfamiliar clinical problems of an occupational or environ-

mental nature often lacks a ready source of information and clinical consultation, according to the study.⁴ Standard textbooks of medicine and the more widely read general medical journals provide little organized information about this field. (ACOEM publishes the *Journal of Occupational and Environmental Medicine*.)

This deficiency is further compounded by the lack of board-certified occupation-

"Various and manifold is the harvest of diseases reaped by certain workers from the crafts and trades that they pursue; all the profit that they get is fatal injury to their health."

*Translated excerpt from
De Morbis Diatriba
(Disease of Workers)
by Bernardino Ramazzini,
1713.*

Ms. Hoepfer is a marketing associate for the Society's Educational and Scientific Trust. This article is one of a series, begun in January 1993 and ongoing through 1995, sponsored by the Trust's endeavor to address public health needs, Keystones of Public Health.

al and environmental physicians whom physicians can contact for a consult. Of the more than half a million physicians in the United States, the American Board of Medical Specialties reports that only 2,161 are board certified in occupational medicine. Of these, only 85 reside in Pennsylvania. The Institute of Medicine's study indicated that it is not known to what extent physicians recognize and diagnose occupational and environmental illnesses, but the researchers said it is assumed by many to be less than optimal.⁵

The occupational history

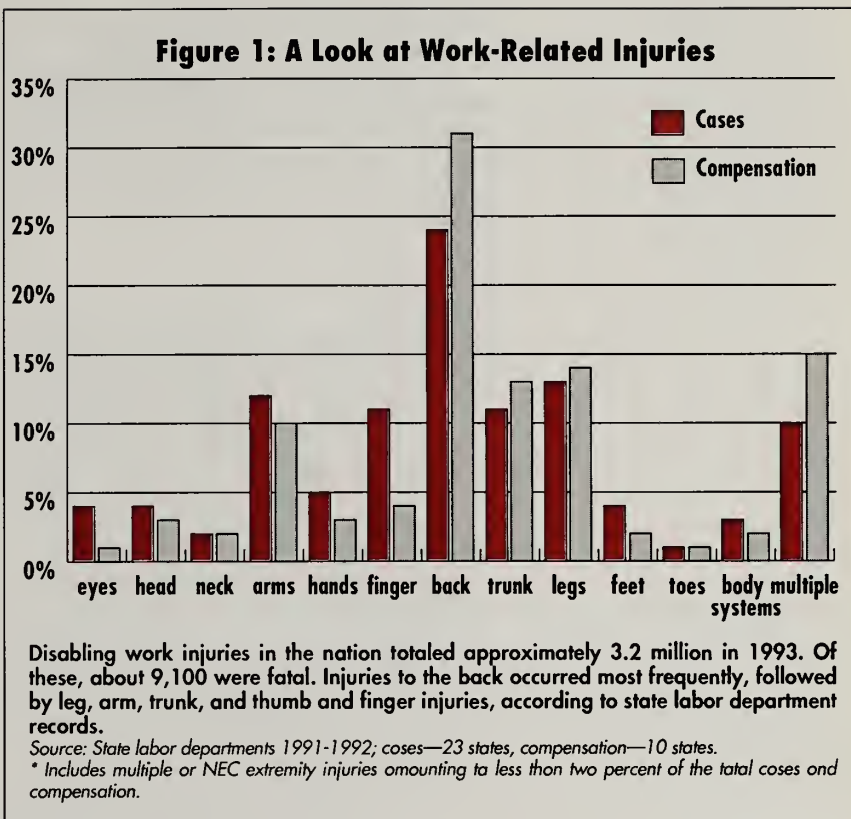
A major problem affecting the diagnosis and treatment of work-related illnesses, according to Dr. Schwerha, is that many physicians fail to take adequate occupational histories of their patients. In one study of an academic family practice center, only 24 percent of the 624 patient charts reviewed mentioned the patient's occupation.⁶ Only two percent of the charts had any information on exposure, duration of present employment, and past occupations. "Detailed histories are the keys to uncovering many occupational and environmental diseases," says Dr. Schwerha.

In even minor clinical problems, Dr. Green says, a physician should ask about the patient's employment status—full-time work, part-time work, modified duties, unemployed, or retired. To determine potential exposures to occupational hazards, he says, physicians should also inquire about past job duties, occupational titles, the type of industry, and dates of work.

In taking a history, a physician should ask about past occupational health problems, protective equipment used, and known health hazard exposures. For patients with a specific diagnosis, a work history should be explored to look for possible causes. For example, a worker with aplastic anemia or acute myelogenous leukemia should be questioned about benzene exposure.

By taking a detailed occupational history, a physician may be able to identify significant exposures or discover occupational risks for some workers. For example, Dr. Green says, auto body painters should be questioned about wheezing or dyspnea. These symptoms suggest occupational asthma from isocyanates in the paints.

The depth and focus of an occupational history will vary according to the situation, Dr. Green explains. Complex cases require a comprehensive survey. "A patient with peripheral neuropathy, for in-



stance, may have been exposed to several chemicals over a decade. The attending physician will need to ask a significant number of questions to try and determine which agent is most likely the cause of the problem," he says.

A complete history also helps the physician understand a patient's individual susceptibility that may modify the response to an occupational hazard. For example, asthma may predispose a worker in a pulp and paper mill to severe bronchospasm from an otherwise mild chlorine exposure. Previous health problems, exposures, allergies, medications, drug or alcohol use, and smoking may alter the effects of a hazard and should be included in the occupational history. The identification of non-occupational exposures in the home or from hobbies is also important, Dr. Green adds.

Physicians may find a patient-administered questionnaire to be a useful tool for eliciting an occupational history, Dr. Green says. The worker may complete a form in detail, consulting records if necessary. Some items that could be included on the questionnaire include: employer's name and address, dates worked, work status (part time, full time, seasonal), type of industry, job duties, known health hazards (dust, solvents, noise), protective equipment used, and previous work-related problems or illnesses. Samples of →

field-tested patient surveys can be found in medical literature.⁷

"It is vital that the occupational history be as accurate as possible," Dr. Schwerha emphasizes. "Some patients are good historians, and some are not. It's possible that a physician may have to consult with a patient's family or employer to get a more detailed picture."

Prevention

Physicians should also look for opportunities to prevent occupational and environmental illness in patients under their care, says Dr. Schwerha. "Prevention should be one of the foremost issues that a physician discusses with his or her patients," he explains. "A physician should encourage a worker to protect himself or herself in the work environment by wearing the necessary protective gear or avoiding exposure to a potentially hazardous chemical."

"A good example of this is a small auto body shop which employs a small number of people. You'll find that in some situations, the workers will be wearing respira-

tors, but more likely, you find workers grinding in dusty areas with no protection whatsoever. The physician has to be the one out there encouraging prevention... telling his or her patient to wear a respirator. If the physician doesn't, chances are nobody will. Once the damage is done, in many of these disease processes, there is no turning around."

To be effective, Dr. Schwerha says, a physician must talk to the patient in layman's terms. "You need to explain the problem in such a way that the patient understands what you are talking about. Make sure the patient knows and understands the safety regulations in place at his or her worksite. And then follow up. Ask the patient about what is happening in the workplace in subsequent visits."

Dr. Green believes physicians can play a vital role in preventing occupational illnesses that goes beyond direct medical supervision of patients and individual patient education. Physicians with some knowledge of occupational medicine are valuable resources to companies to help identify work hazards, to make recom-

Trust Promotes Worksite Wellness Conference

Rising health care costs and health system reform are challenges facing the way employers provide health management benefits to employees. At a time when businesses are investigating how to use health care dollars more wisely, wellness programs offer a partial solution.

The State Society's Educational and Scientific Trust has played an integral role in a statewide effort to encourage employers to implement worksite wellness programs. For the past two years, the Trust has been involved in planning and promoting the **Pennsylvania Worksite Health Promotion Conference**. The 1995 conference will be held May 18 at the Harrisburg Hilton and Towers. More than 200 business representatives are expected to attend.

Janet M. Edmunson, a nationally recognized expert in the field, is the keynote speaker at the conference. Her presentation, "Major Issues in Health Promotion for the '90s and Beyond," will explore the major trends in corporate wellness programs and give practical tips on applying them. Ms. Edmunson currently works for Human Kinetics, a company based in Newton, Massachusetts, where she is development director for the Healthy Achievers Program, a wellness package for worksites.

This year's conference theme, *Worksite Health Promotion: What Works*, includes workshops on a wide variety of work-related health care topics. Thanks to the Trust's efforts, a physician will serve on the conference faculty for the first time. Thomas Weida, MD, a partner in the Rothsville Medical Center, Lititz, will present a program entitled, "Integrating Managed Work Comp Care with Wellness."

Other workshops include:

- employee assistance in the 1990s: a benefit that decreases risk, increases productivity, and builds morale;
- how to start a wellness program on a budget;
- prescription for a drug-free workplace;
- cancer prevention: how to bring cancer screening and prevention programs to the worksite; and
- risk rating—step by step.

Those who register for the conference by **April 20** pay the discounted fee of \$95. The regular registration fee is \$105. For more information, call Shelley Urich, the Trust's director of administration, at (800) 228-7823.

mendations for changes to prevent work-related disease, and to manage programs that could dramatically affect the health of workers.

Prognosis for the '90s and beyond

Both Drs. Schwerha and Green agree that the future looks bright for occupational medicine. Societal and environmental forces will increase the attention paid to this field. According to the National Institute of Medicine, there are five discernible forces pushing in this direction⁸:

- Patient demand for physicians knowledgeable in occupational and environmental services are growing, and consumer power is at an all-time high in the current competitive health care market.

- Regulatory and legal pressures are leading more employers to provide more employee health services.

- Business is cutting back on in-house medical departments.

- The rapidly expanding managed care plans provide new incentives for recognizing disease from occupational and environmental sources.

- Health care financing dictates that hospitals more aggressively market services to the insured, healthy workers rather than to the poor, sick, and elderly. According to a 1993 survey conducted by the American Hospital Association, 46 percent of responding hospitals indicated that they now offer occupational health services.⁹

Dr. Schwerha says physicians have a responsibility to keep up-to-date on the clinical, social, and legal aspects of occupational health. "First and foremost, a physician should be concerned about the welfare of his or her patients," he concludes. "Because most people spend almost a fourth of their daily lives in the workplace, the physician must know what each patient is doing at work and the health risks involved. Without this knowledge, a physician cannot advise or treat the patient adequately when occupational illnesses occur. As a result, the patient suffers." ◊

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4. See note 1.

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6. Demers R, Wall S. Occupational history-taking in a family practice academic setting. *J Med Ed* 58:151-153, 1983.

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9. American Hospital Association. *Hospital Statistics*, AHA Press, 1994, p. 215.

Where to Find Assistance

American College of Occupational and Environmental Medicine (ACOEM):

Offers a wide variety of Category 1 continuing medical education seminars and material, including a basic curriculum in occupational medicine, a core course in environmental medicine, and a comprehensive reference book, *A Practical Approach to Occupational and Environmental Medicine*, written by Robert J. McCunney, MD, MPH.

(Telephone: 708-228-6850)

Clearinghouse for Occupational Safety and Health Information:

Run by National Institute for Occupational Safety and Health (NIOSH). Provides literature searches and NIOSH publications.

(Telephone: 800-422-6237)

U.S. Occupational Safety and Health Administration (OSHA):

Enforces the Occupational Health and Safety Act, and provides copies of regulatory standards that apply to United States industry.

(Telephone: 202-690-7134)

Toxicology Information Response Centre:

Run by Oak Ridge National Laboratory. Provides answers to questions about toxic compounds and processes. Conducts literature searches and compiles bibliographies.

(Telephone: 615-576-1743)

Canadian Centre for Occupational Health and Safety:

Provides information and conducts literature searches on occupational hazards.

(Telephone: 905-572-4432)



Judy Bucko

The Montgomery County Medical Society presented its Benjamin Rush Award to the Pennsylvania Medical Society Alliance's Immediate Past President, **Judy Bucko**. Also, she

was appointed to the AMA Alliance Legislation Committee for 1995.

Bernard A. Eskin, MD, professor of obstetrics and gynecology, Medical College of Pennsylvania and Hahnemann University, Philadelphia, has authored a new book entitled, *"Midlife Can Wait: How to Stay Young and Healthy After 35."*

Kwaku Ohene-Frempong, MD, director, Comprehensive Sickle Cell Center, Children's Hospital of Philadelphia, has received the National Collegiate Athletic Association's Silver Anniversary Award.

Mukesh A. Patel, MD, Media, was elected a fellow of the American College of Physicians.

The medical staff of Aliquippa Hospital has announced the following appointments: **John Notaro, MD**, president; **Stephen Zernich Jr., MD**, vice president; and **James K. Tatum, MD**, secretary/treasurer.

Albert Einstein Medical Center, Philadelphia, has appointed **Sucha O. Asbell, MD**, chairman, Department of Radiation Oncology.

Kevin Carey, MD, vice president of the board of directors and chief of gastroenterology, Guthrie Clinic, Sayre, was elected secretary/treasurer of the American Group Practice Association.

Charles N. Burns Sr., MD, a urologist, has received an honorary doctorate of science degree from Wilkes University, Wilkes-Barre. Dr. Burns was one of the first members of the Wilkes alumni body to be accepted into medical school.

James H. Herndon, MD, David Silver professor and chairman, Department of Orthopedic Surgery, University of Pittsburgh School of

Medicine, was elected treasurer of the board of directors of the Academy of Orthopedic Surgeons.

Lehigh Valley Hospital has appointed **Herbert Hoover Jr., MD**, as chairman of surgery.

Alexander A. Sapega, MD, assistant professor, Department of Orthopedics Surgery, University of Pennsylvania Medical Center, Philadelphia, was appointed director of the University of Pennsylvania Sports Medicine Center.

Steven A. Silber, MD, was appointed medical director, Benjamin Franklin Clinic, Philadelphia.

Neil J. Berger, DO, chairman, Department of Radiology, St. Joseph's Hospital, Philadelphia, was elected president of the medical staff at St. Joseph's Hospital.

University of Pennsylvania Medical Center has appointed **John R. Stanley, MD**, chairman, Department of Dermatology.



Dr. Corn

Benjamin W. Corn, MD, was appointed vice chairman and associate professor, Department of Radiation Oncology, Thomas Jefferson University, Philadelphia.

Chestnut Hill Hospital, Philadelphia, has appointed **Linda Baker, MD**, chairman, Department of Pediatrics.

The American Osteopathic Board of Radiology (AOBR) has appointed **Mark S. Finkelstein, DO**, to the following: chairman of the ad hoc committee to develop the AOBR examination for certification of added qualifications in pediatric radiology, co-chairman of the ad hoc committee to develop basic standards in fields of interest in pediatric radiology, associate examiner for the AOBR certification of added qualifications in pediatric radiology, and associate examiner for the AOBR oral boards for diagnostic radiology.

Andrew C. Friedman, DO, was named a fellow of the American College of Osteopathic Internists.

Ephrata Community Hospital has appointed **Vincent D. Glielmi, DO**, vice president of medical affairs.

David Rosenthal, DO, was appointed surveyor by the Commission for the Accreditation of Rehabilitation Facilities.



Dr. Burns

Rosalie A. Burns, MD, professor and chair of neurology, Medical College of Pennsylvania and Hahnemann University School of Medicine, Philadelphia, was honored by the Epilepsy

Foundation of Southeastern Pennsylvania with the Founders Award for professional excellence in the field of epilepsy.

Iain F. S. Black, MD, has been appointed executive vice president of medical and academic affairs, St. Christopher's Hospital for Children, Philadelphia, and chairman of pediatrics, Medical College of Pennsylvania and Hahnemann University School of Medicine.

Paul N. Lanken, MD, associate professor of medicine and director of the medical intensive care unit, University of Pennsylvania Medical Center, Philadelphia, has been selected as principal investigator of the regional component of a new nationwide study into the treatment and prevention of adult respiratory distress syndrome.

Neal Flomenberg, MD, has been named director of bone marrow transplants and leukemia/lymphoma programs, Jefferson Cancer Center of Thomas Jefferson University, Philadelphia, and professor of medicine in the university's Division of Neoplastic Diseases.

Laurel S. Lipshutz, MD, director, Hall Mercer Community Mental Health/Mental Retardation Center, Pennsylvania Hospital, Philadelphia, received the 1995 Region III Association for Academic Psychiatry Teaching Award for her significant contributions and commitment to teaching, and her impact on medical students, psychiatric residents, and colleagues.

DRUG CENTER LISTS UPCOMING OFFERINGS

The Society's Center for Professional Drug Education and Information anticipates a very busy month for drug education. Profile review is in full swing, and physician response is encouraging.

In addition, we would like to take this opportunity to remind everyone of the excellent continuing medical education program (CME) planned on prescribing for the minority patient. The program, available free of charge, is being held on June 14, 1995, at the Philadelphia County Medical Society, 2100 Spring Garden Street.

Topics to be covered will include:

- Ethnic and Racial Differences in Response to Certain Pharmaceuticals,
- Appropriate Prescribing for Black and Hispanic Patients, and
- Strategies for Meeting the Non-Compliance Challenge: Handling Financial Barriers and Patient Empowerment.

CME credits (6.75) in Category I will be issued for attendance. For additional information, call the Center at (800) 228-7823.

The Center will also be available at the PaACEP annual meeting, POMA's clinical assembly, the Pennsylvania Medical Society Alliance confluence, and the State Society's Leadership Conference with information on drug cost comparison, drug utilization review, and CME programs. Be sure to visit our display, pick up your packet of educational materials, and



get your name on our mailing list for future updates and educational offerings.

See the article which follows on page 34, "Pharmacologic Initiatives in Black Hypertensives," for more information on minority prescribing.

Reminder:

April is Cancer Awareness Month for the Minority Patient.

Q&A: Drug Utilization

The Center for Professional Drug Education and Information receives inquiries from physicians about drug interactions, side effects, and other drug-utilization issues. In an effort to share this information, those questions and answers deemed to be of general interest will appear under this heading each month. The responses will be prepared by our clinical pharmacist, Brenda Trimmer, RPh, FASCP, and will be based on an abstract of the latest scientific literature that has been developed with input and knowledge of experienced clinicians. If you have a question that you think would be of general interest, please contact the Center at (800) 228-7823.

Q: I have a patient who cannot tolerate sulfasalazine in the treatment of rheumatoid arthritis (RA). Is Pentasa® or Dipentum® an alternative to sulfasalazine in the treatment of RA?

A: Pentasa® or Dipentum® do not appear to be suitable alternatives to sulfasalazine. Sulfasalazine is metabolized into mesalamine and sulfapyridine. It is believed that the sulfapyridine metabolite plays an active role in the treatment of rheumatoid arthritis. Pentasa® (mesalamine) and Dipentum® (osalazine), on the other hand, do not contain sulfapyridine metabolites and have not been shown to be effective in the treatment of RA. The manufacturer of Dipentum® has indicated that it has not pursued its product for the treatment of RA since only approximately two percent of Dipentum® is absorbed.

Your Comments Are Welcome

The Society's Center for Professional Drug Education and Information welcomes your questions and comments about issues relating to prescribing, drug interactions, or specific pharmaceuticals. Use this form to fax your questions and/or comments.

QUESTIONS/COMMENTS

Name

Address

City State Zip

Phone Fax

Fax to Barbara Layne at (717) 558-7848.

Or mail to the Center at P.O. Box 8820, Harrisburg, PA 17105-8820

Building Your Cultural Competency

Frederick C. Foard

Important benefits await physicians who recognize the differing needs of culturally diverse patient populations and build their "cultural competency."

I'm not a physician nor a licensed allied health professional. I've never "laid hands" on a patient. I'm a businessman, and my business is communicating—about "minority health" and about "cultural competency" in the delivery of health care in these United States. At best, I'm a rather well-schooled lay person devoted to a somewhat obscure subject. So why should you bother to read this article? If you had to ask, you've got your answer. Perhaps an even better question is, Why do I bother? The answer to that will come later.

Schools of medicine, nursing, and pharmacy have traditionally taught that the etiology, presentation, evaluation and diagnosis, prognosis, and treatment of disease states differ by age, sometimes by sex, and rarely, if at all, by race. Socioeconomic status, education, genetics, and cultural background have not usually been considered of clinical significance. But the facts belie this. Indeed, these factors are often the most relevant characteristics accompanying a disease state.

So why am I about spreading the word on minority health as if it were somehow unique? It's precisely because the manifestation of disease and the treatment outcome, measured in terms of mortality and quality of life, is deadly different. And why am I a cheerleader for cultural competency? Because cultural incompetency is a factor in the negative differential between the health status of African-Americans, Hispanic-Americans, Native Americans, and some Asian-American groups. According to a federal report going back as far as a decade ago, the result is "excessive mortality" for the nation's minority populations (read: a lot more deaths per year than can be logically justified).

The fact is, with the aforementioned lack of training in our professional schools of health, most practitioners are ignorant in varying degrees about minority health and cultural competency. Yet, some are indignant when one suggests

that minority health care is somehow different.

Once, as the editor of a tabloid on minority health, I received an angry letter from a physician-reader wherein he characterized the very idea of a publication on minority health as "racist." He wrote, "As a physician, all of my patients are treated equally irrespective of their race, color, or creed." Yet, to treat *unequals* equally is an act of misguided equalitarianism at best and a disservice at worst.

For example, hypertension has consistently been shown to occur earlier, more severely, and with worse prognosis in African-Americans than in other Americans. Furthermore, we know that certain antihypertensive medications have relatively lower efficacy in African-Americans. Such facts should translate into earlier and perhaps more frequent screening, more aggressive therapy even at "mild" or "Stage I" levels, and more intense follow-up for patients of this minority.

"Equal treatment," on the other hand, contributes to the outcome that blacks have a hypertension-related mortality rate three to five times higher than that of whites, and also contributes to blacks making up two-thirds or more of the patient census in the average dialysis unit. (For more on hypertension in blacks, see pages 34-38.)

Similarly, Hispanic-Americans are second only to Native Americans in the incidence and ravages of diabetes. They are nearly twice as likely to develop non-insulin dependent diabetes mellitus as whites, develop it at a younger age (one study found a 26 percent incidence among Mexican-Americans aged 26-44 versus only 10 percent in whites of the same age group), and have a two-and-a-half times greater chance of developing such complications as retinopathy. Such evidence warrants more diabetes screening, more patient education, and more intense follow-up in this population.

With the influx of Southeastern Asians in the last three decades, the higher prevalence of hepatitis B has become apparent. Though a physician cannot be faulted for not routinely checking for immunizations for hepatitis B in the majority of patients,

Mr. Foard is president and chief executive officer of Advanced Communications Strategies, Inc., Cherry Hill, New Jersey, a marketing/communications company specializing in professional and consumer health care education. He is also editor and publisher of the Association of Black Cardiologists' Digest of Urban Cardiology, and a contributor to the AMA's 1994 publication, Culturally Competent Health Care for Adolescents. Formerly, he was associated with the National Minority Health Association.

failure to take a different tact for Vietnamese, Laotians, or the Hmong is inexcusable.

Cultural competency

Now, let's turn to the cultural competency issue. Last year, the AMA issued a publication entitled, *Culturally Competent Health Care for Adolescents*. The title is somewhat a misnomer since the lessons on cultural competency are applicable regardless of the patient's age. This monograph defined a person with cultural competency as having five abilities:

- being both *aware* and *accepting* of cultural differences;
- having awareness of one's own culture and how it biases one's beliefs, values, expectations, and practices;
- *understanding* and *appreciating* the differences between one's own culture and that of others;
- having *basic knowledge* about a patient's culture sufficient to recognize when to seek additional knowledge and/or expertise in order to provide effective care; and
- having *adaptive* skills to modify history-taking, treatment modalities, follow-up procedures, and other care activities in ways that best respond to a patient's cultural differences.

In other words, cultural competency is not just a physician's ability to understand or speak another language (including ghetto slang), but encompasses addressing patients' needs within the framework of that patient's health beliefs, religious biases, cultural philosophy, and social customs. Even a practitioner who is of the same racial or ethnic background as a given patient may not share that patient's culture due to generational, regional, or class differences.

Over the next decade, the U.S. population is predicted to change to a point where one out of every three Americans will be of a racial or ethnic minority. Those of you affiliated with managed care systems will be seeing more minority patients as a result of ongoing efforts by the commonwealth to shift Medicaid recipients into managed care arrangements. Clinicians must recognize the diversity in their patient populations, and adapt their behaviors and clinical approaches accordingly.

By improving your "bedside manner"—that is, improving your interpersonal relationship with culturally diverse patient populations—and by building your cultural competency, you can improve diagnostic accuracy, therapeutic compliance, treatment outcomes, and your practice size. And, as an added benefit, you may reduce malpractice risks. ☐

AMA Leader Calls for Cultural Competence in Health Care

AMA President Elect Lonnie R. Bristow, MD, sees a "grim future" for American health care, unless "an increasingly fractionated American public can be sensitized to the need for tolerance, understanding, appreciation, and inclusion of this country's varied and growing minority population."

Dr. Bristow is the first African-American to rise to top leadership of the 148-year-old AMA. His warnings came in remarks at a January conference on health care and cultural diversity sponsored in part by the Hennepin County (Minnesota) Medical Society.

As evidence of some grievous national inequities, Dr. Bristow cited a recent report from the Health Care Financing Administration about "serious disparities" in access to Medicare for African-Americans, poor people, and people living in rural areas. Meanwhile, only four of 100 primary care physicians are African-Americans, four are Hispanic-Americans, 12 are Asian-Americans, and less than one percent are Native Americans.

The good news? "Forty percent of today's medical students are women. Thirty-one percent belong to racial or ethnic minorities," Dr. Bristow says. "But until these young doctors are well established in their practices, we must deal with cultural minorities who view traditional American medicine with varying degrees of skepticism." The danger, he adds, is that these minorities will put off seeking care [and] will settle for inappropriate and ineffective alternatives."

The AMA, through its Advisory Committee on Minority Physicians, has supported the recruitment and retention of minority medical students and examined the special health needs of minority patients.

The future of American health care can be good "because of diversity, not in spite of it," he concludes. With cultural competency and sensitivity among caregivers, "I see a future that goes back to the basics of medicine. A future where we practice medicine one patient at a time [and] see only the human being."

—AMA Electronic Network

"Clinicians must recognize the diversity in their patient populations, and adapt their behaviors and clinical approaches accordingly."

Pharmacologic Initiatives in Black Hypertensives

Elijah Saunders, MD

Despite improvements over the past two decades, management of hypertension in blacks remains a special challenge.

Hypertension is more prevalent in blacks (38 percent) than in non-blacks (29 percent), has an earlier onset, and tends to be more severe and to have more serious consequences.¹⁻⁵ According to data from the Hypertension Detection and Follow-Up Program (HDFP),²⁻⁵ the prevalence of severe hypertension (diastolic blood pressure >115 mm Hg) is five to seven times higher and cardiovascular mortality three to five times higher in blacks than in whites. Higher rates of target-organ damage, including left ventricular hypertrophy (LVH)⁶ and end-stage renal disease,^{7,8} have also been reported in hypertensive blacks.

Why the virulence of hypertension in blacks compared with whites? Various factors may play a role, including the intrinsic pathophysiologic characteristics of hypertension in this group, responsiveness to treatment, and socioeconomic barriers that impede access to proper health care.

Public health efforts to encourage blood pressure screening and referral for treatment have faltered in recent years even though the problem of hypertension in blacks is far from "solved." Hypertension remains a significant cause of cardiovascular morbidity/mortality and therefore demands a renewed commitment to early detection and aggressive intervention.

Such a therapeutic initiative must be aimed at doing more than reducing sphygmomanometer readings. Rather, intervention must ameliorate the "hypertension syndrome"⁹—the complex of hemodynamic, metabolic, and cardiovascular abnormalities that characterize hypertensive disease in so many patients, particularly black patients. To achieve this goal, clinicians managing black hypertensives may need to reconsider how to use antihypertensive agents in these patients.

Certain recommendations recently published in the *Fifth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (JNC V)*¹⁰ represent aggressive therapeutic initiatives that may be particularly beneficial in the management of hypertension in blacks. However, others appear to be incompatible with the stated goal of reducing the cardiovascular morbidity/mortality associated with hypertension. This review will examine and comment on JNC V recommendations as they specifically apply to antihypertensive therapy in black patients. First, a brief assessment of the key characteristics of hypertension in blacks provides a useful context for this commentary.

Pathophysiology and environment

Specific hormonal, hemodynamic, and biochemical factors (see Table 1, next page) that may have some genetic basis are frequently associated with hypertension in blacks.¹¹ As a group, blacks tend to have hypertension characterized by diminished activity of neurohormonal systems such as the sympathetic nervous system (SNS) and renin-angiotensin system (RAS), low cardiac output, expanded plasma volume, and increased peripheral resistance. In the past, these factors were considered the foundation for selecting one antihypertensive agent over another for black hyperten-

sives because they were believed to predict responsiveness to a specific agent.

Almost to the exclusion of other agents, diuretics and calcium antagonists have traditionally been used in black hypertensives because they effectively reduce blood pressure via mechanisms that match the pathophysiology of low-renin, salt-sensitive, volume-overloaded hypertension. In contrast, use of the other major classes of antihypertensive drugs—including angiotensin-converting enzyme (ACE) inhibitors and beta blockers—has been limited due to published reports of lower response rates in blacks and subsequent

Dr. Saunders is head of the Hypertension Division and associate professor of medicine, University of Maryland School of Medicine. Both a founder of the Association of Black Cardiologists and a co-founder of the International Society of Hypertension in Blacks, Dr. Saunders has conducted extensive clinical research and published two textbooks on hypertension in blacks.

assumptions that these drugs' mechanisms were not specific to the pathophysiology of hypertension in blacks.

However, many black hypertensives experience good blood pressure control and other cardiovascular benefits with ACE inhibitors or beta blockers, for example, demonstrating the danger in generalizing results from population studies to individual patients. Their response also indicates that the underlying mechanisms of hypertension in blacks and the actions of antihypertensive drugs are not yet fully understood.

Findings that localized RAS activity in tissue plays a pivotal role in hypertension development and progression, independent of circulating RAS activity,¹² suggest that low circulating renin levels may not be an accurate predictor of response to ACE inhibitors. Preliminary evidence also supports the involvement of certain genetic abnormalities in the RAS—e.g., an ACE deletion polymorphism¹³—in hypertension in blacks, which would also diminish the significance of plasma renin among black hypertensives.

Socioeconomic factors contribute to the persistence of hypertension as a major health problem in the black community despite the availability of effective antihypertensive agents. Potentially detrimental eating habits—a socially programmed

taste for excessive sodium and fat, for example, and low intake of potassium-rich foods—may aggravate pathophysiologic factors. High levels of psychosocial stress related to poverty, crime, density of housing, residential mobility, and marital instability have been correlated with elevated blood pressure among black men.¹⁴ And limited access to primary care physicians compounds the problem, resulting not only in lost opportunities for detection and treatment but in lower compliance rates as well.¹⁵

Evidence suggests that hypertensive blacks can achieve similar reductions in blood pressure and cardiovascular disease morbidity and mortality as hypertensive whites when given equal access to appropriate treatment.¹⁶ Therefore, while clinicians need to be familiar with the pathophysiologic and socioeconomic differences of hypertension in black populations compared to white populations, successful management is clearly dependent on instituting and maintaining effective blood pressure control in individual patients.

Disease/complications

Because blacks seem to develop more severe hypertension earlier and remain undiagnosed, untreated, or poorly controlled longer, it stands to reason that they are more likely to suffer the catastrophic con-

“Evidence suggests that hypertensive blacks can achieve similar reductions in blood pressure and cardiovascular disease morbidity and mortality as hypertensive whites when given equal access to appropriate treatment.”

Table 1: Pathophysiologic Characteristics of Hypertension in Blacks

Low cardiac output
Expanded plasma volume
Increased peripheral vascular resistance
Decreased renal blood flow
Increased salt sensitivity
Decreased plasma renin levels
Decreased sympathetic nervous function
Decreased natriuretic vasodilatory kinins and prostaglandins
Increased sodium-potassium ratio
Abnormal sodium-potassium cotransport and sodium-lithium countertransport
Abnormal cellular handling of calcium or magnesium

Publication of this article was arranged by the Center for Professional Drug Education and Information, of the Pennsylvania Medical Society, as part of its educational outreach on the topic of prescribing for minorities. For more information on continuing medical education programs planned on this topic by the Center, see page 31.

The Center is a first-of-its-kind venture in the U.S. created in 1993 when the State Society joined with the Pennsylvania Department of Public Welfare to meet drug utilization review requirements imposed by the Omnibus Budget Reconciliation Act (OBRA) of 1990. Today, the Center offers a variety of educational materials for physicians, including drug cost information charts and pocket cards, information on medications, drug identification for patients, patient-specific dosing guidelines, analysis of drug interactions, and other materials in development.

This article is excerpted with permission from the Association of Black Cardiologists' *Digest of Urban Cardiology* 1(4):17-25, 1994.

Table 2: JNC V Blood Pressure Classification⁹ (>18 years)

	SBP (mm Hg)	DBP (mm Hg)
Normal	<130	<85
High normal	130-139	85-89
Hypertension		
Stage 1	140-159	90-99
Stage 2	160-179	100-109
Stage 3	180-209	110-119
Stage 4	>210	>120

sequences of long-standing hypertension. Black hypertensives have been shown to be at greater risk for target-organ damage, with higher rates of stroke,¹⁷ LVH,^{6,18,19} and renal disease.^{20,21}

Interestingly, cardiovascular and renal disease, marked by conditions such as LVH, microalbuminuria, and elevated serum creatinine which frequently accompany chronic hypertension, may also develop independent of blood pressure in many blacks. In formulating effective therapeutic strategies, therefore, clinicians need to recognize the effects of agents on blood pressure as well as these other markers of disease.

In the general population, LVH is a well-known predictor of cardiovascular disease mortality and morbidity as well as all-cause mortality.²² Increases in left ventricular mass may occur in some black patients even before the development of significant clinical hypertension.^{23,24} According to data from the HDFP study,²⁴ black participants demonstrated early evidence of LVH, as indicated by tall R-waves on electrocardiogram, regardless of blood pressure or treatment status. Moreover, LVH-related reductions in survival in blacks also appear to be independent of the degree of coronary artery disease present.²⁵

Hypertension and diabetes are the most frequent causes of end-stage renal disease (ESRD),²⁶ an extremely costly outcome in clinical and economic terms. Because blacks have a greater prevalence of both hypertension and non-insulin-dependent diabetes, they are particularly

vulnerable to nephropathy. Microalbuminuria, identified as a relatively early indicator of cardiovascular and renal complications, is present in as many as five percent of all patients with Stages 1 and 2 hypertension and increases in prevalence with more severe hypertension.²⁷ Increased serum creatinine is a sign of progressive renal damage that also appears to be intimately related to blood pressure.

However, there is also evidence suggesting that blood pressure reduction alone may not adequately reverse hypertensive or diabetic nephropathy, particularly in black patients.

Among 11,000-plus hypertensives participating in the HDFP study, mean creatinine values taken at trial entry were higher in black men and women than in white men and women for every stratum of hypertension severity.²⁰ Follow-up analyses indicated that serum creatinine concentrations were associated with prognosis, with a five-fold increase in mortality risk between the lowest

and highest creatinine levels.²⁸ At the eight-year follow-up exam, blacks represented three-quarters of those who had a baseline serum creatinine level greater than 1.5 mg/dL and therefore the majority of subjects with excess mortality.

In a smaller study,²¹ the risk of ESRD was shown to be about four times greater in black hypertensives than in white, and hypertensive renal disease was about 18 times greater. This difference in risk may not be corrected even with effective blood pressure control. In their evaluation of

nearly 100 patients with normal baseline serum creatinine levels who received long-term antihypertensive treatment, Rostand et al.²⁹ found that 16 percent of all patients had increased creatinine despite adequate blood pressure reductions. Well-controlled hypertensive blacks were twice as likely as hypertensive whites to have an increase in creatinine.

JNC recommendations

Because hypertension continues to be a significant health threat, greater effort is being made to define optimal treatments for all types of hypertensive patients. The

“Because blacks have a greater prevalence of both hypertension and non-insulin-dependent diabetes, they are particularly vulnerable to nephropathy.”

Fifth Report of the JNC is one example, providing detailed recommendations on the diagnosis and treatment of hypertension. These recommendations are intended to improve outcomes in the broad range of hypertensive patients, but may have both advantages and disadvantages in subgroups such as blacks.

Blood Pressure Classification: In the latest JNC report, hypertension is classified by Stages 1-4 (see Table 2, above), in language similar to that used in other disease states such as cancer, to indicate the severity and progressive nature of the disease.¹⁰ A category of "high normal" blood pressure was introduced in the classification as a warning of the increased risk of future hypertension and nonfatal/fatal cardiovascular events for individuals with these ranges of blood pressures.

Systolic and Diastolic Blood Pressures: Studies of systolic hypertension have recently demonstrated that reductions of SBP to or toward 140 mm Hg conferred significant clinical benefits in elderly hypertensive populations.^{30,31} In response to these findings, the JNC V classification places new emphasis on systolic blood pressure (SBP) in the diagnosis of hypertension by lowering the threshold for Stage 1 hypertension to SBP >140 mm Hg, regardless of whether diastolic blood pressure (DBP) is elevated. When a patient's SBP and DBP fall into different stages, the higher stage should be selected to classify that patient's hypertension.

Evaluation of Overall Cardiovascular Risk: In managing hypertensive patients, the JNC proposes that clinicians reduce SBP and DBP to below 140/90 mm Hg

"while concurrently controlling other modifiable cardiovascular risk factors."¹⁰ Estimations of absolute risk (see Table 3, below) are to be used in determining the most appropriate therapeutic strategies for individual patients, with the ultimate goal of reducing cardiovascular morbidity/mortality.

The committee identified LVH as a powerful, independent risk factor that is an indication for effective blood pressure control. Because of its value as an early marker of cardiovascular and renal risk, microalbuminuria was also added as a sign of target-organ damage. In fact, to protect against declines in renal function, particularly aggressive treatment is advised in hypertensive patients with concomitant renal disease to achieve blood pressure reductions to 130/85 mm Hg if possible.¹⁰ Such an approach may be especially appropriate for black hypertensives, who demonstrate an excess incidence of LVH and renal disease.

Lifestyle Modifications: According to JNC V, an essential first step in reducing elevated blood pressure and overall cardiovascular risk is to encourage changes in patients' lifestyles, including:

- weight reduction;
- moderation of alcohol intake;
- exercise;
- smoking cessation; and
- dietary restriction of sodium, fat, and cholesterol.

These modifications may be particularly necessary in blacks because they are more likely to be overweight, smokers, and salt sensitive. However, compliance is complicated by socioeconomic factors

"Socio-economic factors contribute to the persistence of hypertension as a major health problem in the black community despite the availability of effective antihypertensive agents."

Table 3: Absolute Cardiovascular Risk Factors¹

• Blood pressure elevation • Target organ damage	
Cardiac	Coronary artery disease; LVH; left ventricular dysfunction or cardiac failure
Cerebrovascular	TIA, stroke
Peripheral vascular	Absence of >1 major pulses in vascular extremities, aneurysm
Renal	Serum creatinine >130 μ mol/L (1.5 mg/dL); proteinuria >1; microalbuminuria
Retinopathy	Hemorrhage or exudates
• Dyslipidemia • Smoking • Diabetes • Physical inactivity • Obesity	

such as targeting of black communities by cigarette advertisers; long-standing, culturally dictated dietary habits; and the expense of nutritionally sound food.

Initiating Pharmacologic Therapy: If SBP and/or DBP remain elevated (i.e., >140/90 mm Hg) despite concerted efforts to adopt lifestyle modifications, those with Stage 1 or Stage 2 hypertension should begin therapy with a single antihypertensive agent. The absence of concomitant diseases and/or target-organ damage—rare among black hypertensives—may allow clinicians to delay initiating drug therapy in some patients with relatively small elevations, but they should attempt to initiate therapy before target-organ damage develops. The presence of such damage or other cardiovascular risk factors calls for prompt administration of antihypertensive drug therapy.

Drug Selection: Agents that are recognized as being appropriate first-line monotherapy in Stage 1 and 2 hypertension are diuretics, beta blockers, angiotensin converting-enzyme (ACE) inhibitors, calcium antagonists, and alpha blockers. In a move that has stirred considerable controversy, however, the JNC named diuretics and beta blockers as “preferred” agents for initial drug therapy, since these are the agents used in controlled clinical trials to demonstrate that reduction of blood pressure can significantly reduce stroke and other cardiovascular endpoints.¹⁰ In adopting this purist approach, however, the committee appears to have overlooked strong

evidence that calcium antagonists and ACE inhibitors produce comparable blood pressure reductions while having favorable—or at least not unfavorable—effects on other aspects of the hypertension syndrome, which will likely result in equal or greater benefits in terms of cardiovascular morbidity/mortality in many hypertensive patients.

Follow-Up Care: If antihypertensive therapy is initiated and the patient fails to respond after an adequate trial of one to three months, the JNC cites three options aimed at controlling blood pressure:

- 1) increasing the dosage of the initial drug toward maximum tolerated levels;
- 2) replacing the initial drug with a drug from another class; or
- 3) adding a second drug to initial drug therapy (followed by withdrawal of first drug if combination is effective).

Patients with more severe hypertension (i.e., >110/180 mm Hg) often require changes in therapy at shorter intervals. Although these changes in therapy are often effective, they may be problematic for some patients. For example, increasing drug doses and adding a second drug can increase the risk of side effects, increase the cost of therapy, and reduce compliance.

Compliance: JNC V also acknowledges the critical role that compliance plays in controlling blood pressure and improving hypertension-related outcomes.¹⁰ To promote adherence to therapy, the new report stipulates that reduction of blood pressure should be accomplished “by the least intrusive means possible” and includes comprehensive outlines of compliance-enhancing strategies.

Special Populations/Conditions: In making therapeutic decisions, clinicians need to be aware of not only blood pressure severity, but also other characteristics that might affect the patient’s cardiovascular risk, including concomitant diseases and target-organ damage. The age, sex, and race of the patients are also considered to be significant as they may influence the course and consequences of the disease. It is recommended, therefore, that treatment be individualized as much as possible based on the patient’s specific profile. C

References available upon request.

Project 3000 by 2000

The Association of American Medical Colleges (AAMC) in 1991 launched *Project 3000 by 2000: Health Professions Partnership Initiative*—a program to increase the number of underrepresented minority students entering U.S. medical schools each year. The goal is 3,000 students by the year 2000.

The problem of minority underrepresentation in medicine is by no means an isolated problem, according to program literature. Instead, it is the result of pervasive and systemic educational disadvantage in minority communities around the country. For African-Americans, who represent about 12.1 percent of the U.S. population, the percentage of black physicians remains stable at four percent; for Hispanics, who represent about nine percent of the U.S. population, that number has remained at less than five percent.

The initiative, cosponsored by the Robert Wood Johnson Foundation, seeks to enhance the academic preparation of minority students and nurture their interest in health careers, thereby increasing minority participation in all health professions. The effort will require partnerships between medical and other health professions schools, and local school systems and colleges.

Matching grants of up to \$350,000 over a five-year period are available to up to 10 academic health centers to develop and implement such partnerships. An additional round of grants will be announced in 1996.

For more information about the program, and for application materials, contact Timothy Ready, PhD, deputy director of the project, at: AAMC, 2450 N Street NW, Washington, DC 20037; phone: (202) 828-0584; fax: (202) 828-1125.

Final deadline for letters of intent to apply is rapidly approaching; call for further information. Deadline for receipt of applications is June 1, 1995.

Detailed information on therapeutic implications for black hypertensives is available from the Pennsylvania Medical Society’s Center for Professional Drug Education and Information, (800) 228-7823 or (717) 558-7750.

New Therapeutic Agents Marketed in 1994

This is the first in a series of articles overviewing new drugs approved and marketed in the U.S. in 1994.

Daniel A. Hussar, PhD

In 1994, the Food and Drug Administration (FDA) approved 22 new molecular entities (NMEs), 18 of which are for therapeutic use and four of which are diagnostic agents. Nine of the NMEs for therapeutic use, as well as a new biological agent intended for therapeutic use, were both approved and marketed in the United States in 1994. In addition, 10 other NMEs and a biological agent for therapeutic use that the FDA approved before 1994 (most in late 1993) were marketed during the year. Thus, a total of 21 therapeutic agents reached the U.S. market for the first time in 1994, representing a continuation of the decline from the record number of 31 new therapeutic agents which were marketed in 1991.

This review of the therapeutic agents first marketed in 1994 considers their most important properties. When additional information is needed, more comprehensive references and the product literature should be consulted.

ANTIVIRAL AGENTS

Famciclovir (Famvir-SmithKline Beecham) is a prodrug of the antiviral agent penciclovir, a guanosine analog with a chemical structure similar to that of acyclovir (Zovirax). Following oral administration, famciclovir is well absorbed and is rapidly converted to penciclovir in the intestinal wall and liver. It exhibits inhibitory activity against varicella zoster virus (VZV) and is indicated for the management of acute herpes zoster (shingles), joining acyclovir as the only drugs approved for the treatment of this disorder. Herpes zoster is caused by VZV, the same virus that causes chickenpox. Following chickenpox, VZV exists in a dormant stage in the body but in many individuals is reactivated later in life to cause herpes zoster.

In clinical studies famciclovir significantly reduced the duration of viral shedding, accelerated the healing of lesions, and shortened the duration of postherpetic neuralgia. In a study in which famciclovir (administered three times a day) was compared with acyclovir (administered five times a day), the two drugs had comparable times in achieving lesion healing and times to loss of acute pain. The longer duration of action and less frequent dosing with famciclovir should facilitate patient compliance and represents an advantage for the new agent.

Like acyclovir, famciclovir is well tolerated, and the incidence and severity of adverse reactions with famciclovir was comparable to that for individuals in the placebo groups. The adverse reactions most often associated with the use of famciclovir were headache (23 percent versus 18 percent in the placebo groups), nausea (13 percent versus 12 percent), diarrhea (eight percent versus five percent), and fatigue (four percent versus three percent).

The recommended dosage of famciclovir is 500 mg every eight hours for seven days. Treatment should be initiated promptly as soon as herpes zoster is diagnosed. Famciclovir tablets are supplied in a 500-mg potency.

Stavudine (Zerit-Bristol-Myers Squibb), formerly called d4T, is the fourth drug to be approved for the treatment of human im-

muno deficiency virus (HIV) infection, joining zidovudine (Retrovir), didanosine (Videx), and zalcitabine (Hivid). The new drug is phosphorylated by cellular kinases to stavudine triphosphate which exerts antiviral activity by inhibiting HIV reverse transcriptase and inhibiting viral DNA synthesis.

Stavudine is indicated for the treatment of adults with advanced HIV infection who are intolerant of approved therapies with proven clinical benefit or who have experienced significant clinical or immunologic deterioration while receiving these therapies or for whom such therapies are contraindicated. Because zidovudine has been demonstrated to prolong survival in patients with advanced HIV disease, it should continue to be viewed as the preferred agent for initiating treatment of HIV infection.

The major clinical toxicity of stavudine is peripheral neuropathy, experienced by 15 to 21 percent of the patients in the controlled trials. This reaction has also been commonly reported with the use of didanosine and zalcitabine, and is usually characterized by numbness, tingling, or pain in the feet or hands. Individuals with a history of peripheral neuropathy, or who are taking other medications known to cause or exacerbate this reaction, are at increased risk of such a response. Patients should be advised to report such symptoms promptly. The neuropathy may resolve if treatment is withdrawn, although, in some cases, symptoms may worsen temporarily following discontinuation of therapy. If symptoms resolve completely, resumption of treatment may be considered at a reduced dose.

Pancreatitis was reported in one percent of the patients in the controlled clinical trials and was associated with 14 deaths, five of which were attributed to drug toxicity.

Like didanosine, stavudine is administered every 12 hours, whereas zidovudine and zalcitabine are usually administered three times a day. The recommended starting dosage is 40 mg twice a day for patients weighing 60 kg or more, and 30 mg twice a day for patients weighing less than 60 kg. Stavudine capsules are supplied in 15-, 20-, 30-, and 40-mg potencies.

AGENT FOR *PNEUMOCYSTIS CARINII* PNEUMONIA

Pneumocystis carinii pneumonia (PCP) is the most common opportunistic infection associated with the acquired immunodeficiency syndrome (AIDS) occurring in upwards of 80 percent of AIDS patients. The anti-infective agents that have labeled indications for the treatment of infections caused by this protozoal organism include trimethoprim/sulfamethoxazole (TMP/SMX, Bactrim, Septra) which is usually considered the treatment of choice, pentamidine (Pentam 300), and atovaquone (Mepron).

Despite parenteral therapy with TMP/SMX or pentamidine, complications of PCP are the cause of death of many AIDS patients. Also of concern are the drug-induced adverse reactions which occur in more than 50 percent of patients with PCP and which are serious enough in many patients to require a change in therapy.

Trimetrexate glucuronate (NeuTrexin-US Bioscience) is a structural analog of folic acid that exhibits a folic acid antagonist (antifolate) action. Trimetrexate shares certain properties with methotrexate and was originally developed as an anticancer agent. However, unlike methotrexate, which is hydrophilic, trimetrexate is highly lipophilic and can enter both human cells and certain microbial cells (e.g., *Pneumocystis carinii*) through passive diffusion. Trimetrexate is a potent competitive inhibitor of dihydrofolate reductase (DHFR), a key enzyme in the folate metabolic pathway. Folate metabolism is necessary for continued cell viability in certain microorganisms such as *Pneumocystis carinii*, and in mammals.

Trimetrexate with concurrent leucovorin administration (leucovorin protection) is indicated as an alternative therapy for the treatment of moderate-to-severe *Pneumocystis carinii* pneumonia in immunocompromised patients, including patients with AIDS, who are intolerant of, or are refractory to, TMP/SMX therapy or for whom TMP/SMX is contraindicated. Trimetrexate may be less effective than TMP/SMX in some patients and is considered an alternative treatment; however, it represents an important addition to the small group of agents that are active against *Pneumocystis carinii*.

Like methotrexate, trimetrexate can cause life-threatening adverse reactions. It is essential that leucovorin be used concurrently with trimetrexate to reduce the risk of bone marrow suppression, oral and gastrointestinal mucosal ulceration, and renal and hepatic dysfunction. Leucovorin is readily transported into mammalian cells by an active carrier-mediated process. However, because the *Pneumocystis carinii* organism lacks this,

transport system, leucovorin is prevented from entering the organism. Therefore, at the concentrations achieved with therapeutic doses of trimetrexate plus leucovorin, the selective transport of trimetrexate, but not leucovorin, into the *Pneumocystis carinii* organism allows the concurrent administration of leucovorin to protect normal host cells from the cytotoxicity of trimetrexate without blocking its inhibition of *Pneumocystis carinii*.

Hematologic toxicity was the principal dose-limiting side effect of trimetrexate/leucovorin treatment. It is recommended that blood tests be performed at least twice a week to assess absolute neutrophil counts and platelets, as well as renal function (serum creatinine) and hepatic function (AST, ALT, alkaline phosphatase). Because zidovudine (AZT, Retrovir) may cause hematologic toxicity, it is recommended that it be discontinued during the period of trimetrexate therapy so that the full therapeutic dose of trimetrexate can be used. Trimetrexate may cause fetal harm if administered during pregnancy. It is classified in Pregnancy Category D, and women of childbearing potential should be advised to avoid becoming pregnant during the period of treatment with the drug.

Trimetrexate is administered once daily by intravenous infusion over 60-90 minutes. Leucovorin must be administered every six hours, either orally or intravenously, during the period of treatment with trimetrexate and for 72 hours past the last dose of trimetrexate. The recommended course of therapy is 21 days of trimetrexate and 24 days of leucovorin.

Trimetrexate glucuronate in an amount equivalent to 25 mg of trimetrexate is supplied as a sterile lyophilized powder in 5 ml, single-dose vials. Trimetrexate must not be reconstituted or mixed with solutions containing either chloride ion or leucovorin because precipitation occurs instantly. The intravenous line must be flushed thoroughly with at least 10 ml of five percent Dextrose Injection before and after administering trimetrexate.

DIURETIC

Torsemide (Demadex-Boehringer Mannheim) is the fourth loop diuretic to be marketed in the United States, joining furosemide (Lasix), bumetanide (Bumex), and ethacrynic acid (Edecrin). The loop diuretics act mainly in the thick, ascending limb of the loop of Henle, where approximately 25 percent of the total sodium and chloride reabsorption occurs.

Torsemide is indicated for the treatment of edema associated with congestive heart failure, renal disease, or hepatic disease. It is administered orally, or by intravenous injection when a rapid onset of diuresis is desired or when oral administration is not feasible. Torsemide is also indicated for the treatment of hypertension and may be used alone or in combination with other antihypertensive agents. The indications for the new agent are the same as those for furosemide, whereas the labeled indications for bumetanide and ethacrynic acid do not include hypertension.

The adverse reactions most frequently reported with the use of torsemide include excessive urination (seven percent—reported as an adverse event when the drug was used in the treatment of hypertension), headache

(seven percent), dizziness (three percent), and rhinitis (three percent); however, of these and the other reactions that occurred in more than one percent of patients, only excessive urination occurred significantly more frequently in patients treated with torsemide than in individuals receiving placebo. Torsemide is a pyridine-sulfonylurea derivative, and its use is contraindicated in patients with a known hypersensitivity to any sulfonylurea derivative. It is also contraindicated in patients who are anuric.

Like other diuretics, torsemide may cause electrolyte imbalance, and periodic monitoring of serum potassium and other electrolytes is advised. Torsemide should be used with particular caution in patients with hepatic disease with cirrhosis and ascites, because sudden alterations of fluid and electrolyte balance may precipitate hepatic coma. In these patients, diuresis is best initiated in a hospital.

Both torsemide and salicylates compete for secretion by renal tubules, and patients receiving high doses of a salicylate may experience salicylate toxicity when the two drugs are administered concurrently. Although the concomitant use of torsemide and lithium has not been studied, other diuretics are known to reduce the renal clearance of lithium and increase the risk of lithium toxicity. The use of torsemide is best avoided in patients treated with lithium but, if both agents are considered necessary, therapy should be monitored very closely.

Because of the high bioavailability of torsemide, the oral and intravenous doses are therapeutically equivalent, so patients may be switched from and to the intravenous formulation with no change in dose. When given intravenously, the injection should be administered slowly over a period of two minutes.

Torsemide tablets are supplied in 5-, 10-, 20-, and 100-mg potencies. Few medications are available in as wide a range of potencies as torsemide tablets, and extra caution is advised in assuring the clarity of prescriptions/orders for this formulation (e.g., there is a potential for confusion between the 10- and 100-mg potencies). The formulation for intravenous injection is supplied in ampuls containing 20 mg (2 ml) and 50 mg (5 ml) of torsemide.

AGENT FOR HYPERCHOLESTEROLEMIA

Fluvastatin sodium (Lescol-Sandoz; Marion Merrell Dow) is the fourth drug in a class of lipid-lowering compounds known as the 3-hydroxy-3-methylglutaryl coenzyme A (HMG-CoA) reductase inhibitors, joining lovastatin (Mevacor), pravastatin (Pravachol), and simvastatin (Zocor). Like pravastatin, it is administered in its active form, whereas lovastatin and simvastatin are inactive prodrugs that are converted to their active forms following administration. The new drug is indicated as an adjunct to diet in the treatment of elevated total cholesterol (total-C) and low-density lipoprotein cholesterol (LDL-C) in patients with primary hypercholesterolemia (Type IIa and IIb) whose response to dietary restriction of saturated fat and cholesterol and other non-pharmacological measures has not been adequate.

The HMG-CoA reductase inhibitors reduce total-C and LDL-C concentrations, moderately reduce triglycerides, and increase high-density lipoprotein cholesterol (HDL-C). The

action of fluvastatin on LDL-C (a 24-percent reduction with the maximum recommended dose) is less pronounced than that observed with the other three agents (usually a 30- to 40-percent reduction of LDL-C). Whether this difference is clinically important is the subject of claims and counterclaims for the competing products.

With the use of any of the HMG-CoA reductase inhibitors, it will be necessary in some patients to add a second drug, such as a bile acid-binding resin, to obtain the desired cholesterol-lowering action. There is a concern that the concurrent use of a HMG-CoA reductase inhibitor and niacin might increase the risk of skeletal muscle reactions (e.g., myopathy). However, myopathy was not observed in a clinical study in 74 patients who were treated with both fluvastatin and niacin.

The precautions identified for fluvastatin parallel those recognized for the other agents in this class. Fluvastatin is contraindicated in patients with active liver disease or unexplained, persistent elevations in serum transaminases, and should be used with caution in patients who have a history of liver disease or heavy alcohol ingestion. It is recommended that liver function tests be performed before the initiation of treatment, at six and 12 weeks after initiation of therapy or elevation in dose, and periodically thereafter (e.g., semiannually). If transaminase values (i.e., ALT or AST) equal or exceed three times the upper limit of normal and persist, it is recommended that treatment be discontinued.

Because cholesterol and other products of cholesterol biosynthesis are essential components of fetal development, there is concern that HMG-CoA reductase inhibitors may cause fetal harm if administered during pregnancy. Fluvastatin is classified in Pregnancy Category X and is contraindicated in pregnant women, as well as in nursing mothers.

The use of the HMG-CoA reductase inhibitors has been associated with the occurrence of adverse reactions involving skeletal muscles, including myalgia, myopathy, and, rarely, rhabdomyolysis. In the clinical studies with fluvastatin, myopathy was reported in one patient and was related to physical exertion. There were no reports of rhabdomyolysis. Patients should be advised to report promptly unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. The experience with other HMG-CoA reductase inhibitors suggests that there is an increased risk of skeletal muscle reactions when certain other therapeutic agents (e.g., cyclosporine [Sandimmune], erythromycin, gemfibrozil [Lopid]) are used concurrently. Data regarding the concurrent use of fluvastatin and these other agents are limited. Because the use of the fibrates (gemfibrozil, clofibrate [Atromid-S]) alone has occasionally been associated with the occurrence of myopathy, the combined use of a HMG-CoA reductase inhibitor with either of these agents should generally be avoided.

The cholesterol-lowering effect of the HMG-CoA reductase inhibitors may be enhanced by the concomitant use of a bile acid-binding resin (cholestyramine [Questran] or colestipol [Colestid]). However, these latter agents (that are not absorbed) are known to form complexes with certain other medications in the gastrointestinal tract that could reduce their absorption and effectiveness.

When fluvastatin is used concurrently with a resin, it is best to administer it at least four hours after the resin.

Like pravastatin and simvastatin, fluvastatin is administered once a day (at bedtime) and without regard to meals; in contrast, lovastatin is administered with the evening meal and, in some patients, in divided doses (with a meal). The recommended starting dose of fluvastatin for most patients is 20 mg once daily at bedtime. Fluvastatin sodium is supplied in capsules in an amount equivalent to 20 and 40 mg of fluvastatin.

ANTIFIBRINOLYTIC AGENT

Patients undergoing cardiac surgery with extracorporeal circulation by a heart-lung machine (cardiopulmonary bypass [CPB]) experience activation of the fibrinolytic system (resulting in the release of the protease plasmin) and the kinin system (resulting in the release of factors such as kallikrein). These changes often lead to excessive bleeding which may be severe enough to require multiple blood transfusions. *Aprotinin* (Trasylol-Miles) is a natural protease inhibitor obtained from bovine lung that exhibits a variety of effects on the coagulation system, including inhibition of plasmin and kallikrein. Its net effect is to inhibit fibrinolysis and decrease bleeding.

Aprotinin is indicated for prophylactic use to reduce perioperative blood loss and the need for blood transfusion in patients undergoing cardiopulmonary bypass in the course of repeat coronary artery bypass graft (CABG) surgery. It is also indicated in selected cases of primary CABG surgery where the risk of bleeding is especially high (impaired hemostasis, e.g., presence of aspirin or other coagulopathy), or where transfusion is unavailable (e.g., patients with rare blood types) or unacceptable (e.g., patients who are Jehovah's Witnesses). In clinical studies the use of aprotinin significantly reduced the number of patients requiring any donor blood and, when donor blood or blood products were required, the patients treated with aprotinin needed significantly less. The new drug represents an important addition to the small group of antifibrinolytic agents that also includes aminocaproic acid (Amicar) and tranexamic acid (Cyklokapron).

The selective indication for aprotinin in high-risk (rather than all) primary CABG patients is based on the concerns regarding the risk of renal dysfunction and the risk of anaphylaxis (should a second procedure be needed). Anaphylactic reactions have been reported in less than 0.5 percent of patients in the post-marketing experience outside the United States. All patients treated with aprotinin should first receive a test dose to assess the potential for allergic reactions. Patients who experience any allergic reaction to the test dose should not receive further administration of the drug. Even after the uneventful administration of the small test dose, or without previous exposure to aprotinin, the full therapeutic dose may cause anaphylaxis.

Aprotinin is administered intravenously through a central line, and other drugs should not be administered using the same line because of the likelihood of incompatibility. The drug is supplied in 100- and 200-ml vials containing one million and two million Kallikrein

Inhibitor Units (KIU), respectively. One million units of aprotinin represents 140 mg of the drug (i.e., 1.4 mg or 10,000 KIU per ml). A 1 ml (10,000 KIU) test dose of aprotinin should be administered intravenously at least 10 minutes before the loading dose.

ANTIDEPRESSANT

Venlafaxine hydrochloride (Effexor-Wyeth-Ayerst) is indicated for the treatment of depression and is chemically unrelated to other available antidepressants. It is extensively metabolized in the liver, and one of its metabolites, O-desmethylvenlafaxine (ODV), is also pharmacologically active. Like the tricyclic antidepressants (e.g., imipramine [Tofranil]), venlafaxine and ODV inhibit the neuronal reuptake of both serotonin and norepinephrine. However, the tricyclics also have an affinity for muscarinic, histaminergic, and adrenergic receptors that is thought to be responsible for the anticholinergic, sedative, and cardiovascular adverse effects, respectively, of these agents. Venlafaxine has little or no affinity for these receptors, and its adverse reaction profile is most similar to that of the selective serotonin reuptake inhibitor (SSRI) antidepressants (fluoxetine [Prozac], paroxetine [Paxil], and sertraline [Zoloft]).

The most commonly observed adverse reactions associated with the use of venlafaxine and not seen at an equivalent incidence among placebo-treated patients include nervous system effects (e.g., somnolence [23 percent], dizziness [19 percent], insomnia [18 percent]), gastrointestinal effects (e.g., nausea [37 percent], constipation [15 percent], anorexia [11 percent]), and, in men, abnormal ejaculation (12 percent) and impotence (six percent). Patients should be advised to avoid alcohol while taking venlafaxine. It is recommended that venlafaxine not be used in combination with a monoamine oxidase inhibitor (MAOI) or within 14 days of discontinuing treatment with a MAOI. There should be at least a seven-day interval after stopping venlafaxine before starting a MAOI.

Venlafaxine therapy has been associated with dose-dependent and sustained increases in blood pressure (seven percent incidence in patients receiving 201-300 mg/day), a reaction not likely to occur with other antidepressants. It is recommended that blood pressure be monitored regularly and, for patients who do experience a sustained increase in blood pressure, the dosage should be reduced or the drug discontinued.

The recommended initial dosage of venlafaxine is 75 mg/day, administered in two or three divided doses, taken with food for the purpose of reducing the occurrence of gastrointestinal side effects. Venlafaxine hydrochloride tablets are supplied containing the equivalent of 25, 37.5, 50, 75, and 100 mg of venlafaxine.

ANTIPSYCHOTIC AGENT

About two million individuals in the United States suffer from schizophrenia, and an estimated 15 to 30 percent are resistant to therapy with agents such as the phenothiazines (e.g., chlorpromazine [Thorazine]), haloperidol (Haldol), and clozapine (Clozaril). *Risperidone* (Risperdal-Janssen; SmithKline

Beecham) is indicated for the management of the manifestations of psychotic disorders and is structurally different from the other antipsychotic agents. It is extensively metabolized in the liver to a major active metabolite, 9-hydroxyrisperidone, that is the predominant circulating form of the drug and is considered to be equi-effective with the parent compound.

Risperidone appears to be at least as effective as haloperidol, and the new agent is less likely to cause extrapyramidal reactions. Although there is a need to conduct additional studies in which risperidone is compared with other antipsychotic agents, the new drug represents an important addition to this class of drugs and, for some patients, may be more effective and/or better tolerated than haloperidol and the phenothiazines. There are insufficient data to compare the effectiveness of risperidone with clozapine, an agent that has been effective in some schizophrenic patients who have not responded adequately to other antipsychotic drugs. Unlike clozapine, risperidone is not associated with a risk of agranulocytosis, and the results of comparative studies are awaited with the hope that the new agent may be effective in patients who would otherwise be candidates for clozapine treatment.

Risperidone may cause orthostatic hypotension associated with dizziness, tachycardia, and, in some patients, syncope (0.2 percent), especially during the initial dosetitation period. Patients should be warned of this possibility, and the initial dose should not exceed 1 mg twice daily to reduce the risk. Caution should also be exercised in patients taking other centrally acting drugs, and patients should be advised to avoid the consumption of alcoholic beverages.

Risperidone should be administered on a twice-daily schedule, generally beginning with 1 mg twice daily with increases in increments of 1 mg twice daily on the second and third days, as tolerated, to a target dose of 3 mg twice daily by the third day. The maximum antipsychotic effect is usually seen in the range of 4 to 6 mg/day. An initial dose of 0.5 mg twice daily is recommended for patients who are elderly or debilitated, have severe renal or hepatic impairment, or who are either predisposed to hypotension or for whom hypotension would pose a risk. Dosage increases in these patients should be in increments of 0.5 mg twice daily. Risperidone tablets are supplied in 1-, 2-, 3-, and 4-mg potencies.

NEUROMUSCULAR BLOCKING AGENT

Rocuronium bromide (Zemuron-Organon) is a nondepolarizing neuromuscular blocking agent that is structurally related to vecuronium (Norcuron) and pancuronium (Pavulon). It is indicated for inpatients and outpatients as an adjunct to general anesthesia to facilitate both rapid sequence and routine tracheal intubation, and to provide skeletal muscle relaxation during surgery or mechanical ventilation.

Rocuronium exhibits a rapid to intermediate onset of action depending on the dose. Among the nondepolarizing neuromuscular blockers, the new agent has the fastest onset of action with excellent to good intubation conditions often attained within 60 seconds of intravenous administration. This onset of

action is similar to or slightly longer than that of succinylcholine (Anectine) and about twice as rapid as that of vecuronium, atracurium (Tracrium), and mivacurium (Mivacron). Thus, rocuronium could be considered as an alternative to succinylcholine in situations in which rapid endotracheal intubation is necessary. However, succinylcholine has a short duration of action (usually less than 10 minutes), whereas rocuronium has an intermediate duration of action (usually at least 30 minutes) that is similar to that of vecuronium and atracurium.

Rocuronium is administered intravenously, and the dosage must be individualized. It is supplied in vials containing 50 mg of the drug in 5 ml and should be stored under refrigeration. Rocuronium solution has an acidic pH and should not be mixed with alkaline solutions (e.g., barbiturate solutions) in the same syringe or administered simultaneously during intravenous infusion through the same needle.

ANTIEPILEPTIC AGENT

Gabapentin (Neurontin-Parke-Davis) is indicated as adjunctive ("add-on") therapy in the treatment of partial seizures with and without secondary generalization in patients over 12 years of age with epilepsy. The agents that have been prescribed most often, either alone

or in combination, for the treatment of partial seizures include carbamazepine (Tegretol), phenytoin (Dilantin), and valproate (Depakene, Depakote), with phenobarbital and primidone (Mysoline) being used as alternatives. An estimated 500,000 patients in the United States experience disorders that are not satisfactorily controlled with antiepileptic medications, and the availability of gabapentin offers the hope of increasing the effectiveness and/or tolerability of antiepileptic drug regimens for many of these individuals. Gabapentin is not presently indicated as monotherapy or in pediatric patients, but it is likely that the indications for the new agent will expand as additional studies are completed.

The most commonly experienced adverse reactions with the use of gabapentin (in combination with other antiepileptic drugs) are central nervous system related and include somnolence (19 percent), dizziness (17 percent), ataxia (13 percent), nystagmus (eight percent), and tremor (seven percent). Patients should be advised of the possibility of these reactions and cautioned not to drive or operate machinery until they have gained sufficient experience with the use of the drug to determine whether it affects their mental and/or motor performance adversely.

Gabapentin does not interact with the other antiepileptic drugs with which it is used in combination, and this represents an impor-

tant advantage over the aforementioned agents that have been implicated in such interactions, and that require closer monitoring of the therapy and dosage adjustments. The bioavailability of gabapentin has been reported to be reduced by about 20 percent by the administration of Maalox, and the antiepileptic drug should be taken at least two hours following the administration of Maalox or a similar antacid.

The usual dosage of gabapentin is 900 to 1800 mg/day given in divided doses three times a day. Titration to an effective dose can be accomplished rapidly, giving 300 mg on the first day, 300 mg twice a day on the second day, and 300 mg three times a day on the third day. When treatment is initiated, the first dose may be administered at bedtime to minimize potential adverse effects (e.g., somnolence, dizziness, fatigue). The maximum time between doses in the three-times-daily schedule should not exceed 12 hours. If gabapentin is to be discontinued, and/or an alternate anticonvulsant is added to the therapy, this should be done gradually over a minimum of one week. Gabapentin capsules are supplied in 100-, 300-, and 400-mg potencies.

Dr. Hussar is Remington professor of pharmacy, Philadelphia College of Pharmacy and Science, Philadelphia.

New Therapeutic Agents Marketed in 1994—Part I*

Generic Name	Trade Name	Manufacturer	Therapeutic Classification	Dosage Form	FDA Classification**
Aprotinin†	Trasylol	Miles	Antifibrinolytic agent	Parenteral	1-P,V
Famciclovir	Famvir	SmithKline Beecham	Antiviral agent	Tablet	1-S
Fluvastatin sodium†	Lescol	Sandoz; Marion Merrell Dow	Agent for hypercholesterolemia	Capsule	1-S
Gabapentin†	Neurontin	Parke-Davis	Antiepileptic agent	Capsule	1-P
Risperidone†	Risperdal	Janssen; SmithKline Beecham	Antipsychotic agent	Tablet	1-P
Rocuronium bromide	Zemuron	Organon	Neuromuscular blocking agent	Parenteral	1-S
Stavudine	Zerit	Bristol-Myers Squibb	Antiviral agent	Capsule	1-P,AA,E,H
Torsemide†	Demadex	Boehringer Mannheim	Diuretic	Tablet, Parenteral	1-S
Trimetrexate glucuronate†	NeuTrexin	U.S. Bioscience	Agent for <i>Pneumocystis carinii</i> pneumonia	Parenteral	1-P,AA,V,E
Venlafaxine hydrochloride†	Effexor	Wyeth-Ayerst	Antidepressant	Tablet	1-S

* Part II will appear next month in *PENNSYLVANIA MEDICINE*.

** Food and Drug Administration classification of new drugs:

1 = new molecular entity

P = priority review, therapeutic gain

S = standard review, substantially equivalent

AA = a treatment for AIDS and/or its complications

E = a drug used to treat life-threatening or severely debilitating illnesses

H = accelerated approval

V = designated orphan drug

† Approved by the FDA before 1994, but not marketed until 1994.

A Vision for Tomorrow

"You have not done enough, you have never done enough, so long as it is still possible that you have something to contribute."

Dag Hammarskjöld

THE EDUCATIONAL
& SCIENTIFIC TRUST
of the Pennsylvania Medical Society

In 1994, The Educational and Scientific Trust reached an important milestone... our 40th anniversary. We celebrate this anniversary because we are proud of the Trust's accomplishments over the last four decades. But, as this world statesman observes in the quote above, an organization cannot rest on its laurels. There is still much work to be done as we follow our vision for a better tomorrow.

Since its beginning in 1954, the Trust has been a unique, visionary institution. Although the Trust's philosophy has not changed over the years, our focus has. This was strongly evident in 1994 as the Trust moved toward becoming a more mission-driven philanthropy. Last year, we fine-tuned our mission statement and set program priorities based on this mission.

Public health was in the forefront of Trust activities during 1994. Building the Keystones of Public Health coalition and the steering committee to guide the program were the focus of our efforts last year. Our goal with Keystones is to pull together the various groups working in public health and to jointly identify and address Pennsylvania's most critical public health care needs.

Last year was a very successful year financially for the Trust. Our aggressive fund-raising efforts raised over \$600,000 for the Trust and the Physicians' Health Programs. Our Trustees became involved and personally solicited Pennsylvania Medical Society board members for gifts. The Society's leaders responded with generous contributions, thus reaffirming their personal support of the Trust. Although we are unable to personally thank every contributor, we extend our heartfelt thanks to all who have supported the Trust. We hope you will continue to share our vision for the future of medicine.

1994 was also an exciting year of expansion and outreach. Not only did our services grow, but we made extensive efforts to establish viable relationships with our donors, other health care organizations, and community groups working in public health. Our outreach included getting more physicians involved in Trust activities. During 1995, we will continue to personally ask leaders in health care to volunteer their time and expertise to help the Trust meet its future challenges.

We are building our vision for tomorrow on the legacy of the past 40 years. In charting our course for the future, the Trust's leadership and staff affirm our commitment to our mission, to Pennsylvania's physicians, and, above all, to the public we serve.

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Abram M. Hostetter, MD
Chairman

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*H*onorary and memorial gifts create a lasting remembrance of special individuals while helping others. Making such a contribution is a rewarding way to recognize a friend or relative's accomplishments and successes.

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Special Thanks

In 1994, the Trust received a generous donation from the estate of the late Dr. Augustus S. Kech to support the Trust's student loan program and the Medical

Benevolence Fund. Dr. Kech served as Pennsylvania Medical Society president and trustee and president of the Blair County Medical Society.

Financial Statements

The Educational and Scientific Trust

Schedule of Revenue, Expense, and Changes in Fund Balance for the year ending December 31, 1994

	Current		Funds Specified for				Endowed Funds	1994	1993
	Unrestricted Funds	Restricted Funds	Student Loan Programs	Physicians' Health Programs	Medical Benevolence	Physician Leadership		Total All Funds	Total All Funds
REVENUE:									
Administrative grants/Dues allocations	74,400	0	132,792	235,000	500	11,000	0	453,692	466,004
Contributions	7,167	47,532	91,612	140,886	128,915	725	205,369	622,206	333,514
Revenue from outstanding loans	318,417	0	0	3,542	0	0	0	321,959	321,538
Investment revenue	924	8,241	12,471	293	62,677	890	16,180	101,676	20,339
Net gains on investments	0	0	0	0	74,542	0	0	74,542	50,330
Projects and programs	61,238	0	0	3,967	0	10,568	0	75,773	136,079
Administrative services	20,478	0	0	0	0	0	0	20,478	37,000
Workshops and seminars	5,389	35,735	0	1,475	0	0	0	42,599	17,655
Miscellaneous	922	0	330	0	5,246	0	0	6,498	1,900
Total Revenue	488,935	91,508	237,205	385,163	271,880	23,183	221,549	1,719,423	1,384,359
EXPENSES:									
Salaries and benefits	493,344	0	76,498	324,952	2,904	16,962	0	914,660	929,633
Travel and meetings	30,090	23,812	629	13,103	231	1,781	0	69,646	75,619
Advertising and publications	24,376	0	1,511	8,460	59	682	0	35,088	30,126
Delinquent and uncollectible loans	0	0	46,167	13,656	0	0	0	59,823	31,505
Net losses on investments	884	7,961	9,204	162	0	833	21,076	40,120	0
Grants and scholarships	0	0	0	0	69,060	0	0	69,060	16,865
Consulting	49,481	3,185	8,832	39,702	14,412	726	3,989	120,327	87,579
General and administrative	86,879	5,904	8,699	44,415	311	5,091	0	151,299	147,353
Projects and programs	2,182	0	0	1,732	0	0	2,000	5,914	39,535
Miscellaneous	1,495	3,200	629	292	442	142	100	6,300	3,358
Total Expenses	688,731	44,062	152,169	446,474	87,419	26,217	27,165	1,472,237	1,361,573
REVENUE OVER/(UNDER) EXPENSES	(199,796)	47,446	85,036	(61,311)	184,461	(3,034)	194,384	247,186	22,786
FUND BALANCE, January 1	(157,106)	246,217	5,850,767	45,554	1,579,740	20,936	230,398	7,816,506	6,257,167
PRIOR PERIOD ADJUSTMENT	0	0	0	0	0	0	0	0	1,595,648
INTERFUND TRANSFERS	9,061	(3,504)	0	0	0	0	(5,557)	0	0
FUND BALANCE, December 31	(347,841)	290,159	5,935,803	(15,757)	1,764,201	17,902	419,225	8,063,692	7,875,601

Notes to Financial Statements

Note 1: The financial statements shown in this report are unaudited. Audited statements are being prepared and will be available upon request in April.

Note 2: Current unrestricted funds are those funds used to maintain normal operations of the Trust (including projects and programs) and do not require prior approval for their use. Current restricted funds are funds held in reserve by the Trust not designated for a specific purpose, but cannot be used without the permission of the Board of Trustees (or others for whom the fund is maintained). Endowment funds are gifts to

the Trust. Revenue generated from the gifts is designated for a specific purpose.

Note 3: Investments are recorded at cost. In 1994, market value is \$1,890,485; in 1993, market value was \$2,392,051.

Note 4—Interfund Transfers: Interfund transfers are transfers of funds within the Trust, having no net effect on the fund balance of the organization. However, these transfers must be noted on the financial statements.

The Educational and Scientific Trust

Balance Sheet at December 31, 1994

	Current		Funds Specified for				Endowed Funds	1994	1993
	Unrestricted Funds	Restricted Funds	Student Loan Programs	Physicians' Health Programs	Medical Benevolence	Physician Leadership		Total All Funds	Total All Funds
ASSETS:									
Cash	(407,390)	264,962	508,285	(95,134)	(8,556)	17,822	419,225	699,214	(26,391)
Investments, at lower of cost and market	0	0	0	0	1,773,566	0	0	1,773,566	2,112,026
Loans receivable	0	12,060	5,303,216	62,330	0	0	0	5,377,606	5,460,072
Accrued student loan interest	0	0	130,801	0	0	0	0	130,801	129,015
Accounts receivable	3,818	16,355	17,223	10,345	0	132	0	47,873	88,839
Office equipment, net accumulated depreciation	63,495	0	89,552	15,050	0	0	0	168,097	91,648
Intangible pension asset	152,780	0	0	0	0	0	0	152,780	178,249
Prepaid pension costs	27,488	0	0	0	0	0	0	27,488	28,594
Prepaid expenses	2,230	3,453	0	2,597	0	0	0	8,280	4,980
Total, Assets	(157,579)	296,830	6,049,077	(4,812)	1,765,010	17,954	419,225	8,385,705	8,067,032
LIABILITIES AND FUND BALANCE:									
Accounts payable	20,743	416	113,274	10,945	809	52	0	146,239	11,978
Accrued taxes	197	0	0	0	0	0	0	197	197
Accrued pension liability	152,780	0	0	0	0	0	0	152,780	178,249
Accrued vacation liability	16,542	0	0	0	0	0	0	16,542	0
Unearned revenue	0	6,255	0	0	0	0	0	6,255	1,007
Total, Liabilities	190,262	6,671	113,274	10,945	809	52	0	322,013	191,431
Total, Fund Balance	(347,841)	290,159	5,935,803	(15,757)	1,764,201	17,902	419,225	8,063,692	7,875,601
TOTAL, LIABILITIES AND FUND BALANCE	(157,579)	296,830	6,049,077	(4,812)	1,765,010	17,954	419,225	8,385,705	8,067,032

We express our appreciation to the following county medical society publications for promoting the Trust's programs in 1994.

Bulletin of the Allegheny County Medical Society
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 The "DR" (Lehigh County Medical Society)
 The Bulletin of the Luzerne County Medical Society
 Medical Bulletin (Montgomery County Medical Society)
 The Bulletin (Northampton County Medical Society)
 Philadelphia Medicine
 The Medical Bulletin (Washington County Medical Society)

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1994 in Retrospect

Based on its success in 1994, the Keystone Peer Review Organization is looking for even better days ahead.

They say you can't tell where you're going unless you know where you are and where you have been. So, I think that every now and then it helps to look back at the previous year to view your successes and failures as an organization in order to have a better grasp on what the future may hold.

The toughest thing about this is that many of us have a tendency to remember the good things and mentally dismiss the bad. Sometimes it's because once the problems have been resolved, they don't seem to be as important as when they were discovered. Besides, the only way we find the time to reflect on the past is when we're not facing any current problems. That may be why I look at 1994 as a very good year. Sure, we had those occasional minor crisis situations, but I really can't remember any serious problems that had lasting effects.

Perhaps the highlight of the year was receiving the news that our joint venture organization, Dyn/KePRO, was a successful bidder for one of the two Clinical Data Abstraction Center contracts. This was quite important for the future of the organization, mainly because it is providing national exposure and it is well known that we were up against some real heavyweight contenders for the contract.

During '94, KePRO continued to be profitable, and we were able to pay two dividends to our parent company, in addition to making a charitable contribution to the Society's Educational and Scientific Trust. Our review contract with Florida Medicaid continued to increase in scope and has grown to be a large percentage of our total business.

Although the amount of Medicare review that we perform has been significantly reduced under our

contract with HCFA, we have been able to fill a little of the void with review of workers' compensation cases. An organizational restructuring was successfully completed in November, and based on advice from the consulting organization we employed earlier in the year, a Business Development Department was established for the purpose of further increasing our product lines and non-government business.

Also in 1994 we started seeing some results from our Health Care Quality Improvement Program cooperative projects—and they are exciting. The cooperation we received from hospital medical staffs and administration, which is a necessary ingredient, was excellent. As more cooperative projects are completed in 1995, I'm sure we will see an even greater potential for improving the delivery of health care in the state.

Probably the most important program which KePRO operates is Community Outreach. When we consider why there is a PRO program, the answer has to be the Medicare beneficiaries. We exist because we are trying to improve the quality of care they receive and also to preserve the integrity of the Medicare Trust Fund for their continued future coverage.

I don't believe another PRO in the nation can say they have a better outreach program than KePRO. During the past year, an even greater number of beneficiaries were reached—through presentations to senior citizen groups, through the mail, and by calls to our "hotline"—than in previous years. Our very active Consumer Advisory Committee provided ongoing advice on how to maintain and increase the effectiveness of the outreach program.

Well, that kind of sums up the KePRO year of 1994. So far, 1995 shows signs of being as good or even better. ○

"I don't believe another PRO in the nation can say they have a better outreach program than KePRO."

Dr. Harrop is president of the Keystone Peer Review Organization.

COUNTY NEWS

THANKS TO BERKS STUDENTS, JOE CAMEL ONLY A MIRAGE

The Berks County Medical Society (BCMS) in January recognized third graders at Reading-area elementary schools for their successful efforts to have Joe Camel removed from a billboard near one of the schools.

The students received a letter from BCMS President John C. Moser, MD, congratulating them on their efforts; each also received an apple, described by Dr. Moser as "nature's toothbrush."

Third graders at Richmond Elementary School noticed the Joe Camel billboard near their school after learning about the dangers of smoking and that such advertisements were believed to have contributed to growing numbers of teenage smokers. They also learned that national advertising associations restrict cigarette advertising on billboards near schools.

The Richmond students contacted the billboard company to complain, and their peers at Andrew Maier Elementary School in Blandon joined in by drawing posters to suggest other topics for the billboard.

Billboard company officials say the placement of the billboard was an "oversight." In a letter to the children, they admitted their mistake, and assured them the billboard would be changed and not used for tobacco or alcohol ads in the future. The Joe Camel ad has since been replaced with a "wholesome" message about milk, courtesy of a local grocer.

State Society President John H. Hobart, MD, also wrote a congratulatory letter to the students on behalf of the Pennsylvania Medical Society, and each child was sent a Youth Against Tobacco "smoking animals" poster and Youth Against Tobacco book bag tags.

DR. ZEMEL IS NEW PRESIDENT IN BUCKS COUNTY

Walter George Zemel, MD, a Grand View Hospital otolaryngologist, has been inducted as president of the Bucks County Medical Society for 1995.

Dr. Zemel earned his undergraduate degree from Rutgers University, New Brunswick, New Jersey, and his medical degree from

Jefferson Medical College of Thomas Jefferson University, Philadelphia. He completed his internship at Philadelphia General Hospital, his surgical residency at York Hospital, and his residency in head and neck

medicine and surgery at Thomas Jefferson University Hospital.

A resident of Ambler, Dr. Zemel is in private practice in Sellersville. He has been a member of the Grand View medical staff since 1977.

Register Today!

PHC4 National Symposium on Outcomes and Quality Assessment: State of the Art and Future Directions

Harrisburg Hilton & Towers, May 31-June 2, 1995

The Pennsylvania Health Care Cost Containment Council (PHC4) has designed a three-day symposium for professionals who use health care data and information. Symposium sessions are designed to provide an educational forum tailored to meet the specific needs of individuals with a particular background of knowledge. PHC4 has assembled a top-notch faculty of health care data experts to address this symposium, which includes three plenary sessions and numerous concurrent workshops. This symposium will feature:

- ◇ an examination of systems which focus on specific clinical areas;
- ◇ examples of outcome measurement tools and quality assessment systems; and
- ◇ initiatives undertaken in Pennsylvania and nationwide to use information as a resource to manage health care costs and enhance quality.

Who should attend?

Business coalitions and employers; consumer organizations; federal, state, and local government agencies; health care consultants; health data organizations; health information management agencies; health insurance companies; health policy analysts; health services researchers; hospital management and administrators; labor organizations; legal professionals; managed care organizations; physicians/physician groups; quality assurance professionals; and software and hardware vendors.

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SPECIALTIES' NEWS

OTOLARYNGOLOGISTS PLAN JUNE SCIENTIFIC CONFERENCE

Physicians are invited to attend the annual scientific meeting of the Pennsylvania Academy of Otolaryngology—Head and Neck Surgery to be held June 15-17, 1995, at Toftrees Resort & Conference Center, State College.

Highlighting the program will be guest of honor Max L. Ronis, MD, professor and chairman of otorhinology, Temple University Health Sciences Center, Philadelphia.

Educational sessions will focus on otology, neurology, and cranial base surgery. Experts in these disciplines will explore what's new and answer clinical questions.

A multidisciplinary panel will discuss the many otolaryngologic aspects of human communications. "How-I-Do-It" sessions by well-known otolaryngologists will also be featured, along with a hands-on workshop on office laser surgery.

Academy President Ernest L. McKenna Jr., MD, Philadelphia, will preside. Phillip K. Pellitteri, DO, Danville, is in charge of the program. Attendees will receive 10 continuing medical education credits.

For further information, call Al Walter at the academy, (610) 775-3298.

Preliminary Call to the 1995 Annual Meeting of the House of Delegates

The House of Delegates of the Pennsylvania Medical Society will convene its annual meeting at the Hershey Lodge and Convention Center, Hershey, on Friday, October 27, 1995. The second session will convene Saturday, October 28, 1995, and the third session Sunday, October 29, 1995. Details regarding the starting times of all three sessions will appear in the Official Call in the August 1995 issue of PENNSYLVANIA MEDICINE.

All proposed amendments to the bylaws must be submitted to the office of the secretary of this Society on or before June 27, 1995. Such amendments may be proposed upon the written petition of 15 active or associate members of the Society, or by the Committee on Bylaws. Resolutions to be considered by the House may be submitted in writing to the secretary by a delegate acting in his or her own behalf or for the component medical society or specialty society he or she represents. If received prior to September 27, 1995, resolutions will be published in the *Official Reports Book*.

CORRECTION

On pages 15 and 54 of the February 1995 issue of PENNSYLVANIA MEDICINE, the newly installed secretary of the Allegheny County Medical Society should have been listed as David S. Zorub, MD.

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Avoiding the Avalanche of "Essential" Reading

David Woods

Trying to keep up with medicine's giant strides becomes, almost daily it seems, an ever more daunting task. While the term "information explosion" has already been relegated to the ranks of cliché, the issue it describes is still very much with us—there are twice as many biomedical journals as there were 15 years ago. And still only the same number of hours in a day. But as a journalist and, for that matter, as an occasional patient, I have to take the optimistic view that physicians will find a way to avoid the avalanche of "essential" reading.

Such optimism may be well-founded: Book publishers show no sign of being about to leap in despair from high places; general and professional magazines are for the most part thriving...and talk about the demise of print and its replacement by electronic media is as premature as were the predictions of radio's death at the hands of television.

In a practically unreadable chapter on "Reading" in his book, *The Rustle of Language*, the brilliant but thoroughly abstruse sociologist and lexicologist Roland Barthes does allow a couple of clear thoughts on the subject to emerge. The first is that the infinity of available reading material creates a jarring juxtaposition with our sense of duty about coming to grips with it; the second is that there's no "natural" or "wild" reading—it must be structured. Pertinence is all, he concludes.

For many of us, time seems to be the most pressing issue in trying to plan a reading program. The average adult spends 52 minutes a day reading, and this figure apparently includes all forms of reading from the morning corn flakes packet to the bedtime novel.

Yet, average adults don't put in a 60-hour work week, nor are they generally in a position in which failure to keep up with advances in their professional knowledge could have such far reaching consequences. As Sir William Osler put it: "It is astonishing with how little reading a doc-

tor can practice medicine, but it is not astonishing how badly he may do it."

Is speed-reading the answer? For some people it may be. I've always thought of it as rather like bolting a good meal in five minutes—probably nutritionally correct, but not very satisfying. In any case, it's not the mindless devouring of words that counts so much as remembering what you've read.

Perhaps a better solution, if reading is going to be more than a chore, a duty, is to presort the mountain of material that threatens to overwhelm your desk, and turn it into a manageable molehill. One way to do this is to make full use of abstracts and contents pages in medical and other publications, and to highlight promising titles and headlines. No periodical can involve all of its readers all of the time, but most try to make it easy to select the information you need. Notice how *Time*, *Newsweek* and even the rather staid *Economist* have all in recent times provided two- or three-page synopses of what's inside.

Of course, you have to know what you need. And this isn't always easy because education, which taught us *how* to read, has not necessarily taught us how to judge what's worth reading and persevering with. Of all the needs a book has, said Anthony Trollope, the chief need is that it be readable. Or, to put it more mundanely, the art of reading is to skip judiciously.

Actually, that's one of the advantages of print over the kaleidoscope of electronic alternatives for acquiring information and knowledge: It's geared to the intellectual agility of the user, it's *truly* portable and, for physicians, it can be "dipped into" between patients—or between hospital floors. It's user friendly. Reading—even "essential" reading—can be a simple and rewarding pleasure.

All it needs to attain that reward is discipline, discernment—knowing what not to read—and allocating realistic amounts of time. That way, you'll stand a good chance of avoiding that avalanche of "must" reading. ◊

Editor's note: This article originally appeared as a guest editorial in the newsletter, "The Physician's Advisory."

Mr. Woods, former editor and publisher of the Canadian Medical Association Journal, is president of Healthcare Media International, Inc., Philadelphia, publishers of Medical Practice Communicator and International Digest of Healthcare Management.

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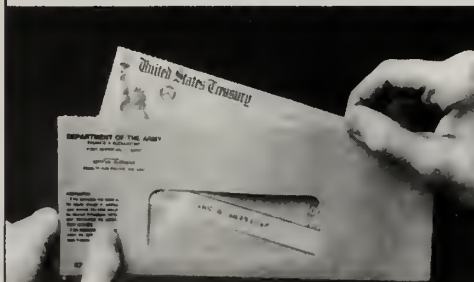
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Stanley E. Rosenbloom, MD, Pittsburgh
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Health Reform: We Still Need It

Joseph T. Marconis, MD

Dr. Marconis is vice president of medical affairs, Pottsville Hospital and Warne Clinic, Pottsville, and past chairman, Pennsylvania State Board of Medicine.

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Please limit submissions to three double-spaced, typed pages, and send to:

Editor

PENNSYLVANIA MEDICINE
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In 1787, Thomas Jefferson wrote, "Without health there is no happiness. And attention to health, then, should take the place of every other object." The great majority of Americans regard health care as a basic human need. However, while many consider our health care system the best in the world, it is not evenly distributed and is considered the costliest in the world.

Health care costs in the U.S. have been increasing at an alarming rate. In 1993, total costs reached \$900 billion, consuming 14 percent of our gross domestic product (GDP). For 1994, costs reached just less than a trillion dollars, consuming 15 percent of our GDP. If not brought under control, run-away costs could reach \$1.5 trillion by the year 2000, consuming 20 percent of the GDP.

These soaring health care statistics, coupled with 15 percent of our population lacking health care insurance, stimulated President Clinton to present to Congress his Health Security Act of 1993. Our 103rd Congress also took upon itself to pursue myriad ways to solve this cost and access dilemma. As we all know, all of these energetic endeavors came to naught.

The private sector has responded to strong pressures from business and industry to better control the ever-rising costs of health care premiums. This mandate from business and industry acted as a catalyst, with an explosive effect on managed care organizations which had been slowly evolving for the past decade.

Of the several varieties of managed care organizations, the best known and most dominant is the health maintenance organization (HMO). There are about 550 of these in existence in the U.S., with about 57 million enrollees at present and growing at the rate of about 10 percent per year. Medical economists predict that by the year 2000, 80 percent of health care will be under the auspices of managed care organizations.

According to recent reports, the HMOs are doing a fantastic job of being cost ef-

fective. Their financial performance has been so remarkable that they are now sitting on huge hordes of cash. The *Wall Street Journal* (December 21, 1994) has said that about nine of the largest publicly traded HMOs each have accumulated at least a billion or more in cash that they have not as yet decided what to do with.

Health industry analysts look upon these hordes of cash as far beyond what HMOs need to meet insurance industry requirements. One of these billion-dollar-rich HMOs had enough cash on hand in 1993 to pay its president a salary of \$10 million, plus a bonus and stock options.

Managed care organizations are serving a useful purpose in streamlining and restructuring our health care system. The HMOs are achieving these savings by obtaining discounted rates from providers such as physicians and hospitals, and also by reducing medical services to enrollees. The nagging and very important question is, Where and when will these cost-cutting measures affect the quality of care to patients?

Thus far, there are no fail-safe quality control measures in place to assure patients that cost cutting has not jeopardized the quality of care they receive or should be receiving. Yes, HMOs are issuing their own "report cards," lauding their quality assurance programs. A private organization called the National Committee of Quality Assurance, for a fee, will measure the quality of medical care an HMO is rendering its enrollees and award an accreditation certificate.

But should there not be a comprehensive national governmental agency to oversee quality of health care, akin to the Food and Drug Administration?

Our health care system has many attributes that make it the most outstanding in the world. It is said: "If it ain't broken, it can still be improved." We all look to our 104th Congress for improvement in safeguarding our health care. ☐

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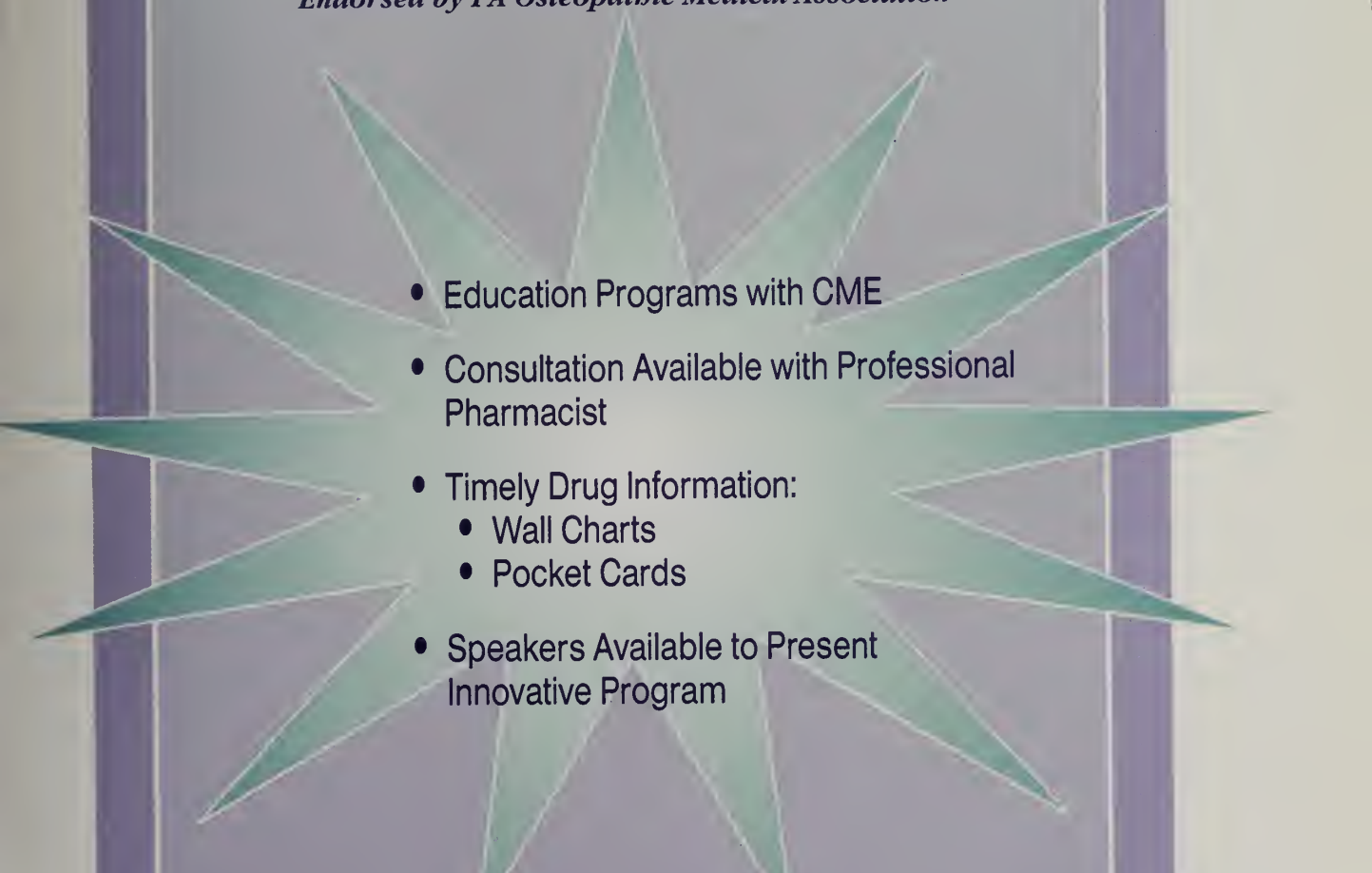
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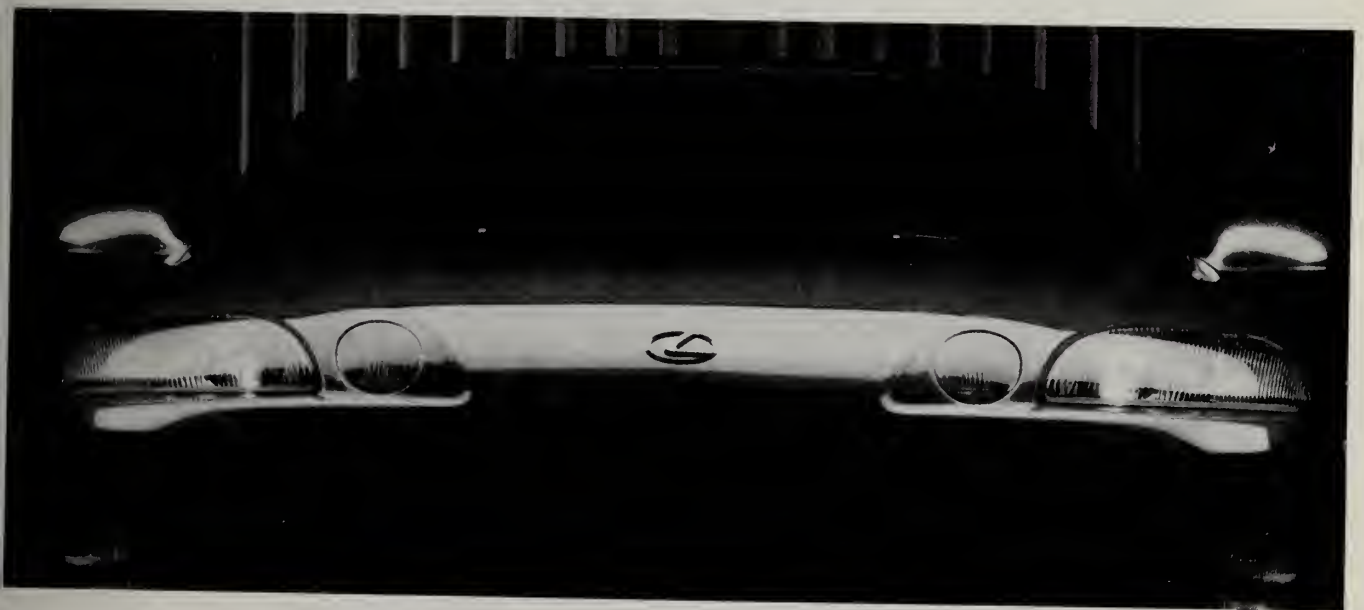
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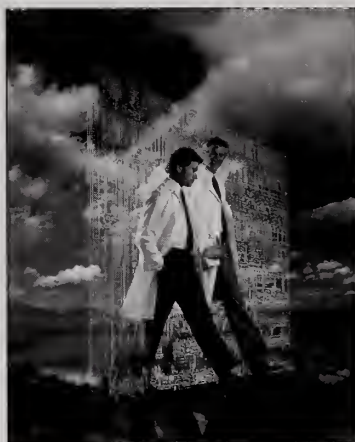
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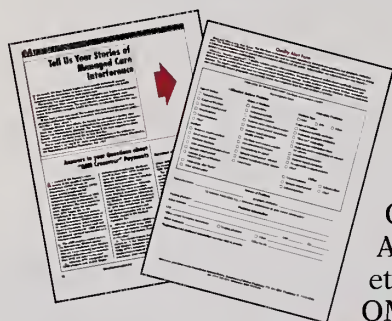
14 PPHP Founder Talks of Medicine's Future

Shortly after the State Society's board voted to support the goals of PPHP, which aims to be Pennsylvania's first physician-owned managed care organization, we caught up with the organization's founder, Gary C. Brown, MD, of Wyndmoor. In this interview, Dr. Brown discusses the philosophy, structure, and expectations of the organization.



Cover photo by Paul Ambrose/FPG International Corp., New York

18 Tell Us Your Stories of Managed Care Interference

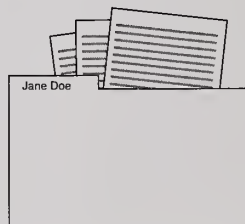


This month in "Medical Economics," the Society kicks off a three-month initiative to tackle insurance company interference with patient care. Tell us your stories using the Quality Alert Form on page 19. Also in this department, the Society answers your questions about QMB crossover payments.

New this month:
Integration Insider
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24 Patients' Medical Records: Whose Business Is It Anyway?

Society counsel offers advice on patients' medical records—who owns them, physicians' rights and duty of confidentiality, and what you should know about HIV-related records.



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SOCIETY SEEKING COST-EFFECTIVE SOLUTION TO CAT FUND SHORTAGE:

Medical Professional Liability Catastrophe Loss Fund (CAT Fund) payouts are expected to exceed receipts in 1995, meaning there is a strong possibility of an emergency surcharge in fall 1995 and a higher 1996 surcharge. The State Society is meeting with the Hospital Association of Pennsylvania, the Pennsylvania Trial Lawyers, and the state insurance commissioner to pursue a cost-effective solution for physicians. Look for future updates from the Society.

SENATE TABLES VOTE ON PAIN-AND-SUFFERING CAP: The U.S. Senate on May 2 tabled an amendment to limit awards for non-economic damages in medical malpractice cases. Introduced by Senator Jon Kyl (R-AZ), the amendment proposes a \$500,000 cap on pain-and-suffering awards—two times the amount passed by the U.S. House last month. The good news is passage of a separate amendment, introduced by Senator Mitch McConnell (R-KY), which contains several provisions supported by the federation, including: limits on lawyers' contingency fees, modification of the collateral source rule, periodic payments of future damages over \$100,000, assurances that each party is only liable for his or her fair share of non-economic damages, a cap on punitive damages of \$250,000 or twice the compensatory damages, and strong federal preemption language. At press time, final passage of the full legal reform bill was pending.

LEGISLATION WOULD EXEMPT OFFICE LABS FROM CLIA COMPLIANCE:

A new bill in Washington seeks to exempt physician office labs from compliance with the Clinical Laboratory Improvement Amendments (CLIA) of 1988. The only exception would be labs that perform Pap smears. The Health Care Financing Administration (HCFA) defends CLIA as vital quality safeguards, but physicians oppose the amendments citing bureaucratic overkill. HR 1386 has moved to the House Commerce Committee for review; hearings are expected this summer.

AMA, HCFA ACCEPTING COMMENTS ON MICROSCOPY RULE: HCFA has issued a final rule with comment in the April 24, 1995, *Federal Register*, which expands the types of providers authorized to perform "physician performed microscopy" tests. Included are: physicians, dentists, nurse practitioners, nurse midwives, and PAs. NOT included are emergency personnel, RNs, LPNs, and medical assistants. The AMA, preparing written comments for HCFA, encourages physician input; call the AMA at (202) 789-7414 by June 9. Or, respond directly to HCFA by June 23.

PITTSBURGH SURGEON CONFIRMED AS HEALTH SECRETARY: The state Senate on May 2 confirmed Peter J. Jannetta, MD, an internationally known surgeon from Pittsburgh, as Pennsylvania's new secretary of health. A Society member since 1972, Dr. Jannetta is chairman of the Department of Neurological Surgery at the University of Pittsburgh School of Medicine. He will serve without compensation and recuse himself from decisions or transactions involving the university.

YORK PO ENROLLMENT FAR EXCEEDS EXPECTATIONS: The York County Physician Organization (YCPO), which launched its membership drive for shareholders in March, has enrolled more than 250 members, 85 of which are primary care physicians. These numbers far exceed YCPO's goal of enrolling 100 total members and 50 primary care physicians. For more on the emerging health care marketplace in the state, see page 40.

CHANGE, REFORM THEMES OF LEADERSHIP CONFERENCE: At press time, the Society was wrapping up its annual Leadership Conference, which drew nearly 300 attendees to the Harrisburg Hilton and Towers on May 2-3. This year's theme was, "Coping with Kaleidoscopic Change." Look for full coverage next month in PENNSYLVANIA MEDICINE.

CHICKEN POX VACCINE AVAILABLE AS OF MAY 1: Merck & Company on May 1 began shipping the nation's first chicken pox vaccine to physicians. Approved by the FDA last month, Varivax is believed to be up to 90 percent effective at preventing the disease. It sells for \$39 per dose.



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From Scotland to Managed Care



We had bonnie blue skies as our train headed swiftly northward from Edinburgh, Scotland, to Inverness, on this pleasant journey, my first time overseas. Now, I'm seated at a table by the window in our timeshare cabin in Carr-Bridge, penning this editorial. It's a gray, rainy day; not much given to "touristing," but more suited to quiet reflection; a perfect time for writing my thoughts—a blend of travel impressions and editorial duty—for the publication going to press across the way in Pennsylvania.

My first impression is that too much quiet reflection, however, can easily lead to boredom. Efforts to relieve that have no doubt been partially responsible for the huge malt whisky distillation industry here—which no doubt also compounds the already serious alcohol abuse problems in Scotland. But when the weather is cold, and the wind raw and wet, it's easy to reason that one needs a nip or two to thicken the blood and lift the spirit.

I've also observed that, regardless of the fact that this is the home of one of the medical profession's most widely respected international publications, *Lancet*, the English people seem much less concerned about healthy living than we in the states. Rich sauces are commonly served with meats and fish; deep frying is very popular; potatoes are a staple.

We Americans found that skipping lunch after a hearty English breakfast was wise, for pub lunches are also heavy and filling. Afternoon tea can range from tea only to a spread of all manner of sweets, pastries, and even sandwiches and side dishes. One has to be attentive to one's intake, for it's easy to get caught up in the gluttony.

We in the U.S. are convinced that we live in one of the most stressful places on earth, but in London I saw the typical rat race behavior common in the states. People run to catch the Underground (subway), even though the next train will be along in min-

John W. Mills, MD
Medical Editor

utes. All London taxi drivers must have hypertension from the way they maneuver their cabs through narrow streets; and eating on the run seems the norm.

Finally, the stressful side of business travel may be more pronounced for our English brethren, for with such a small country, it's only a matter of hours to foreign shores. We were fortunate to be taken through Wales by a National Railway Historical Society member who had recently retired. He relayed his hypertensive history en route, and I have little doubt his illness was caused by the stresses of foreign travel at a moment's notice to all parts of the globe. He now relaxes with his trains and occasional railroad trips.

Trying to assemble a theme from these disconnected impressions of traveling through a foreign land is a lot like the process I often go through trying to pull one cohesive theme from all the erupting changes we try to cover in each issue of this publication. Sometimes one can; sometimes one can't.

Maybe that's the point: Right now we physicians are travelers in a strange land—the land of managed care—observing it all, taking note, shaking our heads, but merely passing through. We know what ought to be done for everyone's best health, but we feel left with the role of observant tourists rather than that of leading citizens.

This issue of PENNSYLVANIA MEDICINE contains tools to help change that role. Dr. Gary Brown discusses his initiative to create the commonwealth's first physician-led managed care entity on page 14. The State Society's new "Quality Alert Form" is published on page 19. And who among us understands all the regulations regarding confidentiality of patient records? Take charge of patient records with advice from State Society counsel on page 24.

The gray afternoon is duller now, and I've come full circle from Scotch to managed care. I'll retire to a glass of sherry, savoring the thought of my week abroad and hoping my travel reflections have brought some light to troubles brewing far away. ○

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Keeping an Eye on Managed Care Policy

John H. Hobart, MD

At the time I assumed the office of president, and many times since then, I have repeated in one form or another an invitation that I repeat here now: "Keep in touch." This is not mere courtesy on my part. It is a sincere plea for good, substantial information about the issues you are encountering in your day-to-day practice of medicine.

I am pleased to report that many of you do in fact keep in touch—if not directly, then through your Society trustees and council chairs, your county medical society leaders, your hospital medical staff representatives, and State Society staff. Your calls and letters are critical in helping us adjust our priorities and, if necessary, redirect staff and financial resources to address your most pressing concerns.

But, as this month's primary election reminds us, "some" is not as good as "all." The greater the participation, the better chance we have that our government will identify and serve the real needs of all its citizens.

Your State Society is committed to addressing the concerns that will have the greatest impact on our profession. We pursue data from a wide range of sources. But nothing can take the place of personal contact. If we could count on receiving feedback from every one of our members, the information would be more accurate, more finely tuned, and ultimately more instructive about the nature of the issues we need to address.

I want to call your attention to a major initiative of our State Society that begins in this issue. It is the collection of real-life examples of inappropriate managed care practices and policies that interfere with your ability to exercise sound medical judgment.

Let me try to emphasize the importance of this effort by highlighting some information from a recent "Market Trends" report, which the AMA gleans from a variety of sources.

- Last year, for-profit managed care companies announced or completed 43

mergers or acquisitions, more than double the number in the previous year.

- Health Systems International, which recently acquired Connecticut's MD Health Plan, has agreed to a merger with California's Wellpoint Health Networks. The merger, now pending regulatory approval, would create that state's largest publicly traded HMO. In late March, Health Systems was also reported to be negotiating with Graduate Health System's Greater Atlantic HMO.

- A major pharmaceutical company has developed what it calls a "disease management unit" for hospitals and managed care organizations to determine patient health risks and optimal treatment options.

- A survey of about 200 fourth-year medical students revealed that most had no preference about working in a managed care or non-managed care environment, and that two-thirds would prefer to be employed.

The Pennsylvania Medical Society is not opposed to managed care. But we are deeply concerned about protecting our patients in a managed care environment.

Many of us have been in situations where a managed care policy has proven troubling and even worked against our patients' best interests. When we talk to each other about such problems, we are preaching to the choir.

I have already made a couple of appearances in the State Capitol to present testimony on legislation pertaining to insurance issues, and there are several more on the calendar. When we talk to legislators or regulators or the public, we are often in need of more of the kind of examples of managed care policies that would be convincing to a lay audience.

The foundation of the Society's comprehensive membership-driven process is grassroots feedback. The Quality Alert Form on page 19 will make it easy for you to provide the examples we need to protect our profession and our patients. I sincerely urge you to take advantage of this form to document cases of managed care policy interference in your practice. ○





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Several years ago, during the Civil War in El Salvador, a group of Central Pennsylvania churches began Project Via Crucis to help Salvadoran churches provide services for war refugees and the poor. The project has emphasized economic aid projects which facilitate self-sufficiency. These have included providing a small herd of milk cows, equipping a carpentry vocational school, donating money to buy books for the Lutheran University Library, and selling crafts produced by small Salvadoran craft groups. Delegations from Central Pennsylvania churches or other sister churches in the United States visit El Salvador several times a year to carry donations, educate our citizens regarding third-world needs, and provide the support and protection of a continuing outside presence.

When we learned that far more children died of treatable disease than war-related injuries, we also began contributing to the salaries of a part-time physician and a nursing assistant at a small clinic. The clinic provides primary care for minor injuries, infections, dehydration, diarrhea, malnutrition, parasites, respiratory ailments, and pregnancies. Patients receive care free or, if they can afford to pay, at a nominal cost.

The medical professionals working at the clinic are frequently limited by the lack of diagnostic tools and medical supplies. They often face the frustration of prescribing medications, which they know their patients cannot afford to purchase. They would like to be able to perform blood tests and other simple diagnostic procedures onsite rather than referring patients to hospitals or more expensive clinics.

I am writing in the hope that readers can help by providing supplies, medications, and used or new equipment. The most pressing current needs at our clinic and its sister clinics are: otoscope, blood chemistry machine, coultter, equipment for minor surgery and prenatal care, multivitamins, antiparasite medications, bronchodilators, acetaminophen, ulcer medications, antihistamines, expectorants, lamp, bandages and medications for minor wounds,

scissors, ampicillin, and rehydration kits.

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Or phone me at (717) 730-3770 during the day or 238-9700 after 5:30 p.m. We also invite readers to join our annual delegation to El Salvador,

tentatively scheduled for early January 1996.

Thank you for your assistance.

*Patricia L. Schano
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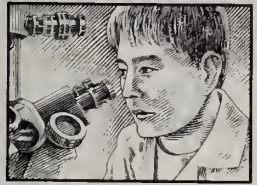
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Liability Reform: Organized Medicine Scores BIG!

Robert E. McAfee, MD

On March 9, medicine scored one of its biggest legislative victories ever when the U.S. House of Representatives, in a bipartisan vote, approved an AMA-backed amendment that would place a \$250,000 cap on pain-and-suffering awards in medical malpractice cases.

This historic vote came as a result of an all-out lobbying effort by your American Medical Association and many other medical organizations. It was a blockbuster victory for the AMA, the medical profession, and every practicing physician.

Liability reform has been at the top of medicine's legislative agenda for as long as most of us can remember. Now, after 20 years of tirelessly campaigning, we can claim a major win in Washington.

That's the good news. The not-quite-so-good news is that the legislation still has to go before the Senate, where the proposal is certain to be a prime target of the trial lawyers' lobby. So our task is only half complete. The vote there is likely to take place in the next few weeks, and before then we'll probably be calling on all of you to contact your senators and let them know where you stand.

Meanwhile, here are some of the things we've done, and are continuing to do.

1) We've mobilized the efforts of state and county medical societies and national specialty organizations to join us in this effort. In late March we sent a letter to every senator that was signed by the medical societies of all 50 states and the District of Columbia and 81 specialty societies, demonstrating their unity in calling for tort reform. In addition to limits on damage awards, we are seeking an expansion of the joint-and-several liability reforms to all defendants, not just those who sell products. The AMA Alliance also sent letters to every county legislative chair in the home districts of members of the Senate Judiciary Committee, urging them to call and fax their support for liability reforms.

2) We've gone directly to Capitol Hill. We urged state societies to contact their representatives one-on-one in their districts during the Presidents' Day recess, and many did so. During our recent National Leadership Conference in Washington, we held a reception for members of Congress and followed that up with one-on-one visits with members of Congress by physicians and delegations of physicians.

3) We've also gone public with our message. We've sponsored drive-time ads on Washington's top radio stations, rebutting some scare tactics used by the trial lawyers. We've placed print ads in the *Wall Street Journal* and in Capitol Hill publications. And we've sent our message to the editorial writers at all of the nation's top newspapers, with facts to back up our arguments.

The public is listening. A Gallup survey showed that more than 71 percent of Americans favor liability reforms, including caps on pain-and-suffering awards. Clearly, many of our patients are on our side. But we can take nothing for granted.

Tell your patients! Tell your colleagues! Tell your representatives in Congress! The AMA and organized medicine throughout the U.S. are leading the more than 700,000 physicians of America in the battle for liability reform. Congress must know we will not stop until the job is done.

As this is being written, liability reform is at the top of our priorities. But Medicare reform and the AMA's 1995 Patient Protection Act also will receive our major attention in the coming days and months.

Together, organized medicine is fighting for legislation that will allow you to care for your patients to the best of your ability and conscience. I invite all of you to join us in that fight. ☐

For additional information on the AMA's legislative programs, or for materials suitable for sharing with your patients, contact the AMA Department of News and Information at (312) 464-4430.



Dr. McAfee is president of the American Medical Association.

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PPHP Founder Talks of Medicine's Future

Elaine S. Herrmann
Maria T. Montesano



Dr. Brown

The Pennsylvania Medical Society's Board of Trustees in March approved a recommendation to fully support and endorse the goals of the Pennsylvania Physician Healthcare Plan, Inc. Also known as PPHP, the plan aims to be the commonwealth's first statewide, physician-owned managed care organization.

Gary C. Brown, MD, a Wyndmoor ophthalmologist, is the founder and driving force of PPHP. Shortly after the board action, Dr. Brown spoke with us about the concept of physician control, his involvement with PPHP, and the organization's chances of success.

Question: *We understand the goal of PPHP to be the development of Pennsylvania's first statewide, physician-owned managed care organization. That's pretty daunting. Can you give a little flavor for how you became involved, and what was your motivation personally?*

Dr. Brown: When the Clinton Plan collapsed, I saw there were other forces driving medicine...economic forces. Some of them were market driven and employer driven, but others were put into effect by the large insurance companies and large managed care organizations. While I think we have a wonderful medical system in this country—the best in the world for people who have access to it—I think everyone should have access. I saw that things were changing very quickly, despite the lack of government intervention, and that doctors have very little voice in the changes.

My philosophy and the philosophy of our organization is that we, as physicians, really care the most about patients. We're the ones who have the one-on-one contact with the patients, and unless we do something to assert our voice in medicine, we are going to lose our ability to do what we think is best for the patients.

Question: *So you think it is very important for the physicians to "take control?"*

Dr. Brown: Yes. The main point of this whole endeavor is that we are not out to maximize physicians' fees. We are out to maximize physician control in the medical system because we believe, unless we have some control again, we will lose complete say over the management of our patients. We believe we care the most and have the best knowledge to manage the patient care correctly.

Question: *As you carried the idea of a physician-owned managed care organization around Pennsylvania this past winter, how receptive were physicians to the idea?*

Dr. Brown: Physicians were very receptive of this concept. I think physicians realize that many existing for-profit managed care organizations believe good care is based on the bottom line. Physicians are upset by this, or upset by the fact that the organizations can't manage patients in the way the physicians think is appropriate. Physicians are most bothered to see this continuing with no end in sight.

Question: *How about looking on the other side. Do you think there is a good chance of signing up enough patients to succeed down the road?*

Dr. Brown: Inevitably I'm asked, "But who cares if the physicians want it if the employers don't want it?" The question then is, What advantages will we be able to offer over some of the existing companies out there?

In regard to the for-profit organizations, some of them take off 30 cents on the dollar before a cent goes back into medical care. That's administrative expenses and profit. We believe physicians will be able to do it somewhere in the range of 12 cents plus or minus, and, theoretically, once we get going, we may be able to offer a reduced premium if we can develop large panels of physicians, which we hope to do...to offer patients a greater choice of physicians.

But most importantly, we intend to offer quality assurance that is truly run by

Ms. Herrmann is managing editor, and Miss Montesano is assistant managing editor of PENNSYLVANIA MEDICINE.

physicians. Nowadays, when people talk about quality assurance, some of what they measure is not truly what physicians think is important. For example, they measure how long you have to wait in the doctor's office or if the doctor's office is relatively attractive.

We believe the quality of the medical care is most important and that physicians can address that better than anybody else...to give patients a better chance of knowing that the surgery they are having is appropriate and that if a procedure indeed is a benefit, that it will not be denied to them. We believe that quality assurance should be based on medical fact, [rather] than what it's being based on at this point. That's the key—the one thing the others have not been able to offer to date.

Question: *And that would give you a competitive advantage?*

Dr. Brown: We certainly think so. If we went to an employee benefits manager and said, "Rather than looking at the fluff, we are really telling you what's important, what's good and not good for the welfare of your patients, and we are going to watch out for the welfare of your patients," they may just say, "These people sound like they have something."

Question: *How much, approximately, is needed to capitalize?*

Dr. Brown: The feasibility study performed by the Garvey Group estimated that we need \$16.5 million to capitalize the corporation. We would be in much better shape if we raised twice that amount of money.

Question: *How willing are you to seek outside investment if PPHP can't raise enough money solely from physicians?*

Dr. Brown: If we can't raise the amount of money we need, we had thought about the possibility of bringing in outside investors as minority shareholders. But at this point we would much prefer to do it just within the medical community.

Question: *We realize it's very early in the process, but do you have a sense of how PPHP might be marketed?*

Dr. Brown: It is early at this point, [but] we would certainly do it the way the other insurers do it—market the health insurance plans to employers...The key is having a good product and one that stands out...

We fully believe the physicians in their offices will push the product because they are the ones who are the shareholders, the ones who believe in the concept...We also have to get out into the media, just like the other health insurers are at this point. It's pretty much common knowledge that we will have to beat them at their own game on Madison Avenue.

Question: *Do you feel that this effort goes against the stereotypical thinking that doctors want to be doctors, and they should let someone else run the shop?*

Dr. Brown: Interestingly enough, physicians were among the signers of the Declaration of Independence. After World War II, the amount of knowledge required of physicians multiplied, and it became difficult to be an outstanding physician unless you devoted 90 percent of your

time to medicine. And it still is very difficult. That's one of the reasons physicians have let the management decisions slip away.

For example, 50 years ago physicians made most of the financial management decisions in hospitals. I think if physicians take the attitude that we are just going to do medicine, and we're not going to be involved in anything else, then the vast majority will wind up as employees [who] have little relative say in the management of their patients. The writing is very clearly on the wall.

I would refer people to the May 9, 1994, *Medical Economics* interview with Ira Magaziner, the architect of the Clintons' health care plan. The title of the article is, "Doctors Should Take Control of the Health Care System." Magaziner's group saw it very clearly and said that, if doctors take control, the majority of medicine in this country may remain in somewhat the form that it is, but if not—if doctors do not organize large insurance companies—managed care organizations will take control.

Question: *PPHP's effort is statewide, but you've talked in the past about health care being more regional. Can you comment on how both these thoughts fit into the PPHP effort?*

Dr. Brown: Health care is regional, but we believe that we have to set our sights on a statewide organization because if we did not...there would probably be several [regional] endeavors, [and we'd] wind up with a number of undercapitalized, physician-owned managed care organizations. Physicians have failed in the past because they haven't had enough money, [and] when you're undercapitalized, you can't get through the first two or three lean years—you don't have the right executives; you don't have the money to buy the software for the quality assurance; it just doesn't make it. Although we may have to focus our efforts initially on various regions within the state, we thought we'd be much better off with a larger statewide parent organization, and, once we have achieved our goal of providing health care services to patients statewide, we hope to have local boards...because, indeed, a good deal of health care is local. We believe such a structure will give us a greater chance for success.

Question: *Are you anticipating a varied payment schedule, and, if so, what might that be?*

Dr. Brown: At this point we have not tied ourselves into a payment schedule, the reason being we intend to put more money back into health care than the other insurers. That essentially is our basic philosophy, and the physicians have to realize this. We are not out there to give dividends to shareholders.

To tie ourselves into a fee schedule at this point would be very limiting, particularly since we don't know where the market will be in a year-and-a-half or two years when we start insuring patients. We don't know whether health care premiums are going to remain static, or whether they'll go up slightly, or whether they may even go down, and that will totally change things. We hope to be able to reimburse physicians quite fairly.

Question: *What criteria do you expect to use for utilization review, peer review, and credentialing?*

→



Dr. Brown: We have not worked out the specifics on credentialing, but there will be some type of credentialing. What kind will depend also on state and federal rules.

As for utilization review, most of the talk at this point is theoretical. Certain protocols have been developed by many of the specialty groups, [and] there are many of these protocols out there. That is not to say everything has to be cookbook medicine, but there are certain procedures that are of benefit, and there are certain procedures that are probably not of benefit, and physicians can pick these out fairly well.

Interestingly enough, over 90 percent of the doctors in the state in our feasibility study said they would be willing to subject their records to peer review. And over 80 percent said they would be willing to do peer review. We will have fairly strict utilization review; on the other hand, peer review will be physician friendly. But we cannot tolerate improper medical care. And I think physicians are best able to tell whether care is appropriate or inappropriate.

Question: *How would PPHP benefit patients compared to other managed care organizations?*

Dr. Brown: Well, as I mentioned earlier, I hope we would be able to reduce the premiums, because we are not taking out 18 to 20 cents on the dollar to give to our shareholders. Second, I hope that we would have a good number of physicians in the state participating. In Connecticut, 80 to 85 percent of physicians participate in a similar health plan. With large panels, patients would have a choice of physicians and would not have to switch physicians if their company went to a managed care plan.

Third, we would hope to have very high quality utilization review so we can spot unnecessary procedures—and if procedures are truly indicated, they would not be denied to the patients. We think there are a number of theoretical advantages there. Our bottom line will not be the dollar.

Question: *Physicians have brought up the question, Are there any guarantees that PPHP in five years won't "sell-out?" In other states, there have been similar projects selling to larger interests.*

Dr. Brown: That's a very good question, but before I answer it, let me explain that each doctor will be allowed to buy one voting share of stock, so no one will have more than one vote, whether it's a board member or Gary Brown or anybody in the physician community who buys a share of stock. One doc, one vote.

Now, the board of directors of PPHP has voted that 90 percent of the voting shareholders must vote to sell the company for it to be sold. We're not sure how much stronger we could really make that, essentially. We are not doing this to make a short-term profit for every doctor in Pennsylvania.

Connecticut's health plan just sold to HSI—Health Systems International. They made a large profit for physician investors. But again, that is not our goal in Pennsylvania. We believe that if that was to happen, we would be actually doing Pennsylvania physicians a disservice.

Question: *Why do you think support for PPHP is coming from young physicians?*

Dr. Brown: Young physicians are the ones who are going to be affected. I've been in practice now for about 15

years; it will affect me somewhat, but it really won't affect the people who are 55 and older. Those who are really going to be affected are the people who are 30 or 32, because within the next 10 years, the system will change drastically. Unless those physicians assert their voices, they will have very little to say about medical care in the United States.

The most dangerous thing physicians can do is be complacent. If they don't get out there and promote the ideas they think are most important for the welfare of their patients, then somebody else will promote those ideas and certainly make the decisions for them. If young physicians see something like this on the horizon, I think they will continue to be very supportive.

Question: *Do you have an expected start-up date of enrollment?*

Dr. Brown: That's difficult. Our prospectus will run for three months—we anticipate May through August. If we raise the money, then we will immediately begin to enhance our business plan and work on the HMO application, which could very well take a few months. Then we have to submit it to the proper state authorities. At that point, it is possible that we will encounter a delay. The feasibility study targeted early '96 as the start-up date for enrollment. While that date is achievable in terms of our own internal schedule, if the HMO application remains pending with the state for more than a few months, we might not be able to begin enrollment until late '96 or early '97.

Question: *Where do you see this effort in five years?*

Dr. Brown: I would hope that in five years we would be well off the ground...that we are a statewide organization with statewide name recognition. We will be given permission to start only in the regions where we have our panels set up, where we have enough doctors and enough hospitals. New Jersey's plan had hoped that in five years it would be insuring a million people. If we enroll half that number in five years, we will probably be very successful.

Question: *How did you build the board? Was it by geography, specialties...?*

Dr. Brown: We tried to get people who are very dedicated, very interested in the concept. It takes a tremendous amount of time and personal expense, and the board is not compensated for what it does.

We have representation from all over the state at this point, including both primary care physicians and specialists. Essentially, though, we tried to find people interested in the concept, dedicated to the concept, and willing to work hard for the concept. As we spread the word throughout the state, these people surfaced and expressed their interest. ○

Next month in PENNSYLVANIA MEDICINE...

...look for an article on the relationship forming between PPHP and Infinity Management Services, Inc.—a new, wholly owned subsidiary of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC).

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Tell Us Your Stories of Managed Care Interference

This month, the State Society begins a three-month initiative to provide physicians the opportunity to report cases in which managed care health insurance payers are interfering with patient care.

The Society has long argued the need for legislative and regulatory safeguards to protect patients from managed care policies that inappropriately deny payment for medical services. The most effective support for these arguments comes from real-life examples, which the Society is collecting through this new initiative.

If you have a story you would like to share that may be convincing to non-physician audiences—legislators, regulators, the media, and the general public—we'd like to know about it.

To guide and ease your efforts, the Society has developed a Quality Alert Form (see opposite page) to be published in the next several issues of *Executive Report* and *PENNSYLVANIA MEDICINE*. The Society intends the form to be user friendly and not another hassle for physicians; if you have suggestions about how to improve the form, we'd like to hear that too.

Fax or mail completed forms to Society headquarters at the address or number listed at the top of the form. Direct any questions to Dennis Olmstead in the Department of Medical Economics, Ext. 1483.



Answers to Your Questions About "QMB Crossover" Payments

Department of Medical Economics

As a result of the Society's court victory in the qualified Medicare beneficiary (QMB) lawsuit, the Department of Public Welfare (DPW) began paying physicians full Medicare deductible and co-insurance amounts in February 1995. In previous Society publications, we alerted members that there would be some "glitches" once the payments from DPW began, due to the complexity of the crossover process.

Below, the Society's Department of Medical Economics answers some of the most commonly asked questions raised by members. Society staff will continue to monitor the QMB process and provide updated information as it becomes available.

Q: *The QMB program existed prior to the Pennsylvania Medical Society lawsuit and subsequent court decision. Why am I now receiving payments for Medicare deductible and co-insurance from DPW, but didn't in the past?*

A: Although DPW recognized the QMB program and, in fact, began

crossing over claims from Medicare Part B in June 1994, DPW would not make any payments unless the Medical Assistance (MA) fee schedule amount for a procedure code exceeded the Medicare fee schedule amount for that same procedure code. Medical Assistance would then reimburse the difference between its fee schedule amount and Medicare's. Effective for QMB claims processed by DPW after September 26, 1994, full Medicare co-insurance and deductible payments will be made, without regard to the Medical Assistance fee.

Q: *How can I determine whether a patient has enrolled in the QMB program and therefore is eligible for benefits when they present themselves in my office?*

A: You should request from the patient his or her Medicare-eligibility and Medical Assistance Access cards. Using DPW's Eligibility Verification System (EVS) through the point-of-sale device, your computer, or via

phone (800-766-5387), you can verify the recipient's coverage. **LISTEN TO THE ENTIRE MESSAGE.**

The keys to identifying coverage are the category and program status codes. Those patients with a category/program status code combination of TA-65, TJ-65, B-00, or status codes 21 or 22 used with any category code, are *not* eligible for QMB program benefits and payment of the full deductible and co-insurance.

Q: *Do I need to do anything in order to be paid the co-insurance and deductible amounts?*

A: In most cases, you do not have to do anything since the Medicare carrier to whom the claim was originally submitted will automatically submit the claim to the Medical Assistance program for payment.

Q: *Are all physicians in the state who treat QMBs currently receiving payments for Medicare deductibles and co-insurance from Medical Assistance?*

Quality Alert Form

How and Why to Use This Form: Use this form to document real-life examples of managed care practices that jeopardize quality of care. The Society is collecting these examples to prove the need for managed care safeguards. Information revealed on this form or during a follow-up investigation may be shared with government officials and the public. Please exclude any information that may identify a patient to assure patient confidentiality.

What is a "Quality Incident?": A quality incident occurs when a managed care plan denies or unduly delays medically appropriate care or engages in conduct that could result in a quality or access problem. Prospective payment determinations are considered care decisions—as the patient often elects not to proceed absent third-party coverage. Quality incidents also can occur in other managed care contexts. The payer's conduct may send the wrong message or otherwise encourage inappropriate provider behavior. Network exclusions also can adversely impact geographic and specialty access. Use a separate form for each incident or practice.

Please check the relevant boxes below to describe the incident or practice.

**Please explain below*

Utilization Review Problem

Type of Review

- ☐ Prospective review
- ☐ Retrospective review
- ☐ Concurrent length of stay
- ☐ Second opinion
- ☐ Case management
- ☐ Other*

Incident

- ☐ Service or procedure denied
- ☐ Site of service denied
- ☐ Premature discharge
- ☐ Other premature termination of care
- ☐ Specialty referral denied
- ☐ Untimely approval resulting in delay of care
- ☐ Approval only after "hassle"
- ☐ Other adverse action*

Cause of Problem

- ☐ Secret criteria
- ☐ Inappropriate criteria
- ☐ Non-physician reviewer
- ☐ Reviewer not in active clinical practice
- ☐ Reviewer not licensed in Pennsylvania
- ☐ Reviewer lacked appropriate specialty expertise
- ☐ No opportunity to talk to reviewer
- ☐ Incomplete review of record
- ☐ No opportunity for appeal
- ☐ Inadequate explanation of decision
- ☐ Not able to contact for timely decision
- ☐ Other cause*

Network Problem

Network Type

- ☐ HMO
- ☐ PPO
- ☐ Other*

Cause of Problem

- ☐ Inadequate specialty distribution
- ☐ Inadequate geographic distribution
- ☐ "Black box" credentialing
- ☐ Inappropriate credentialing criteria
- ☐ Profile data used in credentialing not adjusted for case-mix
- ☐ Unqualified decision-maker
- ☐ Excluded without explanation
- ☐ No opportunity to appeal exclusion
- ☐ Other*

Other

- ☐ Practice guideline *
- ☐ Payment policy
- ☐ Reimbursement incentive
- ☐ Other*
- ☐ Referral restriction

Source of Problem

Third-party payer: _____ Managed care entity†: _____

†(If different from payer, e.g., a third-party administrator or peer review organization)

Physician Information

Treating physician: _____

Office Address: _____

City _____ State _____ Zip _____

Office contact for further information: ☐ Treating physician ☐ Other _____

Office telephone: _____ Office fax no.: _____

***Explanations and additional information you may wish to provide:**

A: No, physicians not participating in the Medical Assistance program are not currently receiving QMB payments. This is not to say that non-MA-participating physicians will not be receiving payments in the future for previously submitted claims and future claims. DPW continues to work on the necessary system changes to develop its Provider Enumeration Project, which, when completed, will have the ability to reimburse non-MA-participating physicians. DPW is hopeful this project will be operational during the summer of 1995.

Q: How can I notify DPW of particular problems or questions I have related to QMBs?

A: DPW has developed a "Crossover Problem Referral Form" which will alert department staff of problems the physician is experiencing with the crossover process. This form was mailed to all participating Medical Assistance providers as a Remittance Advice Alert in cycles 30 and 31, dated January 17, 1995. For a copy of this form, call the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

Q: How long should I wait for a DPW payment of co-insurance and/or deductibles for a QMB patient after I have received the Medicare voucher (EOMB)?

A: When the Medicare Part B claim is processed by the Part B carrier, the physician will receive an EOMB from the carrier. The voucher will contain a message that payment information has "crossed over" to Medicaid. DPW will make payment within 60 days of the voucher date. When the claim is processed by DPW for the applicable deductible/co-insurance, the Medical Assistance Remittance Advice will contain edit message code 747, which means that this is a claim that has "crossed over" from Medicare.

If a claim that has been crossed over to Medical Assistance does not appear on your Medical Assistance Remittance Advice within 60 days of receipt from the Medicare EOMB date, you may submit an MA319 or HCFA 1500 form for payment to Medical Assistance, using your regular claims submission media.

When completing an MA319 form, follow instructions in your *Medical Assistance Handbook*. When completing a HCFA 1500 form, follow instructions found in Medical

Assistance *Bulletin* 99-94-15 for billing Medicare deductibles and co-insurance.

If you do submit a hard-copy invoice for Medicare Part B services, do not include non-Medicare services on that invoice. Doing so could cause claims to be rejected or paid at an inappropriate rate.

Q: I've received a duplicate payment for the applicable deductible and/or co-insurance—one from the patient's supplemental insurer and one from DPW. How should I handle the overpayment?

A: The patient's supplemental insurance payment is primary to the payment from DPW. The DPW payment will need to be refunded to DPW. Physicians currently have two options for refunding duplicate payments:

1) Use the MA319A—*Claim Adjustment Form*. Follow the instructions outlined in the "Billing Information" section of your *Medical Assistance Handbook* to fill out this form physicians use to refund overpayments made by the DPW. When completing the form, be sure to furnish the correct Medicare-approved amount in Block 29, O and insert 0.00 in the usual charge field, Block 29, N; or

(2) Do nothing at this time to correct the overpayments. DPW is developing an automated process to recover the duplicate payments in the near future. PLEASE DO NOT RETURN CHECKS OR MAIL REFUND CHECKS TO THE DEPARTMENT FOR THESE DUPLICATE PAYMENTS. You will be notified of this recovery prior to its occurrence.

The Society's Department of Medical Economics staff continues to work closely with DPW and Xact Medicare Services to develop claims processing system enhancements to eliminate the duplicate payment problem. Staff have offered suggestions to DPW on other methods physicians could use to return overpayment monies to DPW. The department is reviewing the suggestions.

DPW AUDITING EMERGENCY VISIT BILLINGS

The Pennsylvania Department of Public Welfare (DPW), which administers the commonwealth's Medicaid program, has initiated an

audit of emergency department physician billings.

Based upon an internal review of first-quarter 1994 claims history, DPW has identified approximately 150 physicians who did not bill for any non-emergency visits, but rather billed for only *emergency visits*. The result: an overpayment situation.

The Medicaid Program distinguishes between emergency and non-emergency visits from a payment and coding perspective. Non-emergency visits are reimbursed at a rate of \$15 and should be billed using procedure code W9029 (non-emergency medical, hospital visit, emergency room). True emergency visits are reimbursed at a rate that ranges from \$20 to \$50 depending on the level of care rendered. These should be billed using procedure codes 99281-99285.

Also, when billing for emergency services, be sure to place the number "1" in item 29F of the MA319 claim form or block 24I of the HCFA 1500 form to denote that the service provided was of an urgent or emergency nature.

Late last month, DPW's Bureau of Program Integrity began mailing letters to a small percentage of the physicians to bring their attention to the situation. Note, however, that not all 150 physicians would have received notification in April. At press time, DPW mailings continued.

INSURER REVIEWING X-RAY EQUIPMENT, PROCEDURES

Pennsylvania Blue Shield has announced that it is reviewing X-ray equipment and radiology procedures used by Pennsylvania health care providers who bill the insurer for taking and interpreting X-rays.

Blue Shield says the study will ensure that its subscribers "receive the highest quality of radiology services."

Under examination are: the quality of X-ray machines and the images they produce, the training and certification of personnel who operate the equipment, and whether X-rays are taken correctly.

Of the more than 2,000 questionnaires already sent to providers in Central and Eastern Pennsylvania, Blue Shield concludes that 73 percent of providers meet quality standards of the review. Data on providers in Western Pennsylvania is unavailable until next month.

YPS: The Lifeblood of Organized Medicine

John R. Martell Jr., MD

The House of Delegates at the interim meeting in December 1994 approved the creation of a new young physician trustee seat on the AMA board. The first election to fill this position will take place in June 1995. The individual elected to this seat will be a practicing, fully trained physician, under the age of 40.

What appears to be a modest accomplishment at first glance was the direct result of years of intense work and effort spearheaded by *your own* Pennsylvania Young Physicians Section. When the chorus of voices rose to a crescendo, organized medicine stopped and listened. Democracy can, at times, be a relatively slow and arduous process, lest we forget!

Many of you out there who are not involved in the process may say, "So what?" Let me give an overview of the demographics. Young physicians make up a little over one-fourth of all practicing physicians in the United States, and they make up about 30 percent of the AMA membership. Yet, young physicians are not represented on the AMA board.

Currently, *no fully trained* physicians under the age of 40 serve on the AMA board. Additionally, only four delegates and 19 alternate delegates were seated as young physicians at the last interim meeting of the AMA House of Delegates. Even though young physicians are

represented in numbers by the membership, they are clearly not represented on the governing bodies within the AMA.

Young physicians bring a unique and valuable perspective to the table. We have different concerns, values,

"It will be the younger physicians who must practice for the next 20 years or longer in an ever-evolving delivery system."

and hopes for the future. Our concerns relate to managed care issues. Managed care appears poised to exert a profound influence on the way each and every one of us practice.

It is for these reasons that our voices must be heard. Any changes that occur today or in the foreseeable future will disproportionately affect

our practice. Young physicians need to have a say in their future.

It will be the younger physicians who must practice for the next 20 years or longer in an ever-evolving delivery system. As managed care heats up competition in our over-bedded and over-specialized regions, it is we who appear the most vulnerable. Young physicians, already overburdened with debt, lack the positions of power within their local medical hierarchies that would enable them to control their own destiny.

Geographical displacement, discriminatory medical panel practices, and declining income are all potential problems that young physicians may face in the not-too-distant future.

Yet, I remain pessimistic that we have not yet experienced enough pain to begin to work together instead of against one another. Adequate representation at each level of organized medicine is the first step. We are excited about this new AMA young physician board position and view it as a positive step into the future.

All of us are too busy with the development of our practices and families; however, I suggest to you that it is not in your own best interests to defer to others at this most critical time. Assume leadership positions when offered, get involved if only on the local level, because the sacrifice made now may secure not only your future, but our future.

Organized medicine has extended an outstretched hand. We must take it and assume our place alongside our colleagues. Tremendous responsibilities come along with accepting this new role, if medicine is to remain a profession and if we are to continue in our primary role of patient advocate. Young physicians are the lifeblood of organized medicine. Times are indeed changing!

Dr. Martell, a Pittsburgh orthopedic surgeon, was the 1993-94 YPS trustee to the State Society's board.

Fax-Back Coupon

The Young Physicians Section would like to hear from its constituency—your comments, questions, suggestions. Complete this coupon and fax it with your thoughts/inquiries to Christina Reese at (717) 558-7842.

Name _____

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Physician Leverage: Your Strength Is in Your Unity

Michael P. Lance

Increasing your negotiating power and maintaining ownership of your medical practice can bring many benefits to physicians and patients alike.

**"Increased
HMO
competition
strengthens
the negotiating
position of
POs and
hospitals."**

In my first few months on the job as chief executive officer of the PennMed Member Services Company (PMSCO), I've had the opportunity to speak with large and small groups of physicians across the commonwealth. If you ask anybody who has heard me speak, they'll tell you that my messages are simple and straightforward. And if physicians in Pennsylvania get one message from PMSCO, it should be this: Physicians need *leverage*.

From the physician perspective, leverage can be defined as being in the right negotiating position to achieve fair and equitable contractual agreements with payers. Currently, payers have significant leverage and will try to retain that position. I have yet to see a provider organization in this state that can truly influence appropriate contract terms from an insurance company or health maintenance organization (HMO).

Hospitals also possess a significant amount of leverage. They have deep pockets, and they work together with relative ease. They exercise their leverage because they are in an even greater crisis situation than physicians and are more desperate to preserve their reimbursement status.

Increasing your leverage

Physicians can increase their leverage in several ways. One key step is for physicians to work together and unify in their local communities into a well-organized physician organization (PO). Individually, physicians have little or no bargaining power with payers or hospitals. But if physicians join together in well-structured, well-managed organizations that meet the needs of the marketplace, there is no doubt in my mind that they will gain considerable leverage.

A second key element in improving the leverage of providers is to encourage multiple HMOs to enter your community. Increased HMO competition strengthens the negotiating position of POs and hospitals. The HMOs begin to compete against each other for your services and to include you in their provider panel.

Another important message we try to convey is that physicians, particularly those in primary care, should not sell their practices unless they have no other option. Primary care physicians, whose practices are the main targets for buy-outs by insurers and hospitals, can have tremendous influence in the managed care environment that is sweeping Pennsylvania. Yet, if they sell out and become an employee just because they are frightened of the future, they sacrifice a golden opportunity to have an effect in the delivery of health care.

Also, primary care physicians shouldn't sell their practices; the value of their practices will only climb over the next few years. The primary care physicians at Riverside Independent Practice Association, the IPA which I managed in Southern California, were being paid very well through the IPA's capitated contracts with HMOs and preferred provider organizations (PPOs). Two of them, who received at least 70 to 80 percent of their revenue through the IPA, were receiving more than \$600,000 a year in capitated payments just from our IPA's HMO contracts. Eighty percent received between \$250,000 and \$600,000 in primary care capitation.

If you sell your practice today, however, you will never see those kinds of capitated dollar opportunities when they materialize in Pennsylvania. Instead, you will get a paycheck as an employee. The profits from your hard work will flow to the owner of your practice—most likely a hospital or an HMO that benefits from your enhanced value.

Another impediment to physician leverage (and physician well-being) is the ex-



Mr. Lance is chief executive officer, PennMed Member Services Company.

Report on Financing of Practice Acquisitions

HPSC Financial Services has recently provided the financing for the acquisition of practices whose selling prices are shown below.

State	Selling Price	State	Selling Price	State	Selling Price
CA	\$60,000	GA	\$329,000	MI	\$365,000
CA	55,000	ID	225,000	MI	214,000
CO	55,000	LA	185,000	MO	300,000
FL	240,000	LA	129,000	MO	395,500
FL	125,000	MA	120,000	NM	160,000
FL	270,000	MA	355,000	NY	165,000
FL	225,000	MA	150,000	NC	295,000
FL	90,000	MA	235,000	NC	90,000
FL	90,000	MA	100,000	PA	95,000
FL	275,000	MA	85,000	VA	94,000
GA	150,000	MA	115,000	VA	150,000
GA	225,000	MA	120,000		

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clusive agreement. In one area of Pennsylvania, an HMO and a health system have forced physicians in a physician-hospital organization (PHO) to make the choice between an exclusive agreement with them or no HMO business at all. While there are other HMOs willing to move into the market, many physicians will be unable to contract with them. Physicians with exclusive agreements forfeit their value and, perhaps worse, put their fate in the hands of a payer.

Expected changes in insurance regulations should allow physicians to use their new-found leverage to negotiate contracts in which they are rewarded for reducing hospital utilization. After all, physicians admit patients to hospitals, utilize the medical resources, and decide when patients will be discharged. If they are able to reduce hospital costs, they should share appropriately in the hospital risk pools. This arrangement, unheard of until now in Pennsylvania, affords physicians their greatest opportunity to benefit from managed care.

Helping your patients

Physician leverage, however, does not just benefit physicians. Patients will benefit as much as their doctors. Physicians and other providers are more concerned about the welfare of their patients than the bottom line. At Riverside IPA, we were able to offer patients the kind of care they wanted while still keeping an eye on costs. Our philosophy was to not withhold care, but to instead use the medical resources more cost effectively.

Only physicians working one-on-one with patients can and should make decisions about when a certain level of care is appropriate. If a physician organization is structured and operated well, then member physicians don't have to worry about whether a patient is from a managed care or a traditional fee-for-service contract. All the physician has to worry about is providing quality care in a cost-effective manner.

This may sound like a utopian dream, but it isn't. I helped make it work for Riverside IPA in California, and I know it can work for physicians in Pennsylvania. It all starts, however, with establishing appropriate leverage. Remember: Your strength is in your unity. ☺

Patients' Medical Records: Whose Business Is It Anyway?

Susan M. Weber, Esq.

Physicians receive many requests for medical records information: Attorneys request medical records information for court cases; colleagues request information which may assist with consultations or in the medical care of individual patients; insurers request information with respect to necessity or appropriateness of care. However, none of these scenarios prompt as many telephone calls for advice to the Office of General Counsel at State Society headquarters as does the call or letter from a patient requesting a copy of his or her medical record.

Years ago, patients did not have access to their medical records, or if they did, they were permitted to review the records only in the presence of a physician or nurse, who would provide explanations as necessary. Today, that is no longer the case.

Pennsylvania Medical Board regulations require allopathic physicians to retain medical records of their adult patients for at least seven years from the date of the last service for which a medical record entry is required. Physicians must retain medical records for minor patients for one year after the patient reaches the age of majority, even if that means the records will be kept longer than seven years.

However, since the statute of limitations for negligence actions is two years from the date the individual knew or should have known that the medical care allegedly caused injury, retention of the record for an additional year would seem prudent. A conservative approach, in fact, would dictate retaining the record indefinitely, since information supporting alleged negligence could come many years after treatment. Without the medical record, the physician would have no basis for defense of a negligence action.

The Osteopathic Medical Board regulations also require retention of the medical record for seven years from the date of the

last entry. In addition, the board requires that medical records of minors be kept for two years after the age of majority or seven years, whichever is later.

Both medical boards permit disciplinary action against a physician who does not make available the medical record of a patient who has requested a copy. The State Board of Medicine regulations for allopathic physicians specifically provide that refusal to provide a patient with a copy is unprofessional conduct which may subject a physician to discipline. The Osteopathic Medical Board regulations do not state that failure to provide a copy of the medical record is unprofessional conduct, but they do require physicians to provide a copy of the medical record upon a patient's request. The Osteopathic Practice Act provides that the board can suspend or revoke a physician's license for violation of one of the board regulations.

Who owns medical records?

It follows from these requirements that physicians are the actual owners of the medical records of their patients; the patient is never the "owner" of the actual record in a purely legal sense. It may be viewed from this perspective: While the patient may own the information contained within the medical record, the physician owns the actual paper containing the information. Although patients may have a virtually unrestricted right of access to medical records, the physician still retains actual ownership and possession of the original documents.

Generally, patients have a right to view their medical records, obtain copies of them, or have them forwarded to another physician or other health care providers. Physicians must provide patients with access to all information contained in the medical records, unless access is specifically restricted by the attending physician.

Under allopathic Medical Board regulations, a physician may withhold information from a patient if, in the reasonable exercise of the physician's professional judgment, release of the information

Ms. Weber is the Society's assistant general counsel.

would adversely affect the patient's physical or mental health. The Osteopathic Medical Board regulations, however, do not limit access to medical records in this or any other manner.

In the event of a patient's death, the patient's legal representative assumes the right of access to medical records. Because the right of access to records does not extend to family members in general, the medical record of a deceased patient should not automatically be provided to the "next of kin." Duly authorized legal representatives, however, such as executors or administrators of wills, stand in the shoes of the deceased and have the right of access to medical records.

Patients' right of access is not absolute. Allopathic medical board regulations, however, state that physicians may not withhold medical records until unpaid bills related to the provision of medical services are paid.

Can fees be charged?

Both medical boards' regulations state that physicians may charge patients a reasonable fee for providing copies of medical records. While the regulations do not define what a "reasonable" fee would be, the fee should be reasonably related to the actual cost of making copies available. These costs could include: copying costs, the time of the person making the copies, mailing costs, and the like.

Ambiguity concerning the definition of "reasonable" may not apply in all instances. The workers' compensation statute, for example, only permits a charge for medical records related to a workers' compensation claim equal to that payable under the Medicare system—currently seven cents per page plus mailing costs.

The term "reasonable" may not be ambiguous for much longer, because it may be defined by a new statute during the current session of the General Assembly. A bill pending in the Pennsylvania legislature would mandate a ceiling of 25 cents per page for the provision of medical records. That bill, at press time, is in committee; it may be months before the likelihood of its passage is known.

Physicians should avoid using subtle measures to restrict access to medical records. For example, a physician should not require a patient to sign a release of liability or a similar document in exchange for access to medical records.

What about when you retire?

Prior to retirement, a physician should notify patients of the impending retirement, and offer them the opportunity to obtain a

copy of their medical records or have the records sent to another physician or other health care provider. Those records not retrieved within a reasonable time can be retained by the retired physician or another physician for the statutory retention period.

The retiring physician should notify patients where records will be held after the physician retires. Since retired physicians are not immune from suit for professional negligence which allegedly occurred years before, a conservative approach would include the retention of original medical records indefinitely.

What about minors' records?

As a general rule, parents of minors have unrestricted access to their children's medical records. The Pennsylvania Divorce Code permits both parents equal access to their children's medical, dental, religious, and educational records. There are, however, some limitations on parental access to medical records. The issue of access to medical records is closely related and parallels the issue of informed consent.

In Pennsylvania, certain minors may consent to medical treatment for themselves, and no parental consent is required. Any minor who is 18 years of age or older, or who has graduated from high school, or has married, or who has been pregnant, may give effective consent to treatment. Minors seeking care for the purposes of diagnosis or treatment of pregnancy, venereal diseases, or any disease reportable under the Disease Prevention and Control Act may consent to that care. Any minor 17 years of age or older may also give effective consent to the donation of blood.

Any minor 14 years of age or older may give consent for voluntary inpatient treatment under the Mental Health Procedures Act, provided that he or she substantially understands the nature of the treatment. Under that act, parents must be notified and given the opportunity to object. Parental notification by physicians is discretionary, however, with respect to treatment—including counseling—for drug or alcohol problems, under the Drug and Alcohol Abuse Control Act.

In circumstances where certain minors may give effective consent to treatment, the confidentiality of those records logically follows. The exceptions to the requirement of parental consent discussed above were developed to further the public policy of encouraging minors to seek treatment. Therefore, parents should not automatically be granted access to the minor's record in these situations. Physicians

"Although patients may have a virtually unrestricted right of access to medical records, the physician still retains actual ownership and possession of the original documents."

should seek the advice of counsel if confused over the provision of medical records to parents of minors.

What is your duty of confidentiality?

A physician's ownership right in medical records includes a concomitant duty to maintain confidentiality with regard to their contents. This includes sensitive medical data concerning the patient which could pose a serious threat to a patient's right not to have personal matters revealed without consent. However, the right of confidentiality is the patient's; the physician may not waive the right. A patient is "deemed" to waive this right to confidentiality of medical records and consent to their release upon the filing of a lawsuit claiming damages for personal injuries.

Generally, the patient has an absolute right to consent to release of medical records to any interested party. However, a physician may grant access to certain authorized parties in the absence of such consent. An obvious example is a physician's right to provide medical records to other health care providers involved in consultations with respect to the patient's treatment. In addition, physicians may release medical records to any person holding a medical power of attorney. A general power of attorney does not typically grant access to medical records.

Physicians may also release medical records to insurance companies for reimbursement purposes in certain circumstances. Claim forms may contain the patient's signature authorizing release of medical records to the insurance company. Subscriber agreements between the patient and the insurance company may give consent for the release of records. However, because many subscriber agreements are signed by the representatives of the patient's employer and not the patient, neither the patient nor his or her dependents have granted the insurance company access to medical records.

Prudent physicians would obtain a separate written consent from all patients for the release of information to insurance companies for reimbursement purposes. A single written form retained in the patient's chart would suffice, except where special consent is required by statute.

Note that any signed subscriber agreement would be ineffective for the release of medical records pertaining to drug or alcohol treatment or to information with respect to HIV-related information.

How to handle HIV-related records?

Hospitals and physicians must take special precautions with medical records

containing confidential HIV-related information. According to Pennsylvania's Confidentiality of HIV-Related Information Act, this includes information about whether a patient has been the subject of an HIV-related test, has HIV or a related illness, or any information which could reasonably identify a patient as having an HIV-related condition or contact with high-risk individuals.

This means that if a patient discloses the fact that he or she is an intravenous drug user and that information is included in his or her medical record, under the statute it is considered confidential HIV-related information. Since such a broad class of information is deemed "confidential" under Pennsylvania law, physicians must be careful to release records containing such information only on a strict "need-to-know" basis.

A health care provider possessing medical records containing confidential HIV-related information must keep them absolutely confidential. The records may be released to the patient, of course, as well as to any person designated by the patient's written consent specific to the HIV-related information. The physician may also disclose the information to any other health care provider involved in the emergency care or routine treatment of the patient without a specific release.

Other parties who have the right of access to HIV-related information without the patient's consent are:

- peer review or accreditation bodies, or other entities which provide oversight to health care providers;
- insurers, for reimbursement purposes only;
- state and local health officials, for purposes of disease control or vital statistics gathering;
- employees of juvenile justice and child welfare agencies providing residential placement who have a need to know the HIV status of the child; and
- funeral directors.

Pennsylvania law does not require physicians to segregate confidential HIV-related information from other portions of the patient's medical record. Therefore, physicians should be wary of inadvertent, yet illegal disclosures of HIV-related information when any patient's records are being transferred for any reason. ◊

Vance A. Fink Jr., a third-year student at Dickinson Law School, Carlisle, and legal intern in the Society's Office of General Counsel, contributed to this article.

ACTIONS OF THE BOARD OF TRUSTEES, MARCH 7-8, 1995

DEUNIFICATION LANGUAGE PREPARED FOR FALL

Anticipating that unification with the AMA may again be up for debate at the State Society's annual meeting in October, the Society's Board of Trustees at its March meeting directed the Committee on Bylaws to develop and publish in the Official Call language to deunify from the AMA. Whether the board would support such a change, however, is undecided at this time.

Unification was one of the most hotly debated issues at the 1994 annual meeting, where delegates cited a number of reasons to deunify, including philosophical differences with the AMA, declining membership, and the costs involved with joining the county, state, and national federation. Advocates—who won the vote—countered by saying unification was "critical" to the well-being of the profession.

The board's most recent action will provide the opportunity for timely action on deunification should the House of Delegates support such a move in October. The board will consider its position on the issue at its September meeting.

SOCIETY SUPPORTING PEDIATRIC PROGRAM

The Pennsylvania Medical Society will lend its support to the Pennsylvania Academy of Pediatrics' Educating Physicians in Their Communities Program—a public health program offering continuing medical education (CME) credit.

The program seeks "to improve the health care of children through practical, community-based, quality medical education to primary care providers and their medical and office personnel," according to the academy. Specific goals are to:

- develop a network of community pediatricians who can present medical education to the health care providers in their communities,
- provide practicing primary care physicians and other providers with quality, practical education in their own communities,
- improve the access and quality of health care for children with special health care needs and their families, and
- provide primary health care providers for children with links to the early childhood and early intervention service providers within their communities.

The academy requested the Society's endorsement to draw more physicians into the program. The Society's Council on Education and Science in turn requested board endorsement of the project, saying it "provides a good CME opportunity dealing with an important topic."

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MEMBER INPUT SOUGHT ON PATIENT INTERFERENCE CASES

The Society's House of Delegates in October 1994 referred to the board a resolution calling for a study of cases in which insurance companies have interfered with patient care. The board in March approved two actions to implement the resolution.

First, the Society will publish articles in several consecutive issues of *PENNSYLVANIA MEDICINE* and *Executive Report* soliciting input from members on managed care payer interference. Accompanying the article is a Quality Alert Form for members to use to report cases of interference in patient care. This initiative begins this month in both publications. See pages 18-19.

Also, the Society will notify the AMA of these efforts and request its assistance in supplying additional information to support the Society's efforts.

The Society will use the real-life examples provided by members and the AMA to support legislative and regulatory managed care safeguards. Plans are to eventually request meetings with Pennsylvania's new insurance commissioner and secretary of health to discuss corrective safeguards.

LOBBYING EFFORT TO FOCUS ON CANCER SCREENING

At the recommendation of the Interspecialty Section, the board endorsed the concept of colorectal cancer surveillance, and agreed to pursue mandatory coverage for such surveillance in health care and health insurance reform legislation as it evolves in the Pennsylvania legislature and the U.S. Congress.

In 1994, the Society actively supported similar legislation to mandate insurance coverage of colorectal cancer screening, among other services. The bill unanimously passed the Senate, but was never considered by the House of Representatives.

The Society maintains that such a law would increase the incidence of colorectal screening, resulting in a higher percentage of cures by early detection and surgery. It also notes that the surveillance is consistent with recommendations of the U.S. Preventive Services Task Force.

The Society, in addition to planning its lobbying strategy, is preparing for strong opposition to such legislation from the insurance industry.

Board Votes to Support Goals of Physician-Owned Managed Care Organization

The State Society's board at its March meeting approved recommendations: 1) to fully support and endorse the goals of the Pennsylvania Physician Healthcare Plan, Inc. (PPHP), which aims to be Pennsylvania's first physician-owned managed care organization; and 2) to continue discussions with PPHP leadership in evaluating how the Society and its subsidiaries can assist and coordinate efforts with PPHP.

An interview with PPHP founder Gary Brown, MD, begins on page 14 of this issue. Details of the relationship forming between PPHP and Infinity Management Services, Inc.—a subsidiary of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC)—is slated to appear next month in *PENNSYLVANIA MEDICINE*.

Veterans' Health Care: Lessons for Care Planners

Maureen Hoepfer

Integrated care is a popular trend in today's health care marketplace. In this article, the former Pennsylvania secretary of health, now chief of staff at the Lebanon VA Medical Center, H. Arnold Muller, MD, describes a model integrated health care system which has been operating for almost 50 years—the medical centers run by the U.S. Department of Veterans Affairs.

As legislators, government officials, and health care providers continue the debate over the best way to reform the nation's health care system, H. Arnold Muller, MD, believes health care planners can learn some lessons from the medical system run by the U.S. Department of Veterans Affairs (VA).

"The VA operates the only fully integrated national health care system in the United States," says Dr. Muller. "It is composed of medical centers, outpatient clinics, nursing homes, and community domiciliaries. The system also provides health care across a wide range of modalities of care, including preventive, acute inpatient, subacute and chronic inpatient, ambulatory, tertiary, nursing home, and hospice care. The VA provides one of the best health care bargains now available."

The American College of Physicians' 1990 position paper, "Access to Health Care," points to the VA as an example of a system which has been able to care for a large population, while at the same time controlling the costs of that care.¹

In the past decade, when health care costs in the private sector increased at a rate that greatly exceeded the rise in the consumer price index, the VA inflation-adjusted budget remained nearly flat. The efficiency of the VA during this period can be seen in the markedly reduced average length of stay on acute medical and surgical services, which allowed for an increase in the total number of patients treated.²

The veteran population

According to Dr. Muller, the VA serves a veteran population totaling more than 24 million. Of these, about 25,000 served during World War I, eight million are World War II veterans, 4.7 million served during the Korean War, 8.3 million fought in Vietnam, one million served in the Persian Gulf, and six million are peacetime vets. (Some veterans served in more than one conflict.)

On average, the VA directly cares for about four million of the 24 million veterans. This means the majority of veterans seek medical help in the private sector. "Overall, the number of veterans is decreasing, but the older veteran group [age 65 and over] is increasing numerically and will reach 120 percent of the total number over the next 10 to 20 years," he says.

The aging of the veteran population means that VA medical centers have a skewed patient mix, when compared with most other health care facilities in the United States. Dr. Muller says, "Our patients tend to be older and sicker, and many are indigent or fall close to the poverty line."

Veterans age 50 and over are often afflicted with dementia, strokes, cardiovascular disease, peripheral vascular disease, diabetes, cancer, liver disease, and nutritional deficiencies. The most frequent problems encountered among the younger vets (age 50 or less) are substance abuse, depression, post-traumatic stress disorder, and AIDS. "Both groups show a disproportionate number of pulmonary diseases because many veterans smoke heavily," he adds.

Several disease states affecting veterans may not be readily recognized by physicians as service related, Dr. Muller says. These include depression, post-traumatic stress disorder, substance abuse, AIDS, and Persian Gulf syndrome.

Post-traumatic stress disorder (PTSD), in particular, has been classified in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* as an anxiety disorder in which

Ms. Hoepfer is a marketing associate for the Society's Educational and Scientific Trust. This article is one of a series, begun in January 1993 and ongoing through 1995, sponsored by the Trust's endeavor to address public health needs, Keystones of Public Health. H. Arnold Muller, MD, who is featured in this article, serves on the Keystones Steering Committee.

"the essential feature is the development of characteristic symptoms following a psychologically traumatic event that is generally outside of the range of human experience."³ PTSD may cause a wide variety of physical and emotional symptoms, including recurrent recollections or dreams about the event, depression, irritability or emotional outbursts, inability to sleep, difficulty in concentrating, and gastrointestinal or musculoskeletal disorders.

"Physicians treating veterans should be aware that a patient's substance abuse problem may reflect underlying PTSD," Dr. Muller says. "Also, this syndrome not only affects Vietnam vets; World War II and Korean veterans may have PTSD. For example, recently I treated a 61-year-old man who was still having debilitating flashbacks from a World War II experience when he was only 18."

Persian Gulf syndrome is an ill-defined illness that affects some of those who served during Desert Storm. It is characterized by a variety of symptoms, including skin rashes, changes in bowel habits, fever, malaise, and weight loss.

The VA system

To care for its huge patient load, the VA operates a health care system with facilities in all 50 states. It is composed of 171 medical centers, 355 outpatient clinics, 130 nursing homes, and numerous community domiciliaries.⁴ Pennsylvania has nine VA medical centers and several VA clinics.

The VA is an integrated system whereby patients can move from one setting to another—from acute care to long-term care facilities—and also incorporates unique features that set it apart from private sector health care systems or facilities:

- *Dental Services*—Unlike most hospitals, VA medical centers have full-time dentists on staff and often offer outpatient dental services at VA clinics.
- *Hospice Units*—Because many veterans treated at VA medical centers are older, indigent, and alone, most centers have hospice units on site.
- *Nursing Homes*—For the reasons cited above, many VA medical centers also operate on-site long-term nursing care facilities.
- *Substance Abuse Centers*—VA medical centers often have extensive substance abuse treatment (including acute detoxification capabilities) and rehabilitation programs.
- *Chaplains*—The VA employs full-time chaplains. These chaplains often take on additional responsibilities which complement those of social workers or psychologists.
- *Psychiatric Services*—Although most VA medical centers are not primarily psychiatric facilities, they do have sizable inpatient psychiatry services. For example, the Lebanon VA hospital has 150 beds reserved for psychiatric patients.
- *Geriatric Care*—One of the VA's most notable programs is geriatric care. This →

Pennsylvania's VA Medical Centers—A Valuable Resource

Physicians evaluating patients who are veterans may contact any of the nine VA medical centers in Pennsylvania for consultations or referrals (see list below). Two of the facilities—Coatesville and Pittsburgh Highland Drive—are psychiatric hospitals; the other seven are general hospitals, with the Philadelphia VA Medical Center and Pittsburgh University Drive VA offering tertiary care services. All but two of the centers have affiliations with medical schools.

The VA medical centers will evaluate and treat anyone who has served in the military. However, only certain categories of veterans under law are eligible for free VA care: former prisoners of war, World War I vets, low-income veterans, those with service-connected disabilities, veterans with Agent Orange exposure, those receiving a veterans' pension, and servicemen alleging exposure to ionizing radiation (Hiroshima, Nagasaki, and western United States).

Veterans not eligible for free care may choose to be treated at a VA medical center, but must pay for a small portion of their care. To determine eligibility, physicians should advise patients to contact their local VA medical center and ask to speak with the eligibility clerk. The referring physician may also call the local VA hospital's admitting physician or the appropriate referral service (i.e., medicine, surgery, psychiatry, etc.). Staff at VA medical centers are also available to speak to physician groups about the VA health care system. Call your local VA hospital and ask for the public relations office.

Pennsylvania's VA Medical Centers

Altoona, (814) 943-8164
Butler, (412) 287-4781
Coatesville, (610) 384-7711
Erie, (814) 868-8661
Lebanon, (717) 272-6621

Philadelphia, (215) 823-5800
Pittsburgh (Highland Drive), (412) 363-4900
Pittsburgh (University Drive), (412) 683-3000
Wilkes-Barre, (717) 824-3521

Something to Send for...

The Educational and Scientific Trust of the Pennsylvania Medical Society, under contract with the Pennsylvania Department of Health, researched and wrote a booklet for physicians on the health problems of Vietnam veterans. The book includes clinical information on chemical exposure, bacterial and parasitic infection, and the psychological problems that physicians should take into account when examining patients who served in Southeast Asia.

To obtain a free copy, write to the Pennsylvania Vietnam Veterans Health Initiative Commission, Pennsylvania Department of Health, PO Box 90, Room 1000 Health and Welfare Building, Harrisburg, PA 17108.

program has played a major role in the development of geriatric care nationally.⁵ For example, the VA pioneered inpatient geriatric evaluation management units (GEMs), and the VA Office of Geriatrics has been responsible for such innovative programs as hospital-based home care teams, contracted adult day care, and Geriatric Research, Education, and Clinical Centers (GRECCs).

In addition, Dr. Muller says, the VA in recent years has been experimenting with several types of community living arrangements for veterans suffering from substance abuse or chronic physical or mental illness. The Lebanon VA Medical Center, for example, owns a home and leases a portion of a building in downtown Lebanon which are used for veterans recovering from substance abuse.

"Keeping these patients in the hospital reinforces the idea that they are sick when they are not," Dr. Muller explains. "We start them out with compensated work therapy here at the hospital and then graduate them to community living arrangements. They are taught skills that they can eventually sell to society in terms of having a trade. Our goal is to make them productive members of the community."

Another VA community living arrangement involves veterans who have chronic illnesses and are unable to work. The VA contracts with local citizens to care for one or more veterans in their homes. These veterans "pay their way" in this arrangement by using their government pensions. "This approach, for the most part, constitutes a win-win situation for both parties. The vet profits from living in a more caring, normal setting, and the community benefits from the payments the caregivers receive from the veterans."

VA/medical affiliations

In its 1990 position paper, the American College of Physicians applauded the Veterans Administration's success in establishing strong affiliations with medical schools. The authors describe the critical role the VA plays in medical education and recommend the VA policy encouraging these affiliations be emulated in future models of national health care.⁶

Currently, 104 of the 126 medical schools in the United States have VA affiliations, and over half of all U.S.-educated physicians received some training at VA medical centers.⁷

The VA/medical connection has major benefits for both parties, according to Dr. Muller. These affiliations help the VA health care system meet three of its major

goals, i.e., providing patient care, participating in undergraduate and postgraduate medical education, and conducting biomedical research.⁸ For example, because most members on VA medical staffs hold academic appointments at affiliated universities, the medical centers are able to attract more highly qualified physicians.

Universities, in turn, benefit from access to a large patient population for teaching and clinical research, as well as from expanded funds for faculty salaries, postgraduate training programs, and research.⁹ Nearly 12 percent of all residencies (excluding pediatrics and obstetric/gynecology) in the U.S. are funded by the VA, and a significant portion of the nation's investment in medical research (\$212 million in fiscal year 1991) is derived from VA appropriations.¹⁰ "There is no doubt that this partnership strengthens both the VA and its academic affiliates," Dr. Muller observes.

Future trends

The VA, as are all other elements of the U.S. health care system, is adapting to the "changing health care scene," according to Dr. Muller. "The system is decentralizing, and much more decision-making authority and responsibility will be vested at the local level," he explains.

In the near future, the VA health care system will be reorganized into Veterans' Integrated Service Networks (VISNs), Dr. Muller says. Each network will include four to 11 VA medical centers which will integrate services. One VISN will include the nine VA medical centers in Pennsylvania, plus the Clarksburg (West Virginia) VA Medical Center and the Wilmington (Delaware) VA Medical Center.

According to Dr. Muller, in the coming years most VA medical centers will be developing more outreach programs to provide primary care to veterans in their communities. This could involve establishing VA-staffed clinics, contracting with primary care providers for services, and developing clinics in cooperation with university affiliates. "The result," he says, "should be more proximate and more responsive health care for veterans."

Dr. Muller believes the VA health care system can serve as a model for national health system reform. "No other health care system has been built around the concept of providing high quality health care for America's veterans—health care that is provided with compassion and caring." ◊

References available upon request.

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Ignore Mergermania; Find Your Niche

Downsizing: An Alternate Solution to Managed Care Woes

Faced with the increased pressure of managed care in Pennsylvania, many medical practices see only one answer—increasing market share. To gain market share, many physicians are considering merger, when, in reality, downsizing may be a smarter move.

"Mergermania" has captured the imagination of the media, which naturally focus on the "hottest" stories: those that generate the most emotional response. As they are continually warned that they must do *something* to survive in the precarious environment, some practitioners forget that the obvious answers are not always the same as the sensational issues covered by the medical press.

If you are looking into merger simply because everyone else is, then also investigate the possibility of downsizing into a niche practice. For many practices, bigger is not better; it is worse, and it means more work. While smaller practices may have less bargaining power with hospitals and other large players, by picking the right niche, you may gain advantages in cost effectiveness or because the services you provide—or the way you provide them—are unique.

Often, downsizing means returning to your original practice goals, which may not include the hassles of working in a large group, but may well include managing your own business.

In small practices, expenses are generally more controllable. Larger is not better for everyone. Bigger practices, which are more costly to manage, often do not benefit from economies of scale the way traditional businesses do. Also, you may not need to provide the entire range of services that you now do. You may be able to trim your range of services, reduce your overhead, and work smarter. Know what you want and go after it.

Focus on services

Start by focusing on the services you provide. Must you "cover all the bases?" Perhaps, for example, you are practicing as a pediatrician/allergist. Focus on your mission. Ask "Do I need to provide allergy testing and shots as a pediatrician? Does providing allergy testing really enhance my pediatric practice? At what cost? At what benefit? How often do my patients use these services?"

If you are part of an ENT group, providing hearing aids could be lucrative—keep that service. But you may be losing money, or not making very much, by providing ENGs. Can you send your patients to the hospital for them? If so, what is the cost? The benefit? How many patients, if any, would leave your practice if you stopped providing this test in the office?

You may have a satellite office that costs you more to run than you earn from seeing patients there. You could earn the same income by seeing those patients at your central office, and you would eliminate the additional overhead expenses—travel, lease payments, additional staff—associated with the satellite. Be sure, however, to thoroughly account for all revenues generated by the satellite, including procedures in your main office.

If you are an older practitioner considering a phase-out in the foreseeable future, strongly consider downsizing. To be prudent, also consider the possible effects of downsizing on your practice's goodwill value. If you do downsize, then, whether you actually sell your practice or not when the time comes to retire, you can ease your way out by relying on strong professional relationships with other physicians who will provide more care to your patients as you provide less. If you have good legal advice, you can easily do this without invoking Stark II or other anti-kickback laws.

Fewer physicians?

Occasionally, a group practice may find that it has effectively identified its niche. The physicians are comfortable with their niche. Still, lower revenues are a fact of life, and this five-doctor practice should really have only four or three physicians to maximize physician efficiency.

Tough choices are in order. You are partners; you can fire staff, but not one another. It may be time to sit down as a group and decide that one or two of you should leave. Families are involved, and there may be some struggling ahead, so your group discussions should remain as cordial and supportive as possible.

Investigate all your options:

- Is early retirement in order for someone?
- If one or two of the younger doctors want to be more aggressive—offer more services, work more hours, contract with more health care plans—perhaps they should work toward those ends by striking out on their own.
- Maybe your Philadelphia or Pittsburgh practice is increasingly less attractive to one or two of you. Can you find more happiness in Easton, Altoona, or another smaller city or town?

This type of splintering of a group is rare. If the members of your group practice would rather suffer together than prosper separately, you could simply allow income levels to drop without taking any kind of proactive measure.

You may decide to subcontract or subcapitate services to another practice. For example, your group may propose to do all the gastrointestinal work for a large primary care practice with a number of large managed care contracts.

If your group's philosophy is that it is unnecessary to be all things to all people, or to enlarge or merge, or to take on mountains of risk in return for big payoffs, you can indeed find your own niche and prosper in it.

The contributing author, Sandra E. D. McGraw, JD, MBA, is a principal attorney and consultant with The Health Care Group, Inc., and Health Care Law Associates PC, based in Plymouth Meeting.

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Raymond C. Baron, MD, Wyncote
University of Lausanne, Switzerland, 1942; age 81, died February 23, 1995. Dr. Baron was an internist. •

Joy M. Casciano, MD, Stroudsburg
University of South Florida College of Medicine, 1981; age 37, died February 14, 1995. Dr. Casciano was an obstetrician-gynecologist. •

Thomas D. Clayton, MD, Coatesville
Meharry Medical College School of Medicine, Tennessee, 1932; age 89, died February 3, 1995. Dr. Clayton was a general practitioner. •

Kay B. Cuthbert, MD, St. Petersburg, FL
University of Pittsburgh School of Medicine, 1945; age 80, died February 24, 1995. Dr. Cuthbert was a family practitioner. •

William H. Dreibelbis, MD, Snow Shoe
Hahnemann University School of Medicine, 1932; age 90, died October 12, 1994. Dr. Dreibelbis was an internist. •

Thomas F. Fletcher, MD, Camp Hill
Age 74, died February 27, 1995. Dr. Fletcher specialized in pediatric cardiology. •

E. Fannie Freedman, MD, Philadelphia
Temple University School of Medicine,

1935; age 84, died February 21, 1995. Dr. Freedman was a general practitioner. •

Harry S. Good, MD, Allentown
University of Pennsylvania School of Medicine, 1934; age 87, died March 9, 1995. Dr. Good was a general surgeon. •

Edgar M. Hall, MD, Berwyn
University of Pennsylvania School of Medicine, 1938; age 80, died March 1, 1995. Dr. Hall was an internist. •

Emil A. Lintzmeyer, MD, Media
University of Pennsylvania School of Medicine, 1923; age 96, died February 11, 1995. Dr. Lintzmeyer specialized in cardiovascular diseases. •

John R. Liska, MD, Hilton Head Island, SC
University of Pittsburgh School of Medicine, 1933; age 86, died February 28, 1995. Dr. Liska was a urologist. •

Lancess McKnight, MD, Philadelphia
Howard University College of Medicine, 1930; age 93, died March 9, 1995. Dr. McKnight was a pathologist. •

Steven A. Mersky, MD, Merion Station
Jefferson Medical College of Thomas Jefferson University, 1970; age 49, died March 13, 1995. •

Harry I. Miller, MD, Pittsburgh
University of Pittsburgh School of Medicine, 1929; age 88, died February 16, 1995. Dr. Miller was an internist. •

Frank A. Pantalone, MD, Greensburg
Royal University of Naples, Italy, 1938; age 83, died February 26, 1995. Dr. Pantalone was an orthopedic surgeon. •

Thomas W. Tucker, MD, Spring Garden
Hahnemann University School of Medicine, 1940; age 81, died February 25, 1995. Dr. Tucker was a general practitioner. •

M. William Yarrow, MD, Elkins Park
Georgetown University School of Medicine, Washington, DC, 1944; age 74, died May 18, 1995. Dr. Yarrow specialized in cardiovascular diseases. •

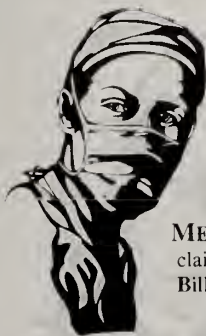
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CENTER COMPLETES FIRST SET OF DRUG PROFILES

The Society's Center for Professional Drug Education and Information has completed the first classification of drug profiles, H₂ Antagonists, for Medicaid retrospective drug utilization review. The profiles are based on prescription drug claims filed for a specific patient and identify problem areas such as therapeutic duplication, disease/drug interactions, drug-drug interactions, and over utilization. The response has been interesting.

Physicians for the most part were grateful for the information and found it to be useful. In many instances, they were unaware that the patient was taking all the medications noted on the profile. In those cases where the physician took issue with the profile because he or she felt the case history warranted the therapy prescribed, he or she was reassured that the process was both informational and educational, not punitive in nature. Final results are still pending.

Your Comments Are Welcomed

The Society's Center for Professional Drug Education and Information welcomes your questions and comments about issues relating to prescribing, drug interactions, or specific pharmaceuticals. Use this form to fax your questions and/or comments.

QUESTIONS/COMMENTS

Name

Address

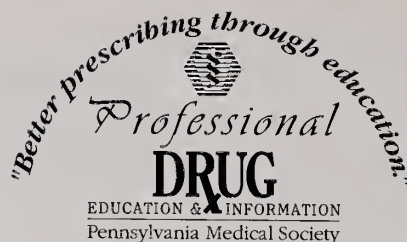
City

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Fax to Barbara Layne at (717) 558-7848.

Or mail to the Center at P.O. Box 8820, Harrisburg, PA 17105-8820



To date, the response rate for returned alert letters is 61.1 percent. This rate far exceeds the average of approximately 30 percent for other states. The Center hopes physicians will continue this outstanding response so we can demonstrate that physicians are concerned. Education is the way to enhance prescribing decisions.

The second classification of drug profiles is now in progress and will survey anti-depressants. Criteria for the classification has been formally reviewed by the Psychiatric Physicians of Pennsylvania and the state's Drug Utilization Review Board. Recipient profiles for this classification of drugs will be reaching physician offices in June. We ask that if you receive a profile,

please take time to review the contents and respond. Your input is necessary for the program to be successful.

Resources

The newest drug cost comparison wall charts and pocket cards are fresh off the press. Available are charts and cards for ACE Inhibitors, H₂ Antagonists, Beta Adrenergic Blockers, and Centrally and Peripherally Acting Antiadrenergic agents, as well as updates for the existing cards.

Physicians on our mailing list will receive this information shortly. If you wish to receive these materials and have not added your name to our mailing list, please call the Center at (800) 228-7823.

Q&A: Drug Utilization

The Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug interactions, side effects, and other drug-utilization issues. In an effort to share this information, the Center selects a question of general interest to appear in this column each month. The response, prepared by our clinical pharmacist, Brenda Trimmer, RPh, FASCP, is based on an abstract of the latest scientific literature that has been developed with input and knowledge of experienced clinicians. If you have a question that you think would be of general interest, please contact the Center at (800) 228-7823.

Q: Can you provide information regarding low-molecular-weight heparin?

A: Enoxaparin is the first low-molecular-weight heparin marketed in the United States. It is currently approved only for the prevention of deep vein thrombosis, which may lead to pulmonary embolism following hip replacement. The trade name is Lovenox®, manufactured by Rhone-Poulenc Rorer. The dosing recommendation is a fixed dose of 30 mg subcutaneously twice a day. Patients with known hypersensitivity to heparin or pork products should not be treated with enoxaparin. Lovenox is not intended for IM or IV administration. Treatment should be continued throughout the postoperative care period until the risk of DVT has diminished. The average duration of administration is seven to 10 days. There is usually no need for daily monitoring of the effect of enoxaparin in patients with normal presurgical coagulation parameters. The most serious adverse reaction associated with enoxaparin therapy is bleeding, which may involve minor bleeding or frank hemorrhage. If bleeding is serious, enoxaparin therapy should be discontinued, and protamine can be administered as an antagonist. Recent journal articles on enoxaparin from *JAMA*, *Archives of Internal Medicine*, *The Journal of Bone and Joint Surgery*, *New England Journal of Medicine*, and *Lancet* are available from the Center's library. Call (800) 228-7823 for more information.

New Therapeutic Agents Marketed in 1994

This is the second and final in a series of articles overviewing new drugs approved and marketed in the U.S. in 1994.

Daniel A. Hussar, PhD

A total of 21 therapeutic agents reached the U.S. market for the first time in 1994, representing a continuation of the decline from the record number of 31 new therapeutic agents which were marketed in 1991. This review of the therapeutic agents first marketed in 1994 considers their most important properties. When additional information is needed, more comprehensive references and the product literature should be consulted.

IMMUNOSUPPRESSANT

Tacrolimus (Prograf-Fujisawa), previously known as FK506, is an immunosuppressant with properties that are most similar to those of cyclosporine (Sandimmune). It is indicated for the prophylaxis of organ rejection in patients receiving allogeneic liver transplants, and it is recommended that the new drug be used concomitantly with an adrenal corticosteroid.

The efficacy and safety of tacrolimus following liver transplantation were assessed in two studies which included active control groups treated with a cyclosporine-based immunosuppressive regimen (CBIR). The one-year patient survival and graft survival in the tacrolimus-based treatment groups were similar to those in the CBIR treatment groups. Tacrolimus may be effective in preventing rejection in liver transplant patients who fail cyclosporine or other immunosuppressive treatment, and the new drug represents an important and in some patients life-saving addition to the small group of immunosuppressive agents.

Preliminary investigations indicate that tacrolimus is also effective in preventing rejection of kidney, heart, and pancreas transplants. However, these are not labeled indications at the present time. The labeled indications for cyclosporine include prophylaxis of rejection of kidney and heart transplants, as well as liver transplants.

Many of the adverse reactions experienced with the use of tacrolimus are the same as those associated with cyclosporine and occurred at a similar or slightly higher frequency with tacrolimus. As with cyclosporine, nephrotoxicity is an important concern with the use of tacrolimus and was observed in 40 percent of patients. It should not be used concurrently with cyclosporine, and it is recommended that tacrolimus or cyclosporine should be discontinued at least 24 hours prior to initiating the other. Other commonly reported reactions include tremor (56 percent), headache (64 percent), hypertension (47 percent), hyperkalemia (45 percent), hyperglycemia (47 percent), diarrhea (72 per-

cent), nausea (46 percent), abdominal pain (59 percent), and asthenia (52 percent).

A few patients receiving tacrolimus injection have experienced anaphylactic reactions. The parenterally administered formulation of tacrolimus contains polyoxyl 60 hydrogenated castor oil (HCO-60) as a solubilizing agent. Although the exact cause of the anaphylactic reactions is not known, it is likely that they are due to the castor oil derivative rather than tacrolimus. A similar situation is seen with the parenteral formulation of cyclosporine that also contains a castor oil derivative. Because of the risk of anaphylaxis, tacrolimus injection should be used only in patients who are unable to take the capsule formulation.

Like cyclosporine, tacrolimus is extensively metabolized in the liver, primarily by the cytochrome P-450 enzyme system. Tacrolimus blood concentrations may be increased by other drugs that inhibit these enzymes (e.g., diltiazem [Cardizem], ketoconazole [Nizoral], cimetidine [Tagamet], erythromycin) and decreased by other drugs that increase the action of these enzymes (e.g., phenobarbital, phenytoin [Dilantin], rifampin [Rifadin, Rimactane]).

Whereas the use of cyclosporine is initiated four to 12 hours prior to the transplantation procedure, the initial dose of tacrolimus should be administered no sooner than six hours after transplantation. When administered orally, tacrolimus is administered in two divided daily doses every 12 hours. Cyclosporine is usually administered once a day. Tacrolimus capsules are supplied in 1- and 5-mg potencies. The injection is supplied in 1-ml ampules containing 5 mg of tacrolimus.

ANTIHISTAMINE

Acrivastine/pseudoephedrine hydrochloride (Semprex-D-Adams; Burroughs Wellcome) represents a combination of a new antihistamine and an "old" decongestant. Acrivastine is not available as a single agent, but only in the combination formulation that is indicated for the relief of symptoms associated with seasonal allergic rhinitis (hay fever) such as

sneezing, rhinorrhea, pruritus, lacrimation, and nasal congestion.

Acrivastine is a structural analog of triprolidine (the antihistamine component of Actifed) and exhibits histamine H₁-receptor antagonist activity. Like triprolidine, but unlike other newer antihistamines (terfenadine [Seldane], astemizole [Hismanal], loratidine [Claritin]), acrivastine causes somnolence (i.e., drowsiness, sedation, sleepiness) in a number of patients. Patients should be advised to determine their individual response to the medication before engaging in activities requiring mental alertness such as driving a car or operating machinery. The concurrent use of alcohol or other central nervous system (CNS) depressants may cause additional impairment of CNS performance and should be avoided.

The precautions to be observed with the use of acrivastine/pseudoephedrine are similar to those of the related, previously marketed products (e.g., Actifed) and, for the most part, are associated with the pseudoephedrine component of the combination. Its use is contraindicated in patients taking a monoamine oxidase inhibitor (MAOI) and for two weeks after stopping use of a MAOI because of the risk of serious reactions (e.g., hypertensive crisis). Patients should be advised against the concurrent use of the new product with non-prescription antihistamines and decongestants.

Semprex-D capsules contain 8 mg of acrivastine and 60 mg of pseudoephedrine hydrochloride. The recommended dosage for adults and children 12 years and older is one capsule every four to six hours four times a day. The short duration of action and need to administer the product four times a day are disadvantages when the new product is compared with certain other formulations that have a longer duration of action and more convenient dosage regimens.

AGENT FOR RHINITIS

Budesonide (Rhinocort-Astra) is an anti-inflammatory corticosteroid that is administered by nasal inhalation for the management of symptoms of seasonal or perennial allergic rhinitis in adults and children, and nonallergic perennial rhinitis in adults. It is the fifth corticosteroid to be administered locally in the treatment of allergic or inflammatory nasal conditions, joining beclomethasone dipropionate (Beconase, Beconase AQ, Vancenase, Vancenase AQ), dexamethasone sodium phosphate (Dexacort), flunisolide (Nasalide), and triamcinolone acetonide

(Nasacort). In early 1995, a sixth corticosteroid, fluticasone propionate (Flonase), was marketed in a formulation for nasal administration.

The adverse reactions most often associated with the use of budesonide are symptoms of irritation of the nasal mucous membranes and include nasal irritation (four percent); epistaxis and/or bloody mucus (four percent); sneezing after use of nasal inhaler (two percent); and nasal dryness, soreness, and stinging/itching (each one percent). However, each of these reactions was reported at a similar or greater frequency in the patients receiving placebo, suggesting the possibility that the vehicle or the rhinitis itself was responsible for the symptoms. Only about 20 percent of an intranasal dose of budesonide reaches the systemic circulation, and the drug is rapidly and extensively metabolized in the liver. Systemic adverse effects are unlikely to occur when budesonide is used in the recommended dosage.

Budesonide nasal inhaler is a metered-dose, pressurized aerosol unit containing a suspension of micronized drug in a mixture of propellants. Although budesonide appears to be well tolerated, some have suggested that similar formulations in which the corticosteroid is suspended in propellant mixtures or other non-aqueous media (e.g., the Beco-nase and Vancenase formulations of beclomethasone dipropionate) may be more likely to cause nasal irritation than aqueous formulations (e.g., Beco-nase AQ and Vancenase AQ formulations of beclomethasone dipropionate).

The recommended starting dose of budesonide in adults and children six years of age and older is 256 µg daily, given as either two sprays in each nostril morning and evening or as four sprays in each nostril in the morning. Following the initiation of treatment, a decrease in symptoms may occur as soon as 24 hours; however, generally it takes three to seven days to reach maximum benefit.

ANTIASTHMATIC AGENT

Salmeterol xinafoate (Serevent-Allen and Hanburys) is a selective beta₂-adrenergic receptor agonist that is administered by oral inhalation in the treatment of asthma. It is structurally similar to albuterol (Proventil, Ventolin), but has a considerably longer duration of action following oral inhalation (about 12 hours in most patients). The new drug is indicated for long-term, twice-daily (morning and evening) administration in the maintenance treatment of asthma, and in the prevention of bronchospasm in patients 12 years of age and older with reversible obstructive airway disease, including patients with symptoms of nocturnal asthma who require regular treatment with inhaled, short-acting beta₂-adrenergic agonists. Because of its long duration of action, salmeterol may be particularly useful in patients with nocturnal asthma, and the reduction of symptoms can be expected to improve sleep quality. The twice-daily dosing regimen with salmeterol may also enhance compliance.

Salmeterol is also indicated for prevention of exercise-induced bronchospasm in patients 12 years of age and older. Again, the long duration of action can be advantageous, especially in asthmatics who engage in sustained exercise.

Salmeterol has a slow onset of action (usually 15 to 20 minutes) in comparison to the other inhaled beta₂-adrenergic agonists and must not be used to treat acute symptoms. When salmeterol is prescribed, patients must also be provided with a short-acting, inhaled beta₂-adrenergic agonist (e.g., albuterol) for the treatment of acute symptoms that occur despite twice-daily use of salmeterol.

Those patients who have already been taking a short-acting, inhaled beta₂-adrenergic agonist on a regular daily basis should be advised to discontinue their regular daily-dosing regimen and instructed to use the short-acting agent only for symptomatic relief if they develop acute asthma symptoms while using salmeterol. It is essential that patients be carefully instructed regarding the appropriate use of salmeterol, as well as the appropriate use of the short-acting beta₂-adrenergic agonist that provides a rapid onset of action when administered by oral inhalation for the treatment of acute symptoms.

The most common adverse reactions considered to be related to the use of salmeterol during clinical trials were headache (10 percent), tremor (three percent), cough (three percent), and dizziness (two percent). These effects were experienced at about the same incidence in the patients receiving albuterol.

The recommended dosage of salmeterol in adults and children 12 years of age and older for maintenance of bronchodilatation and prevention of symptoms of asthma is two oral inhalations (42 µg) twice daily (morning and evening, approximately 12 hours apart). If symptoms arise in the period between doses, a short-acting, inhaled beta₂-adrenergic agonist should be taken for immediate relief, and the patient should not take higher doses of salmeterol (i.e., administration of doses more frequently than every 12 hours, or more than two inhalations per dose).

AGENT FOR CYSTIC FIBROSIS

The marketing of *dornase alfa* (Pulmozyme-Genentech) represents an important advance in the management of cystic fibrosis (CF) and has been described as the first new therapeutic approach in 30 years for this disorder. Its development made possible by the advances in biotechnology, the new agent is a recombinant form of natural human deoxyribonuclease I (also known as DNase or rhDNase), and it contains 260 amino acids in a sequence that is identical to that of the native human enzyme. Dornase alfa solution is administered by inhalation of an aerosol mist produced by a compressed air-driven nebulizer system. It acts like "molecular scissors" and selectively cuts extracellular DNA, making the thick secretions that clog the respiratory passages and are a "breeding ground" for bacteria less viscous and easier to clear.

Dornase alfa is indicated for daily use, in conjunction with standard therapies, in the management of CF patients to reduce the frequency of respiratory infections requiring parenteral antibiotics and to improve pulmonary function. Although it is not a cure for CF and does not replace current therapies, dornase alfa has, in many patients, reduced the risk of respiratory tract infection and the subsequent need for and cost of parenteral antibiotic therapy, hospitalization, and other related health care services. Many patients with mild to moderate pulmonary dysfunction experienced an improvement in lung function as well as their quality of life, as evidenced by less breathlessness, coughing, and waking up in the middle of the night to cough and catch their breath. A reduction in the time missed from school, work, and other activities was also observed.

Dornase alfa inhalation solution is supplied in single-use ampules that contain 2.5 mg of the drug in 2.5 ml of a sterile aqueous solution. The recommended dosage in most patients is 2.5 mg inhaled once daily using a recommended nebulizer. Some studies suggest that the drug may be less effective in older patients (over 21 years) than in younger patients and that twice-daily dosing may be required in the older patients.

ANTIEMETIC AGENT

Granisetron hydrochloride (Kytril-SmithKline Beecham) is a selective antagonist of 5-hydroxytryptamine₃ (5-HT₃) receptors and has properties that are most similar to those of ondansetron (Zofran). It is indicated for intravenous administration for the prevention of nausea and vomiting associated with initial and repeat courses of emetogenic cancer therapy, including high-dose cisplatin (Platinol).

In the three years in which it has been available in the United States, ondansetron has proven to be a highly effective and well tolerated antiemetic agent. In comparative studies, granisetron appears to be at least as effective; however, in some of these investigations, the doses used were different than those recommended in the product labeling. Since its introduction, ondansetron has also been approved for postoperative nausea and vomiting, and in a tablet dosage form for oral use. It can be expected that, as additional studies with granisetron are completed, its labeled indications will expand, and an oral dosage form will be approved.

The recommended dosage of granisetron is a single 10 µg/kg dose infused intravenously over five minutes, beginning within 30 minutes before initiation of chemotherapy and only on the day(s) chemotherapy is given. In many patients a single dose of granisetron is effective over a period of about 24 hours which is of benefit in preventing the nausea and vomiting that may occur late in the first 24 hours with agents such as intravenously administered cyclophosphamide (Cytoxan). However, during clinical trials, some patients needed a second dose after 14 to 18 hours.

Single-use vials are supplied that contain granisetron hydrochloride in an amount equivalent to 1 mg of granisetron per ml.

ANTINEOPLASTIC AGENT

The formulation of the enzyme L-asparaginase (Elspar) that has been marketed for a number of years is derived from *E. coli*. Although this product has been used effectively, primarily in combination regimens for the treatment of certain leukemias in children, it has several important limitations including a risk of severe hypersensitivity reactions (reported in the literature in three percent to 73 percent of patients), a short duration of action, and the potential for resistance to its action as a result of the development of anti-asparaginase antibodies.

Pegaspargase (Oncaspar-Enzon; Rhone-Poulenc Rorer) is a modified form of L-asparaginase (*E. coli* derived) that is produced by covalently conjugating units of monomethoxypolyethylene glycol (PEG), molecular weight of 5,000, to the enzyme. In this "pegulation" process, the PEG is conjugated to asparaginase at sites not involving the active site of the enzyme. This enables free access of asparaginase to the active site of the enzyme, thereby preserving the therapeutic activity of the enzyme. In addition, the immunogenicity of pegaspargase is substantially lower than that of native asparaginase, and the plasma half-life of the new agent is significantly longer.

Pegaspargase is indicated for patients with acute lymphoblastic leukemia (ALL) who require L-asparaginase in their treatment regimen, but have developed hypersensitivity to the native forms of L-asparaginase. It is generally used in combination with other chemotherapeutic agents such as vincristine (Oncovin), methotrexate, cytarabine (Cytosar-U), daunorubicin (Cerubidine), and doxorubicin (Adriamycin). The use of pegaspargase as a single agent should only be undertaken when multi-agent chemotherapy is judged to be inappropriate for the patient. The effectiveness of pegaspargase has been demonstrated to be similar to that of native asparaginase. It has been effective and tolerated in some patients whose previous hypersensitivity reactions to asparaginase were sufficiently severe that they would not have been able to receive any further treatment.

Pegaspargase may be administered by either the intramuscular or intravenous route. However, the intramuscular route is preferred because of the lower risk of serious hypersensitivity and other adverse reactions. The incidence of hypersensitivity reactions when pegaspargase was administered intramuscularly (in studies involving 126 patients) was 30 percent in patients who were previously hypersensitive to native asparaginase and 11 percent in non-hypersensitive patients. Although pegaspargase is tolerated well by many patients who are hypersensitive to asparaginase, a risk of such reactions, including immediate and life-threatening anaphylaxis, exists with the use of the new drug. As a routine precaution, it is recommended

that patients be kept under observation for one hour.

Pancreatitis, sometimes fulminant and fatal, has been experienced by some patients (one percent) treated with pegaspargase, and the drug is contraindicated in patients with a history of pancreatitis. Frequent serum amylase determinations should be obtained to detect early evidence of pancreatitis. Thrombosis was experienced by four percent of the patients treated in the clinical studies, and the use of pegaspargase is contraindicated in patients who have had significant hemorrhagic events associated with prior asparaginase therapy. Mild to severe hyperglycemia has been experienced with the use of pegaspargase, and insulin therapy was required in three percent of the patients. Blood glucose determinations should be monitored during therapy.

Pegaspargase is administered every 14 days, and the prolonged duration of activity permits fewer and less frequently administered doses than with asparaginase. It is supplied in vials containing 3,750 IU of the drug (in 5 ml). The drug may be a contact irritant, and the solution must be handled and administered with care. The use of gloves is recommended.

AGENT FOR SEASONAL ALLERGIC CONJUNCTIVITIS

Levocabastine hydrochloride (Livostin-Iolab) is a histamine H₁-receptor antagonist that is indicated for topical ophthalmic use for the temporary relief of the signs and symptoms of seasonal allergic conjunctivitis. The new drug was demonstrated to be effective in most of the patients (about 90 percent) in the clinical studies and, in several studies, it was determined to be more effective than antihistamine-decongestant combinations and cromolyn sodium. Following ophthalmic administration, levocabastine has a rapid onset of action whereas the beneficial effects of other agents may not be experienced until several days after the initiation of therapy.

Levocabastine hydrochloride is supplied as an ophthalmic suspension that contains the drug in a concentration of 0.05 percent. Patients should be advised to shake the container well before administering the drug. The formulation contains benzalkonium chloride as a preservative. Because this agent may damage soft contact lenses, the new product should not be used while soft contact lenses are being worn.

AGENT FOR PSORIASIS

Calcipotriene (Dovonex-Westwood-Squibb) is a synthetic analog of vitamin D₃ that is indicated for the topical treatment of moderate plaque psoriasis. In a comparative study with fluocinonide (Lidex), calcipotriene was shown to be at least as effective as the corticosteroid, with improvement in the condition usually beginning after two weeks of therapy. This improvement with calcipotriene treatment continued with approximately 70 per-

cent of patients showing at least marked improvement after eight weeks of therapy; however, only approximately 10 percent showed complete clearing. As the first topical vitamin D₃ analog available for the treatment of psoriasis, calcipotriene offers an option that may be better tolerated than topical corticosteroids by some patients and better accepted than preparations such as coal tar formulations.

The adverse reactions reported most often with the use of calcipotriene are burning, itching, and skin irritation, which occurred in approximately 10-15 percent of patients. Calcipotriene is contraindicated for use on the face because of facial irritation observed in the early clinical studies, and patients should be advised to avoid contact of the medication with the face and eyes.

Approximately six percent of the applied dose of calcipotriene is absorbed systemically when the ointment is applied topically to psoriasis plaques. The new drug is considered to be 100 to 200 times less disruptive to calcium metabolism than natural vitamin D; however, hypercalcemia has been reported in less than one percent of patients. If an elevation in serum calcium outside the normal range should occur, treatment should be discontinued until normal calcium levels are restored.

Calcipotriene ointment contains the drug in a 0.005 percent concentration. A thin layer of the ointment is applied to the affected skin twice daily, and rubbed in gently and completely.

AGENT FOR GAUCHER DISEASE

Gaucher disease is a debilitating and sometimes fatal genetic disorder that is characterized by a deficiency of β -glucocerebrosidase, a "housekeeping enzyme" that catalyzes the breakdown of the glycolipid glucocerebroside. The deficiency of the enzyme results in accumulation of glucocerebroside in tissue macrophages which become engorged and are typically found in the liver, spleen, and bone marrow. Patients may experience anemia, thrombocytopenia, enlargement of the spleen and liver, and deterioration of bones leading to frequent fractures. It is estimated that approximately 2,000 Gaucher patients in the United States and another 3,000 worldwide have symptoms severe enough to require treatment with enzyme-replacement therapy.

The marketing of alglucerase (Ceredase), a modified form of β -glucocerebrosidase, in 1991 represented a very important advance in the treatment of Gaucher disease. However, the supply of this placenta-derived product is insufficient to meet the anticipated need, and other methods to produce the enzyme have been investigated. This research has resulted in the approval of imiglucerase (Cerezyme-Genzyme), an analog of β -glucocerebrosidase that is produced by recombinant DNA technology. Like alglucerase, imiglucerase is indicated for long-term enzyme replacement therapy for patients with a confirmed diagnosis of Type 1 Gaucher disease that results in one or more of the following conditions: ane-

mia, thrombocytopenia, bone disease, hepatomegaly, or splenomegaly.

Imiglucerase is administered by intravenous infusion over one to two hours, and the dosage should be individualized for each patient. It is supplied in vials containing 200 units of the drug. The initial supplies of imiglucerase are limited, and the drug is available only to patients who participate in post-approval clinical research that is designed in part to determine whether lower dosages are effective. Larger production facilities are currently under construction and, eventually, when sufficient supplies are available, all patients will be treated with imiglucerase, and the use of alglucerase will be discontinued.

AGENT FOR NEPHROPATHIC CYSTINOSIS

Nephropathic cystinosis is a rare inherited disorder characterized by the accumulation of cystine in lysosomes in the kidneys, as well as other tissues. The accumulation of cystine causes renal dysfunction, usually in early childhood, which progressively worsens to a point where dialysis or a transplant is neces-

sary at a median age of less than 10 years. Patients with cystinosis also experience slow body growth, weak bones, and photophobia due to cystine deposits in the cornea.

Cysteamine bitartrate (Cystagon-Mylan) is a cystine-depleting agent that lowers the cystine content of cells and is indicated for the management of nephropathic cystinosis in children and adults. Prior to the availability of cysteamine, renal transplantation was the only effective treatment for this disorder. The new drug may significantly increase both the duration and quality of life for patients with this disease, and it represents an important advance in the management of this condition. Cysteamine acts within lysosomes to convert cystine to cysteine and cysteine-cysteamine mixed disulfide, both of which, unlike cystine, can pass through the lysosomal membrane in patients with cystinosis. Following the administration of cysteamine, the white cell cystine levels fall, and these levels should be monitored every three months to determine the adequacy of dosing. The drug cannot reverse renal damage that has already occurred, but it can help prevent progressive worsening

of renal function and also decrease the amount of cystine in muscle and other tissues.

The adverse reactions most often experienced with the use of cysteamine include vomiting (35 percent), anorexia (31 percent), and rash (seven percent). If a rash develops, the drug should be withheld until the rash clears. If a severe skin rash (e.g., erythema multiforme) develops, cysteamine should not be readministered. The use of cysteamine is contraindicated in patients who have developed hypersensitivity to penicillamine (Cuprimine).

Once a diagnosis of nephropathic cystinosis is confirmed, cysteamine treatment should be initiated promptly. Patients should be started on one-sixth to one-quarter of the maintenance dose, with the dose raised gradually over four to six weeks to avoid intolerance. Cysteamine bitartrate is supplied in capsules which provide 50 mg and 150 mg of cysteamine base.

Dr. Hussar is Remington professor of pharmacy, Philadelphia College of Pharmacy and Science, Philadelphia.

New Therapeutic Agents Marketed in 1994—Part II*

Generic Name	Trade Name	Manufacturer	Therapeutic Classification	Dosage Form	FDA Classification**
Acrivostine/pseudoephedrine hydrochloride	Semprex-D	Adams; Burroughs Wellcome	Antihistamine/decongestant	Capsule	1,4-S
Budesonide	Rhinocort	Astra	Agent for rhinitis	Metered-dose inhaler for nasal administration	1-S
Calcipotriene†	Dovonex	Westwood Squibb	Agent for psoriasis	Ointment	1-S
Cysteamine bitartrate	Cystagon	Mylan	Agent for nephropathic cystinosis	Capsule	1-P,V
Darnose alfa†	Pulmozyme	Genentech	Agent for cystic fibrosis	Solution for nebulization	††
Gronisetrone hydrochloride†	Kytril	SmithKline Beecham	Antiemetic agent	Porenterol	1-S
Imiglucerase	Cerezyme	Genzyme	Agent for Gaucher disease	Parenteral	1-P,V,E
Levocabastine hydrochloride†	Livastin	Iolab	Agent for seasonal allergic conjunctivitis	Ophthalmic suspension	1-P
Pegaspargase	Oncospar	Enzon; Rhane-Poulenc Rarer	Antineoplastic agent	Parenteral	††
Salmeterol xinafoate	Serevent	Allen and Hanburys	Antiasthmatic agent	Metered-dose inhaler for oral inhalation	1-P
Tacrolimus	Prograf	Fujisawo	Immunosuppressant	Capsule, Parenteral	1-P,E

* Part I appeared in the April 1995 issue of PENNSYLVANIA MEDICINE.

** Food and Drug Administration classification of new drugs:

1 = new molecular entity

4 = combination product

P = priority review, therapeutic gain

S = standard review, substantially equivalent

E = a drug used to treat life-threatening or severely debilitating illnesses

V = designated orphan drug

† Approved by the FDA before 1994, but not marketed until 1994.

†† A biological approved through an FDA procedure that does not assign a specific classification.

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Integration Insider

Analysis of the emerging health care marketplace in Pennsylvania.

In December 1994, PENNSYLVANIA MEDICINE published, "Keeping Up with Mergers Proves Challenging." Included was an extensive list of mergers, completed or in development within Pennsylvania. As stated in the article, "Each merger brings new light to the changing health care environment."

This month, we begin "Integration Insider," an ongoing column to update Pennsylvania physicians on the state of managed care in the commonwealth. News, divided regionally, is derived from press reports and is not intended to be comprehensive.

For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.



- Blue Cross of Western Pennsylvania and Pennsylvania Blue Shield are discussing merging their businesses to eliminate competition, improve operating efficiencies, and lower costs. Insurers say there is "high probability" a merger will occur. Blue Cross and Blue Shield plans nationwide have merged in all but five states. [*Pittsburgh Business Times*]

- The University of Pittsburgh has signed exclusively with Blue Cross of Western Pennsylvania for health insurance for university employees. The move, which staff and faculty overwhelmingly voted against, eliminates employees' HealthAmerica option. Many are concerned about finding new, Blue Cross-participating physicians. [*Pittsburgh Post-Gazette*]



- The York County Physician Organization (YCPO), which

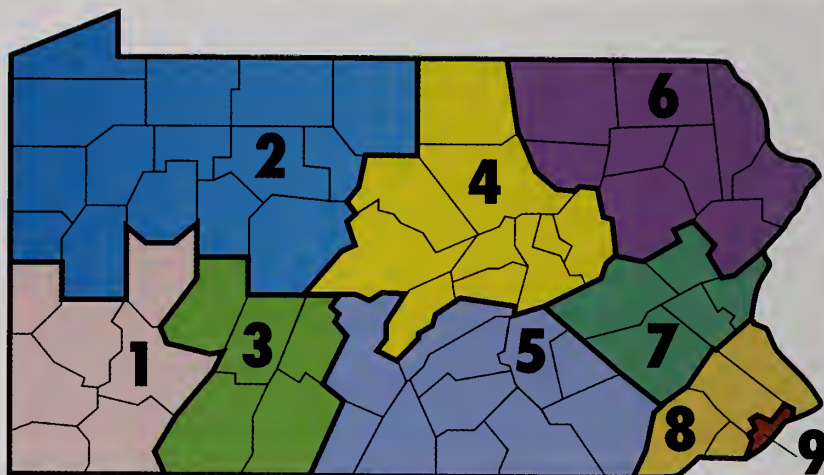
launched its membership drive for shareholders in March, reached its minimum goals of 100 total members and 50 primary care physicians by mid-April. [*YCPO News*]

- Capital Blue Cross, Camp Hill, and Penn State's Milton S. Hershey Medical Center, Hershey, have announced an agreement to jointly provide administrative support and managed care consulting services to primary care practices through their new Pennsylvania Physician Services, Inc. [*Penn State Medicine, Hershey*]

- Holy Spirit Hospital, Camp Hill, has joined with Carlisle Hospital and Penn State's Milton S. Hershey Medical Center to form a "wholesale HMO" they say will improve quality care while containing costs. [*Central Penn Business Journal, Harrisburg*]

- Some OB/GYNs at Polyclinic Medical Center, Harrisburg, are protesting the proposed merger between Polyclinic and the Capital Health System. To reduce duplication of services and save money, planning committees have preliminarily proposed serving OB, pediatric, orthopedic, rehabilitation, and neurology patients at Harrisburg Hospital, a member of the Capital Health System. Cardiovascular services would be based at Polyclinic. The OB/GYNs say that, while they do favor the merger overall, the focus at Polyclinic must be broader. [*Central Penn Business Journal, Harrisburg*]

- The Central Pennsylvania Physicians Organization's (CPPO's) 106 members have signed contracts with U.S. Healthcare. CPPO is one of the first physician organizations to sign with the insurer, which had previously refused to negotiate with such entities. [*Patriot News, Harrisburg*]



- Twenty-six Hazelton-area physicians, representing 14 specialties, have formed

Hazelton Organization of Physicians for Excellence (HOPE), a nonprofit physician organization whose goal is "to keep the focus of health care on the patient, thereby assuring them the best care possible." [*Standard-Speaker, Hazelton*]



- Three suburban Philadelphia hospitals—

Grand View Hospital, Sellersville; North Penn Hospital, Hatfield; and Doylestown Hospital, Doylestown—are in discussions about forming an alliance to collaborate rather than compete for area business. [*Philadelphia Business Journal*]



- FPA Medical Management, Inc., a San Diego-based health

care management services company, has established a network of about 1,000 primary care physicians in Pennsylvania and New Jersey. Participating in the network will give doctors more negotiating power in the managed care arena, according to FPA chairman and founder, Dr. Sol Lizerbram, a Pennsylvania native. FPA first entered the Philadelphia market last year when it signed a contract with the Greater Delaware Valley IPA, a network of 400 primary care doctors headed by Dr. Sam Lizerbram, Sol's brother. [*Philadelphia Business Journal*]

- West Jersey Health System, based in Southwestern New Jersey, is joining Thomas Jefferson University and Main Line Health System, both in Philadelphia, in planning the formation of the Healthshare Group,

"an integrated health care partnership designed to promote the development of high-quality, cost-effective, and community-focused health services." [West Jersey Health System press release]

- Officials of Temple University and Northeastern Health System, Philadelphia, earlier this year announced that a final agreement had been reached that makes Northeastern Hospital part of the Temple University Health Care System. [Temple University news release]

- Pennsylvania Hospital, Philadelphia, has established a physician-hospital organization (PHO), "which creates a partnership with shared governance between the physicians and hospital to directly contract with third-party payers." [Pennsylvania Hospital news release]

- OakTree Health Plans, Philadelphia, has merged into Oxford Health Plans of Norwalk, Connecticut, "one of the fastest-growing HMOs in the country." Purchase price was reported at \$66 million. [Philadelphia Inquirer]

Medicare/Medicaid

- The Lancaster Community Health Plan, developed by the Lancaster City and County Medical Society with the support of the Pennsylvania Medical Society, is positioned to begin managing care for Medicaid patients. [Central Penn Business Journal, Harrisburg]

- HealthAmerica of Central Pennsylvania and Keystone Health Plan Central are both considering moves to begin serving Pennsylvania's Medicare and Medicaid populations. [The Patriot, Harrisburg]

- HealthGuard, Lancaster, a wholly owned subsidiary of Pennsylvania Blue Shield, plans to become an HMO for Medicare patients. [Central Penn Business Journal, Harrisburg]

- Best Health Care, Inc., which formed in 1993 in the Philadelphia area, is aiming to start a Pittsburgh-based HMO for Medicaid patients. [Pittsburgh Business Times]

Facts, Figures, Etc.

- The Ridge administration has removed Steve Male as the state's chief regulator of HMOs. Male had been opposed to physicians establishing risk-bearing organizations. He has regulated the

commonwealth's HMO industry for more than two decades. [The Patriot, Harrisburg]

- Profits at Central Pennsylvania's HMOs have been rising for the last three years, but businesses have not received the benefit of lower health care insurance costs as a result, according to information filed at the state Department of Insurance.

[Central Penn Business Journal, Harrisburg]

- Within five years, one out of three Philadelphia hospitals will disappear, along with 40 percent of existing jobs in the health care industry, according to four leading players in Philadelphia's health care market.

[Philadelphia Daily News]

PENN, GMIS JOIN FORCES FOR MANAGED CARE TRAINING

The University of Pennsylvania Medical Center and GMIS, Inc., a Malvern-based medical support systems group, are joining forces to train physician leaders in managed care, clinical efficiency, and quality improvement through a newly created fellowship. The fellowship is meant to serve as a model program for training and preparing physicians to be leaders in both academic medicine and in managed care organizations.

Program participants will complete an individualized curriculum in health care systems, health services research, epidemiology, biostatistics, and health policy from resources available at Penn. They will also work on practical projects that analyze medical decision making, review sophisticated clinical databases, promote efficiency, and improve patient care.

For more information, call Penn at (215) 349-5620, or GMIS at (610) 296-7658, extension 3000.

CONTRIBUTIONS SOUGHT IN NEW YORK LEGAL CASE

The Medical Society of the State of New York (MSSNY) has started a legal defense fund for Gerald Einaugler, MD, a New York internist who was criminally prosecuted for a patient care decision.

In a letter to AMNews, Morton Kurtz, MD, past president of MSSNY, explains that "Dr. Einaugler was criminally tried and convicted of willful neglect and reckless endangerment because he did not, as alleged by the state, transfer a nursing home patient to a hospital rapidly enough once he learned of the patient's peritoneal problem. Stripped to its essence, he was convicted of having chosen to hospitalize the nursing home patient later rather than earlier in the day."

Amici curiae briefs on Dr. Einaugler's behalf were filed in the case by the AMA, MSSNY, the Medical Society of the County of Kings, and the New York State Society of Pathologists. Most recently, New York's highest court rejected Dr. Einaugler's appeal of the conviction.

According to Dr. Kurtz, "Dr. Einaugler faces financial ruin." He says the defense fund will be used to pay Dr. Einaugler's legal costs, as well as a new appeal.

For more information about the case, call MSSNY at (516) 488-6100, extension 323. Send contributions to: Einaugler Legal Defense Fund, c/o MSSNY, 420 Lakeville Road, Lake Success, NY 11042.

Risk Management Resources Available from PMSLIC

The following risk management resources are available from the Pennsylvania Medical Society Liability Insurance Company (PMSLIC). To order, call (800) 445-1212.

Medical-Legal Correspondence Course

A course providing basic information on how to practice safer, more defensible medicine. Upon completion, 12 hours of continuing medical education credit are awarded. Member price: \$125. Order # RMMLC27.

Patient Telephone Call Record Pads

Member price: 10 pads: \$18.55; 20 pads: \$37.10. Order # RMTTCR29.

Note: Prices for the Call Record Pads listed in the February 1995 Resource Guide were incorrect. Refer to prices listed above when ordering.

TESTIMONY SUPPORTS REPEAL OF STATE'S CON PROCESS

State Society President John H. Hobart, MD, on April 11 testified before the House Health and Human Services Committee to urge approval of House Bill 335. Introduced by Representative Jere L. Strittmatter (R-Lancaster), the bill proposes a repeal of Pennsylvania's certificate of need (CON) process, as established by the state Health Care Facilities Act. This is an excerpt of Dr. Hobart's testimony.

I don't need to convince this committee that there is tremendous public pressure on insurers, providers, researchers, and suppliers to justify every aspect of the health care system, even things previously accepted on faith. Access to affordable, quality health care is now the expectation. Certainly, ensuring access, quality, and affordability—a concept the Society has long supported—was the principal reason for establishing the Health Care Facilities Act.

Yet, within the framework of this legislation, the Medical Society finds the state has adopted rules and regulations that work against these objectives, contradict the certificate of need program specifically, and more generally, contradict national trends in health care.

The Society advocates a free and competitive health care market that allows the development of alternative delivery and financing systems—an environment that allows physicians to choose how and where to practice. We support efforts to increase physician cost consciousness, but we insist also that there be safeguards to ensure quality of care and patient access to care. With those views as our starting point, we assisted in good faith with the reenactment of the CON legislation in 1992 by providing amendments that were adopted.

Then, a year and a half ago, the Department of Health appointed a task force to amend the Surgical Services Chapter of the State Health Services Plan, which outlines the criteria for obtaining a CON for an ambulatory surgical facility. Unfortunately, the task force included a disproportionate number of individuals who currently own or operate large ambulatory surgical facilities (ASFs) or who represented

hospitals. Given the makeup of the task force, it is not surprising that a majority of the group had little interest in facilitating the development of new ASFs. The result was a new Surgical Services Chapter which requires CON applicants to demonstrate a *need* for the proposed service.

I think it is very interesting that the new chapter was written to include data showing a surplus of facilities—or *no need*—in virtually all areas of the state. Consequently, there is very little any physician can do to give a convincing argument for community need.

Additionally, the chapter contains restrictive criteria that 1) prevent physicians from developing dedicated rooms in their offices for outpatient surgery, and 2) restrict them from doing procedures requiring types of anesthesia other than local.

Managed care organizations are requesting—or requiring as a precondition for payment—physicians to perform more procedures in their offices. In light of these expectations, such restrictive criteria are especially alarming.

The recent history of CON in Pennsylvania boils down to this: Driven by the “we don't need it” posture of the department's statisticians and the “we don't want

it” attitude of a less-than-objective task force, the Department of Health adopted criteria that in effect *eliminated* its prerogative to approve a CON—even if the applicant can demonstrate that the project will *reduce* health care expenditures.

In the little more than a year since the new guidelines have been in effect, the Society has heard from its physician members that problems with Pennsylvania's restrictive CON policy abound. Members who treat patients in a variety of specialties report they have been unable to obtain a CON for the surgical aspects of their practices. They tell us patients are complaining about high hospital outpatient operating room charges. They say insurance companies are increasingly reluctant to pay for certain procedures performed in hospital outpatient surgery centers. And, confirming what I said earlier about the current HMO environment, they say insurers offer to put physicians on preferred provider lists if they perform surgical procedures in their offices.

Facility licensure is intended to provide protection for patients... The new guidelines notwithstanding, the Society has always had great concerns about how *long*, how *complicated*, and how *expensive* the CON process is.

Society Supporting Network Exclusion Bills

The State Society is supporting three new bills, introduced during the first three months of the 1995 legislative session, that deal with network exclusion of physicians.

House Bill 571, a redraft of '94 legislation sponsored by Representative Richard Olsasz (D-Allegheny), would prohibit discrimination against a health care provider who agrees to accept negotiated payment levels and would adhere to quality standards.

House Bill 630, sponsored by Representative David King (R-Mercer), focuses on access to care under managed care in rural counties. The legislation, which includes State Society and AMA language, would: 1) require a credentialing process based on objective standards; 2) provide for due process, including notice and opportunity to appeal provisions for health care providers; and 3) assure providers of input into the insurance plan's medical policy.

Both House Bills 571 and 630 have been assigned to the House Insurance Committee. Public hearings are scheduled on House Bill 630: May 18 in Altoona, June 15 in Meadville, and July 19 in Harrisburg. The Society plans to testify.

As chair of the House Insurance Committee last year, Representative Nicholas Colafella (D-Beaver) held several public hearings on network exclusion. **House Bill 816**, sponsored by the former chair, is based on testimony presented at those hearings. This bill, which would require each HMO to establish and maintain a grievance resolution system regarding the complaints of medical providers, would apply to providers rejected or terminated by an HMO.

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Congress can fix this. The U.S. House of Representatives has already passed a bill that

would set a \$250,000 cap on noneconomic damages. Now it's up to the U.S. Senate.

Contact your U.S. Senators **now**. Tell them to vote for Health Care Liability Reform.

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KePRO South: A Source of Pride

Donald E. Harrop, MD

From time to time I have made references to, or written articles about, some of the things the Keystone Peer Review Organization (KePRO) does in addition to our Medicare review contract, such as workers' compensation review. However, except for possibly an occasional passing reference, I have never detailed our Florida operation in this column.

Several years ago, when the PRO in Florida went out of business, KePRO, in a joint venture with the Florida Medical Association, submitted a proposal for the Medicare PRO contract. Although we were not awarded the PRO contract, we were approached by the Department of Health and Rehabilitative Services (HRS) to submit a proposal to review Medical Assistance (Medicaid) cases, a contract the previous Florida PRO had also held.

The Medicaid review bid, which was submitted by KePRO—and not the joint venture—was successful for a 14-month contract which started in March 1992. We immediately opened an office in Tampa. The joint venture corporation would not have qualified HRS to receive 75 percent federal matching funds because it was not a Medicare PRO. When an entity other than a PRO conducts Medicaid review, the federal match is approximately 50 percent.

During the first contract period, responsibility for oversight of Medicaid was transferred to the Agency for Health Care Administration (AHCA) branch of HRS. Each year since then, when the contract is renewed, AHCA has added to the review responsibilities and the dollar amount of the contract. Our current contract requires retrospective review of multiple payment categories and settings.

KePRO averages 4,750 reviews of inpatient hospital cases per month. We conduct review of 100 percent of the Medicaid psychiatric/substance abuse cases, one- and two-day hospital stays, and day outliers. On-site review of both utilization and quality of care is conducted in county public health units.

Other on-site retrospective review includes quality of/access to care provided by 28 HMOs which enroll Medicaid recipients. A collaborative, case management, concurrent review program was developed and implemented by KePRO South in 31 hospitals in a four-county area at the request of AHCA during our 1993-94 contract.

Thirteen special studies are in progress or have been completed since July 1, 1994. KePRO South also participates in the University of South Florida, College of Public Health curriculum on managing quality in health care.

In 1992, Medicaid review started with a staff of 17 employees. Present staff number 55, but this number is growing because we started a prior authorization of home care services program on March 27, 1995. KePRO South is managed by our Chief Operating Officer, Florida Operations, Pat Eley, RN. Pat was formerly the manager of our Pittsburgh-area office. The Tampa office is nearly a self-contained operating unit with the exceptions of accounting, payroll, and mainframe computer services.

Our medical director at KePRO South is William L. Moore, MD, who started on a part-time basis but became a full-time employee in January 1994. Dr. Moore, who is board certified in family practice, is a native of Pennsylvania and attended Hahnemann University School of Medicine.

Because of the reputation we have established in Florida, we were recently invited to submit a proposal to the Florida Healthy Kids Program to conduct quality/access-to-care audits of the care provided to school-age children enrolled in the program. At the time of this writing, we are also considering the submission of a proposal for the utilization review/case management portion of the self-funded Florida state employees' health insurance program.

We in Pennsylvania are very proud of the KePRO South operation and the fine reputation they have established. ◊

Dr. Harrop, president of the Keystone Peer Review Organization (KePRO), offers KePRO news and views in this column each month.

John Kintzer, MD, Bethlehem, was sworn in as the 129th president of the Northampton County Medical Society. Other officers elected were: **Gary Costacurta, MD**, Easton, president elect; **Marilyn R. McDonald, MD**, Bethlehem, vice president; **Robert J. Salash, MD**, Bethlehem, secretary; and **Walter K. Peters, MD**, Bethlehem, treasurer.

Thomas F. Armour II, DO, of Farrell, was recently elected president of the Montour County Medical Society.

Gretchen A. Hinze, MD, Lancaster, is a recent winner of the AMA/Glaxo Achievement Awards. The award recognizes 50 medical students and residents for their outstanding leadership in medicine and community activities.

Cooper Hospital/University Medical Center, New Jersey, has appointed **Michael E. Goldberg, MD**, of Churchville, chief, Department of Anesthesiology.

Reginald Pugh, MD, and **Madhu Sinha, MD**, have recieved three-year appointments as cancer liaison physicians through the Cancer Liaison Program of the American College of Surgeons' Commission on Cancer. Dr. Pugh will serve at Somerset Hospital and Dr. Sinha at the DuBois Regional Medical Center.



Dr. Rilling

David C. Rilling, MD, a general, vascular, and thoracic surgeon, Grand View Hospital, Sellersville, was appointed medical staff president. Other newly elected medical staff officers are:

Frank T. Kucer, MD, vice president; **Anthony E. Foderaro, MD**, secretary/treasurer; **Lewis M. Gill, MD**, medical executive committee member-at-large; and **Paul R. Hermany, MD**, member-at-large. **Walter G. Zemel, MD**, was re-elected representative to the Hospital Medical Staff Section of the Pennsylvania Medical Society.

Pennsylvania Hospital, Philadelphia, recently elected the following: **David L. Paskin, MD**, president, professional staff; **Robert M. Toborowsky, MD**, vice president,

professional staff; and **Keith D. Calligaro, MD**, secretary-treasurer.

Patrick J. Vlahos, DO, an anesthesiologist, was named medical director of the Mercy Same Day Surgery Center, Mercy Hospital, Pittsburgh.

Rodrigue Mortel, MD, professor and chair, Department of Obstetrics and Gynecology, Penn State's College of Medicine, Hershey, was appointed associate dean and director of the Penn State University Cancer Center. Also at the College of Medicine, **Stephen E. Cyran, MD**, was appointed chief, Division of Pediatric Cardiology; and, **John P. Kupferschmid, MD**, was appointed to the Division of Cardiothoracic Surgery.

Alan R. Spitzer, MD, has been named as chair, Department of Pediatrics, Thomas Jefferson University Hospital, Philadelphia, and pediatrician-in-chief at the Alfred I. duPont Institute Children's Hospital, Wilmington, Delaware.

University of Pennsylvania Medical Center, Philadelphia, has appointed **Brian L. Strom, MD**, chair, Department of Biostatistics and Epidemiology.

Roman E. Bojewski, DO, was named "Doctor of the Year" by the Guild of Millcreek Community Hospital, Erie. Dr. Bojewski is a family physician in Erie.

Joel Weissfeld, MD, has received an award from the National Cancer Institute (NCI) and the Pennsylvania Department of Health for his efforts in the databased Intervention Research Project, an NCI-funded breast cancer screening project.

The president of the Republic of Finland has awarded the title *Commander of the Order of the Lion of Finland* to **Hilary Koprowski, MD**, professor of microbiology and immunology, Jefferson Medical College of Thomas Jefferson University, and professor laureate of the Wistar Institute. Dr. Koprowski was honored for his numerous scientific accomplishments during his 43-year career in medical research.

Health Partners, Philadelphia, has appointed **Donald Liss, MD**, to medical director for resource management.

Allan M. Arbeter, MD, chairman, Department of Pediatrics, Albert Einstein Medical Center, Philadelphia, has received the 1994 J. Stanley and Helene M. Cohen Prize for Research.

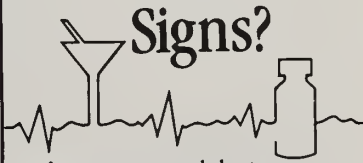
Ake Grevnik, MD, PhD, professor of anesthesiology/critical care medicine, medicine, and surgery, University of Pittsburgh Medical Center (UPMC), has been named distinguished service professor at UPMC in recognition of his service to the university and contributions to the development of critical care medicine worldwide.

Kenneth Grimm, MD, a graduate of the University of Pennsylvania School of Medicine, and **Barbara Troupin**, a student in Penn's MD/MBA program, were honored as Pisacano Scholars by the Nicholas J. Pisacano, MD, Memorial Foundation for exhibiting the highest level of academic excellence, strong character, and interpersonal skills, and demonstrating a commitment to community service and family practice.

Jonathan P. Garino, MD, attending surgeon, Implant Services of the Joint Reconstruction Center, University of Pennsylvania Medical Center, Philadelphia, was recognized for his presentation of the results of a study reporting potentially common and serious complications from the intra-articular use of laser energy in the knee at the American Association of Orthopedic Surgeons conference.

Jeffrey S. Gerdes, MD, associate professor of pediatrics, Jefferson Medical College of Thomas Jefferson University, Philadelphia, was appointed chief, Section on Newborn Pediatrics, Pennsylvania Hospital, Philadelphia.

Vital Signs?



If you are concerned about a colleague, call the Physicians' Health Program's 24 Hour Message Line: (717) 558-7817.

*A service of
The Educational and Scientific Trust.*

Good Communication: The Best Defense Against Litigation

David Woods

Americans' number one fear, it's said, is not of death or disease—or even, as Franklin Roosevelt put it, of fear itself—but of public speaking. Despite the self-confidence and extroversion for which Americans are internationally known, ask one to get up and “say a few words,” and the brain freezes, the mouth dries, the armpits become Niagara. And butterflies swarm.

Except for physicians. Physicians know that these phenomena are explainable: flow of adrenaline. Tachycardia. All quite natural. And so they speak. Without fear.

No, the major fear for physicians is litigation. Malpractice. The nightmare of 900,000 lawyers out there, eyeing piranha-like the prey of contingency fees. And the parallel fear that “professional liability insurance,” which in some jurisdictions and for some specialties can cost more than \$100,000 a year, might become an intolerable burden.

There are ways to alleviate these fears; most have to do with communication.

To start with the basics: Keep good records. If the information you have on your patients is incomplete or vague or confusing, you're already 30-love down on the malpractice courts.

Second, get the informed consent of your patients based not only upon a signed document but on a full verbal explanation of a given procedure. Also, educate them about the limits and, sometimes, the imponderables of medicine. Moreover, make them aware that they are part of the process—responsible for asking questions, following directions, participating. You, in turn, have a duty to communicate lucidly and explicitly...and to make sure that the patient understands.

One insurer notes that a number of communication gaps continue to dominate malpractice litigation, including:

- unclear or nonexistent communication among co-treating or co-prescribing physicians in a group practice, and between referring and consulting physicians;

- ambiguous communications between physicians and nurses, especially with respect to physicians' orders;

- no response to calls by hospital nurses for a physician's assistance; and

- failure to respond to a patient's complaint about medical care.

Insurers believe physicians can learn much from patients. Ask patients what they like most and least about the practice. Then, share all compliments with staff members, and elicit their help in resolving complaints.

Most physicians are familiar with the defensive medicine that takes place as a response to the explosion of often opportunistic medical malpractice litigation. But endless tests and procedures aren't the only defense. Such “feel good” or public relations strategies as not keeping patients waiting—or apologizing if you do—can be an excellent unguent for the irritants that can turn into litigation.

Oh, and if—God forbid—you *are* sued, good communication will continue to serve you well. According to *Medical Practice Communicator*, a newsletter on communications for physicians, professional liability litigation typically lasts about two years...or between 40 and 46 months if the case actually goes to trial. The newsletter urges, “Emphasize people skills. Don't let the suit have a negative impact on your relationship with patients. That will only increase your risk of being sued again.” Make increased use of formal and informal second opinions and consultations. “By consulting with others, you help to prevent clinical errors that can lead to other lawsuits.” Finally, the newsletter notes, “share your experience with significant others; it's surprising how many physicians don't tell their spouses they've been sued.”

Clearly, the best way not to become part of the estimated \$4 billion-a-year medical malpractice litigation “industry” is a variation on defensive medicine—good communication; and even if you do become a part of it, communication will help you cope. ☺

Mr. Woods, former editor and publisher of the Canadian Medical Association Journal, is president of Healthcare Media International, Inc., Philadelphia, publisher of the International Digest of Healthcare Management.

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Pennsylvania—Physician group seeks full-time and part-time physicians for an emergency department of community hospitals in central and western Pennsylvania. Please send resume to P.O. Box 91666, Cleveland, OH 44101.

Pittsburgh, Pennsylvania—Penn Group Medical Association (PGMA), a 100-physician multi-specialty group practice affiliated with the largest HMO in Pittsburgh, is seeking BE/BC physicians in: family practice, internal medicine, pediatrics, ob/gyn, and psychiatry. We are formally affiliated with major teaching hospitals and leading community hospitals in Pittsburgh. PGMA serves eight ambulatory care centers, all conveniently located near cultural, educational, recreational, and corporate activities. Excellent salary, and fringe benefits. For confidential consideration contact: Angela Lascola, HealthAmerica, 5 Gateway Center, Pittsburgh, PA 15222, or call collect (412) 553-7502.

Emergency Physicians—Emergency Physicians Associates is seeking quality ED physicians for a variety of practice opportunities. Director and staff positions are available. EPA contracts with hospitals in NJ, PA, MD, and NC for the provision of emergency medicine, urgent care and industrial/occupational health services. Our client hospitals are located in rural to urban areas with patient volumes ranging from 10,000 to 75,000. At EPA we offer physicians competitive compensation, flexible schedules and shifts, occurrence-based malpractice insurance, a variety of practice settings to choose from, cooperative working environments, and supportive medical directors and corporate staff. Interested candidates may contact EPA at 1-800-848-EPA-1.

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Is Emergency Medicine Emergency Medicine?

Russell Bieniek, MD

Is emergency medicine emergency medicine? Sounds like a crazy question? The answer that I have come to realize this year is, *no*. It depends on multiple factors, including the state or local government, patient population base (including volume and acuity), medical staff, teaching or non-teaching hospital, the "history" of the ED, and the training and experience of the individual ED physician.

Everything is relative. What I think might be basic in my ED, others may think is advanced or even forbidden, and vice versa. We [emergency physicians] are having arguments about who should be allowed to work in an emergency department, be a fellow of the American College of Emergency Physicians (ACEP), or even a member of ACEP; yet there is so much out there that we have embraced, yet fail to recognize.

Urgent care centers, fast tracks, observation units. EMS, hyperbaric centers, poison centers, and occupational medicine, to name a few. Where do these lie? More importantly to this discussion, where do the physicians who practice in these areas belong?

For many years we embraced these people and tried to meet their needs in ACEP. If they train in certain emergency medicine residencies that qualify them to

sit for ABEM (American Board of Emergency Medicine) boards, then they can be recognized by our college. If not, they can only be members, at least for now. Is this the only training people need to go into these specialized fields, and is it where we want our EM residency grads to go?

So far, I have just addressed the issue of physicians. What about nurse practitioners, physician assistants, and paramedics to name a few? The scope of practice for these groups of providers has increased tremendously, and with the path I see health care reform taking, this will only continue.

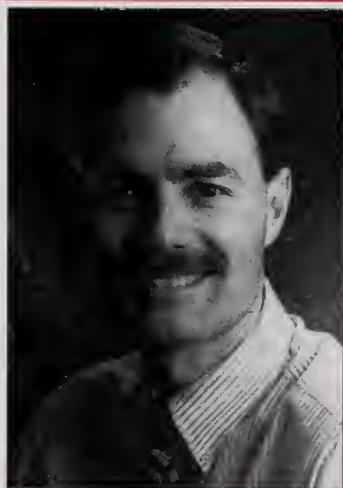
These people are no longer just assisting with care; they are assessing, diagnosing, and prescribing. They are doing this in our emergency departments, and in many cases without a physician even seeing the patient.

Who then is responsible for the medical care given, and the primary and continuing education these people receive? I think we need to look in the mirror for the answer.

Emergency medicine continues to evolve, and we need to grow with it. It is bigger than most of us think when the image of a "normal day in the ED" comes to mind. You cannot control a specialty by limiting its membership; you only stifle it, and encourage others to branch off and form their own groups with their own special agendas. By representing ALL, more can be accomplished for our patients and our members. ☐

Reprinted with permission from PaACEP News of the Pennsylvania Chapter of the American College of Emergency Physicians, March 1995.

Dr. Bieniek is immediate past president of the Pennsylvania Chapter of the American College of Emergency Physicians.



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We Welcome Your Response!

The "Discharge Summary" column was created to provide an open forum for opposing viewpoints and to include broad discourse from opinion leaders throughout health care. We welcome your submissions and comments. Please limit submissions to three double-spaced, typed pages, and send to Editor, see address, page 2.



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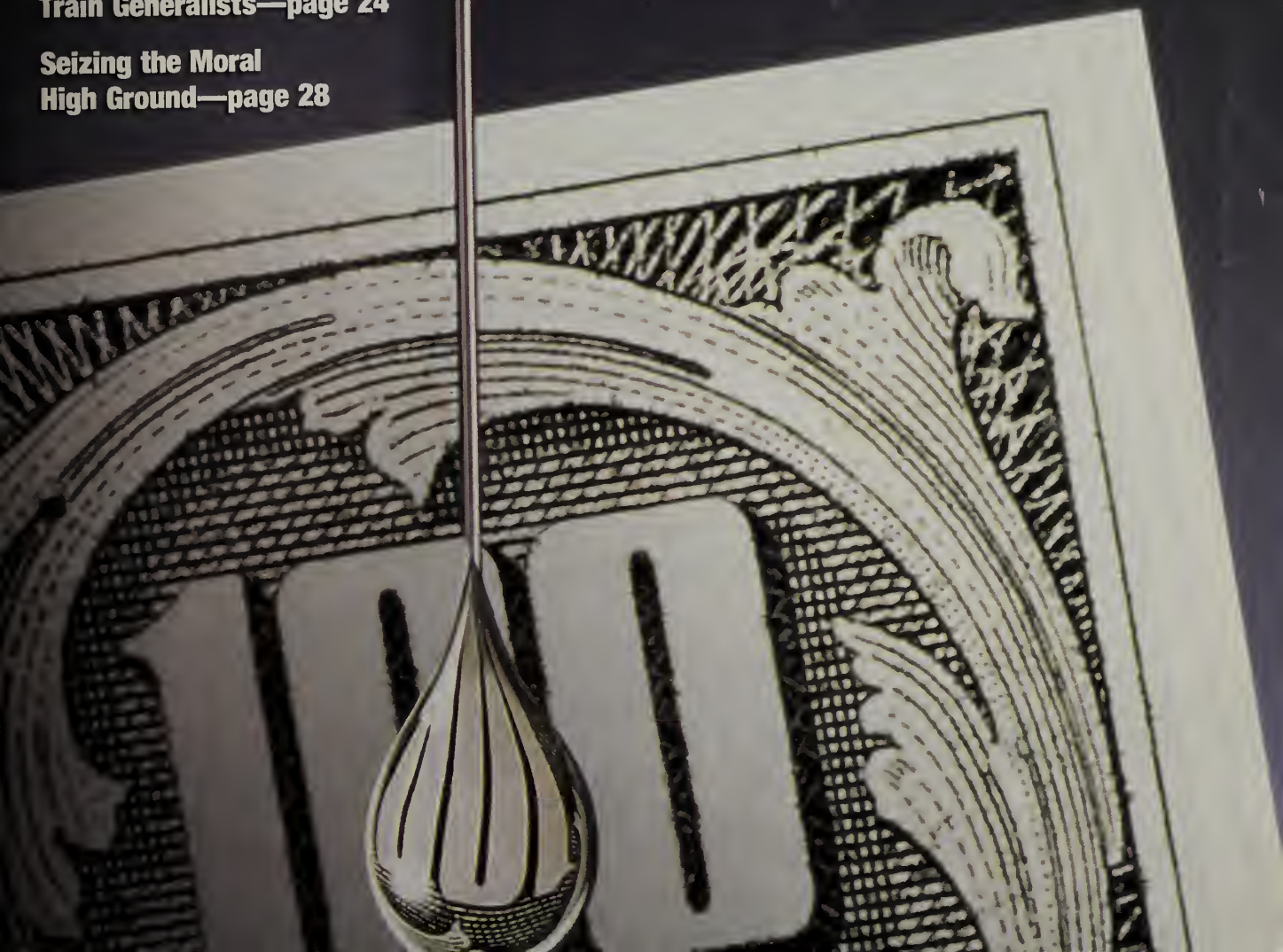
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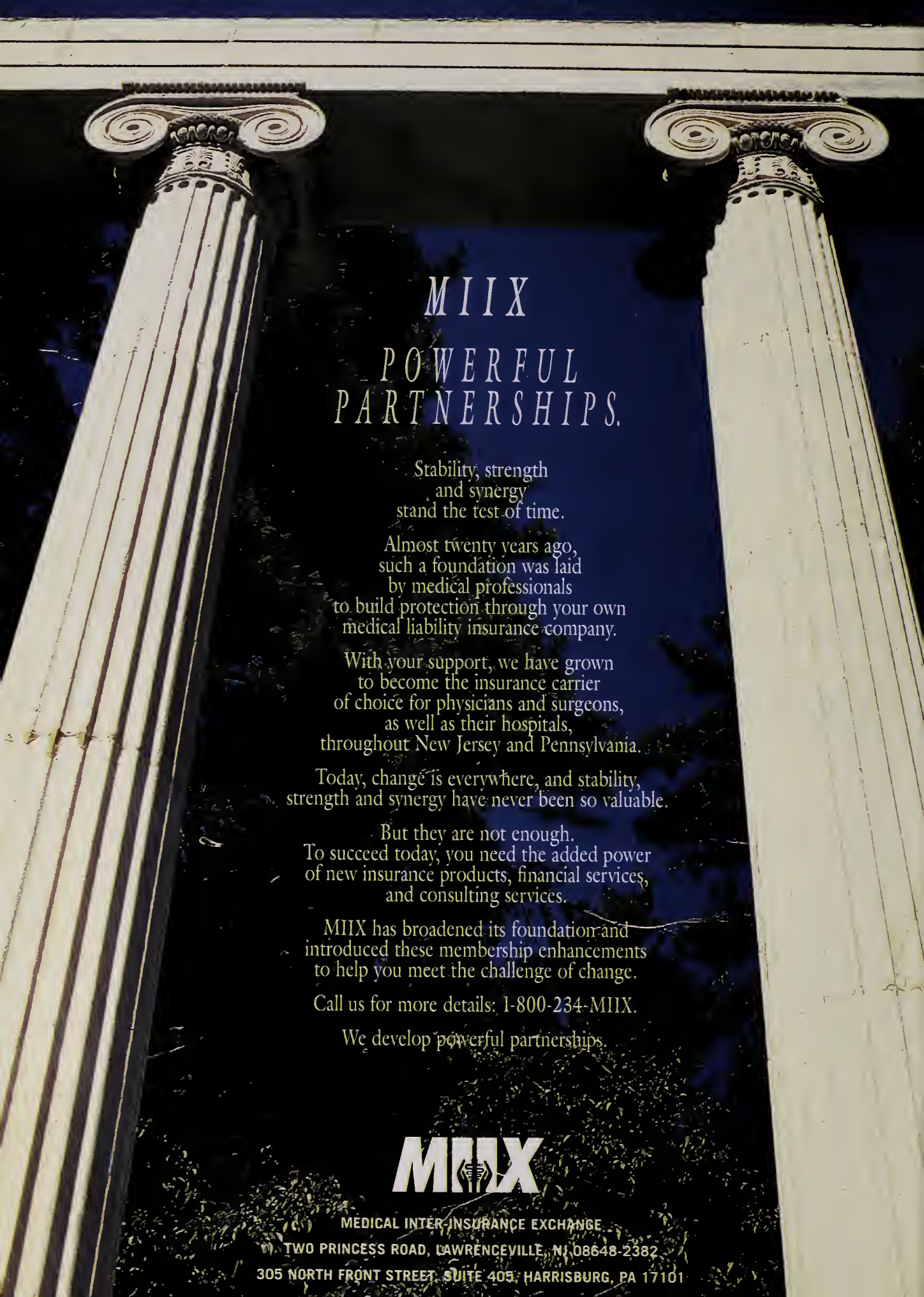
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All faculty participating in continuing medical education programs sponsored by Presbyterian Medical Center of Philadelphia are expected to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

28 *A New Approach to Health System Reform:*

Seizing the Moral High Ground

Has economic imperialism seduced physicians into viewing medicine as more of a business than a profession? Yes, says one State Society member, who proposes establishing a "Hoover Commission" to redesign health care. A responding opinion begins on page 31.



Cover photo by Roger Bester/FPG International Corp., New York

12 *Coping with Kaleidoscopic Change*



A medical journalist, a medical leader, a medical academician, and a federation representative offered their perspectives of the changing health care marketplace at this year's Leadership Conference in May. Read what they had to say in this conference recap.

24 *Volunteers Sought to Help Train More Generalists*

Partnerships with physicians and their communities are critical for the success of programs to educate more generalist physicians, such as the initiative at Penn State's College of Medicine in Hershey.



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an agenda that wasn't anything close to mine. Sure, when they sold me the medical liability policy, they bragged about having physicians on their board. They told me to expect a fair review by my peers if there was ever a problem. Then came the malpractice suit. I'm really afraid I might lose this one, and not because of a bad medical decision. I wish now that I had protected my reputation and signed with PMSLIC. PMSLIC is doctor owned, doctor run. With PMSLIC, any claims brought against me would have been reviewed by physicians like me — physicians with a vested interest in the reputation of the

medical community — a reputation we all need to maintain, even safeguard. That would have made all the difference in the world to me. Because now, I'm really scared. ”



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MA PLANS UPDATE: The Department of Public Welfare's primary care case management initiatives are moving on separate tracks. The Lancaster Community Health Plan (LCHP) is starting to recruit providers and then sign up recipients. Family Care Network for the under 21 MA population is almost fully operational in 57 or 60 targeted counties. The expansion of HealthChoices program from Philadelphia to five surrounding counties is on indefinite hold pending study by outside counsel and a negotiated settlement to a suit brought against DPW. Currently, the health maintenance organization (Health Pass) continues as a mandated program for roughly 70,000 recipients in Philadelphia. Voluntary HMO participation and fee for service remain as options in the remainder of the proposed HIO service area.

CAT FUND ALERT: Trouble with the CAT Fund looms, as the Ridge administration and the legislature look for ways to shore up the fund in the short run and correct its serious deficiencies in the long run. The Society continues to seek meaningful medical liability tort reform, while fighting unreasonable proposed solutions to the fund. One recent recommendation calls for doubling required primary coverage limits, for a potential increase in premium costs for physicians of 20 to 25 percent. Another proposal calls for completely eliminating the fund, even in the face of an estimated \$1.9 billion in unfunded liability that would have to be paid. An emergency surcharge remains as another possibility. Watch for information regarding the CAT Fund situation and Society negotiations in upcoming publications.

TAPED ABORTION COUNSELING DISALLOWED: Commonwealth Secretary Yvette Kane has declared that taped messages do not fulfill the informed consent requirements of the Abortion Control Act. One-on-one consultations are necessary, according to Kane. The Bureau of Professional and Occupational Affairs has sent cease and desist orders to nine doctors. Penalties for continued use of the messages instead of one-on-one consultations could include license revocation. Society counsel agrees with the Ridge administration interpretation of the law.

ALL PROVIDER NETWORK ENTERS PA: The State Society, as well as the AMA, have learned of a provider network, All Net, which is soliciting physician participation in its panels in Pennsylvania, New Hampshire, Wisconsin, and possibly other states. All Net requires a \$250 registration fee, limits participation to approximately 18 percent of physicians in each specialty, and appears to market its network primarily to union benefit programs. At present, no information is available as to the length of time All Net has been in operation, the number of contracts it has with physicians or payers, or any other descriptive data. As with any other network, physicians should be advised to acquire as much specific information as possible regarding the benefit to them of contracting with All Net, prior to doing so. Contact the State Society's Department of Medical Economics for more information.

SOCIETY'S DELEGATES CARRY RESOLUTIONS TO AMA: The Society's delegation will carry 11 resolutions to the Chicago for the June AMA meeting. These address: Medicare coverage for annual PAP smears and gynecological exams; making Medicare carriers responsible for financial losses incurred as a result of their own errors; creation of a national clearinghouse for health insurance claims; accurately defining "health care expenses" as used by government agencies; oversight of nurse practitioners; creating a fair appeals process for applications for participation and terminations to managed care entities; prorating dues; modifying the FDA Kefauver Amendment so drugs may be available as soon as proven safe; limiting AMA meetings to the continental U.S.; and studying how to mandate managed care entities to contribute toward care of the uninsured.



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John W. Mills, MD
Medical Editor

Literature was piled everywhere on our recent return from a three-week vacation. It's been about two weeks now, and I've managed to get through all the first-class items, and the State Society and AMA publications. It struck me rather profoundly, as I read through this accumulated pile, that we in medicine have never had so much to deal with on the socioeconomic side as we now face on a daily basis.

The practice of medicine was essentially just that when I entered practice 35 years ago. Building doctor-patient relationships, trying to do the best job I could in treating illness, and managing ob-gyn problems occupied all of my professional time—and a considerable amount of my family time. There were few other concerns. Billing was done on my statements to patients as well as insurance companies. Joining the county medical society, State Society, and AMA was easy and at relatively minimal cost; and we all did it automatically, for we were physicians professionally united in organized medicine.

What changes 35 years have brought! Listen to a litany:

- Some Nevada physicians have organized a statewide "managed care medical society."
- The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) is begging for competition in its field of expertise.
- The 9th Federal Circuit Court of Appeals has determined there is no basis for assisted suicide in the constitution.
- Several states have passed significant tort reform caps on pain and suffering in line with the Republican sweep in November '94.
- Physician recruitment rules are being promulgated by the Justice Department (probably justifying increased federal government scrutiny and more lawsuits).
- The medical chair of the Physician Payment Review Commission (PPRC) is now gone, and an economist has taken over who will probably attempt to combine

PPRC and the Prospective Payment Review Assessment Commission (ProPAC).

- The California Medical Society is undergoing major restructuring to give group practice more say-so.

- The AMA and Medical Group Management Association (MGMA) have signed agreements to work together.

- Specialists are being capitated by HMOs, and family practice physicians are being given fee-for-service.

There is no question that we physicians now spread our time out even thinner than before. But as we learned at the seminar preceding the Society's Leadership Conference in May, we must become a player, and master our strategies, or lose big time—perhaps permanently. This is not to say that the practice of medicine shouldn't be your primary goal. However, it is essential to develop some additional skills in order to be able to practice with the least amount of frustration.

Regulation will play a bigger role no matter what party is in power. Despite all the rhetoric, our system of government thrives on regulation. Where else would the overwhelming number of attorneys being churned out by our law schools at an ever-increasing rate find employment?

Negotiating skills are essential for our survival—especially with our leaders. Most of us don't really have much experience with this, and we tend to be unhappy with our leaders who negotiate on our behalf, labeling such as "selling us down the river" or "giving away the store." The derogatory terms don't do anything for our professional unity and tend to fragment us even more.

The point of all this is simple: Accept change, adapt as necessary, support your leaders, and become conversant with negotiating skills. Keep our professionalism alive using terms like "physician" and "doctor" and "patient." Former State Society President Donald Ferguson, MD, said it years ago, as did Michael DeBakey, MD, more recently. "Provider" and "consumer" tend to move us toward a trade or business, and drive a wedge between us and our patients—and ultimately between ourselves. ☉

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Riding with the Winds of Popularity

John H. Hobart, MD

It was a privilege to speak before those assembled for the breakfast session of the Society's annual Leadership Conference in Harrisburg last month. And the occasion was heightened into something of a celebration, as we were perhaps the first group to be able to publicly acknowledge the new secretary of the Pennsylvania Department of Health, Peter J. Jannetta, MD, who is, I report with no small gratification, a member of the Pennsylvania Medical Society.

I was particularly pleased that Dr. Jannetta was able to join us, just the day after his unanimous confirmation by the Pennsylvania Senate, because he had a chance to hear from his colleagues some of our concerns and hopes for the future.

Throughout the plenary sessions and workshops, it became clear that, in a world of increasing competition, the watchwords for our institutions are consolidation, merger, and integration. On the other hand, the watchwords for our profession appear to be disintegration, fragmentation, and segmentation.

If we read the papers, we see that HMOs are now big enough and—to use an understatement—profitable enough to be attracting some strong marketplace forces. If we physicians would concentrate our efforts to consolidate and work together as a whole, we would be able to play a much stronger role in this ever-changing environment.

All across the country, state medical societies are restructuring and reorganizing to meet the changing needs of their members. We may look nostalgically at the days when most of us were independent—often solo—practitioners, billing one or two insurance companies on a fee-for-service basis.

To show how things have changed, we have reports of the California Medical Association's creation of "mode of practice" forums for physicians in solo and group practices of up to four physicians, medium group practices of five to 150, large group practices of 150 to 1,000, very large group practices of more than 1,000 physicians, academic practice/medical faculty, hospital-based physicians, and government-employed physicians. These categories represent one state's efforts to define some of its diverse constituencies.

The idea behind California's plan is to identify what has been described as "differences in physicians' policy perspectives based on the environment in which they work." For an example of how these "differences in perspective" can take a wrong turn, we only have to look at one of California's neighbors.

In Nevada, a group of HMO medical directors are trying to set up their own medical society that will focus on the needs of HMO physicians and advocate managed care. This group says the Nevada State Medical Association has advertised and lobbied against managed care—a charge the association denies.

Clearly, definitions are a two-edged sword. On the one hand, they help us to see more clearly who our members are and their special needs. On the other hand, the danger of fragmenting physicians into ever-smaller groups is that it becomes impossible to satisfy anyone.

To offset this danger, the AMA's Dr. Jim Todd has said, "All organizations need to find that bedrock of professionalism upon which every physician can agree, and then build from there." I would remind all of us that our own membership figures are not immune from the national trend. We are seeing some reduction in overall membership, and more than half of our loss of full-dues-paying equivalents can be attributed to the declining membership among large-group practices.

To me, one of the best things about our profession is our genuine concern for the next generation of physicians. We want them to succeed and, most of all, be free to give their patients the best medical care they are able to provide. We don't want them to be at the mercy of institutions or organizations that are trying to drive wedges between physicians and their patients.

While we may not be able to meet the specific concerns of each individual segment of our constituency, we must ensure that all physicians find a home and an effective advocate in their state medical society.

The winds of popularity may blow in one direction today and another direction tomorrow. But when the winds die down, we will still be doing our very best to represent the greatest good for the greatest number of physicians in Pennsylvania. ○



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IS THE AMA LOSING PERSPECTIVE?

James S. Todd, AMA executive vice president, said recently, "To date, no one has proved any one best way to deliver health care, and we have become a little bit tired of zealotry on both sides of the aisle" [AMNews, March 27, 1995]. Somehow, Dr. Todd has missed the point, and his stewardship is warped in quite the wrong direction.

In our opinion, the best way to practice medicine would be to have all physicians educated at government expense and to have all doctors live permanently in hospitals, available at all times, and provided with room, board, laundry, and Prozac. Unfortunately, medicine is still not an absolute calling; it is still a profession—although day-by-day it becomes closer to a job.

Dr. Todd and the AMA have been actively failing to recognize that the AMA was, before Dr. Morris Fishbein, an organization of professionals, and one of its purposes was to promote

the professional well-being and independence of the physician. Dr. Fishbein changed all that, Dr. Sammons followed suit, and Dr. Todd could care less—as long as he has job security.

There have always been physicians who preferred to be salaried, and that's fine, as long as there is a viable option to it. The growth of HMOs and other managed "care" groups, however, is reaching monopolistic proportions, and those organizations have no dedication to physicians' well-being, or even the well-being of clients, as long as the latter receive sufficiently adequate service to continue buying the package. I am sorry if this zealotry on this side of the aisle is offensive to Dr. Todd, but he should be actively opposing the industrialization of medicine, not playing footsie with the Group Health Association of America (GHAA) and the Health Care Financing Administration (HCFA).

George C. Manning, MD
Fort Wayne, Indiana

THE JOB'S NOT OVER TILL THE PAPERWORK'S DONE

At some time or another, we all face a similar situation. A long, hard day comes to an end, and we are confronted by a mountain of paperwork awaiting completion. A deep sigh later we begin, hopeful that our clerical duties will accomplish something meaningful.

I recently had the opportunity to review the medical record of a patient hospitalized for acute renal and respiratory failure. During the illness, no GI signs or symptoms were present. After a prolonged and tedious hospital course, the patient was discharged in stable condition to his home. In my opinion, the attending physician rendered excellent care. Therefore, you can imagine my surprise when I learned that the Keystone Peer Review Organization (KePRO) had filed a "Notice of Quality Concern" five months after discharge.

In its allegation, KePRO raised the following concern: "The patient had no bowel movement prior to discharge. This was not acknowledged, evaluated, nor addressed with a treatment plan." The attending physicians dutifully responded in writing to this charge. Eventually, the case was evaluated by a "KePRO physician specialist" who determined that no quality concern existed because "the patient possibly had a bowel movement that was undocumented in the nursing notes."

It required three letters and two levels of KePRO review to resolve this controversy. In fact, over 1,100 words have been dedicated to this issue. Such "meaningful" dialogue adds to the cost of health care while contributing little to improving its quality.

There are many cost-effective ways to improve the quality and utilization of health care services in Pennsylvania. A federally funded BM patrol is not one of them.

Philip D. Carey, MD,
on behalf of Pennsylvania Physicians
for KePRO Reform
Carlisle, PA

A Week in the Life...

Steven Mandel, MD, a Philadelphia neurologist, writes:

My daughter asked to spend her spring break seeing patients with me in my office and in the hospital. She was fascinated by the scope of neurology advances and the understanding of multiple sclerosis, movement disorders, and in the evaluation of patients with sleep disorders. She became intrigued with those who snore, a narcolepsy patient with hypnagogic hallucinations, and those with excessive daytime sleepiness.

After spending the week, I asked her whether she would like to write about any of her experiences. She told me that she enjoys writing poetry. She has expressed an interest to become a physician because, she says, "I want to help people."

Her poem follows.

Dreams

Part future, present and past; or are they?

Life's biggest mysteries. A problem to be solved from the minute our head touches our pillow to the minute our cloudy eyes open to the fresh start of tomorrow.

Only our brains have the power to think their ways through life—whether we are conscious or unconscious, asleep or awake—no one knows.

It's up to you to find out what lies beneath your skin and skull.

Dreams.

A path through eternity. A journey to the supreme being more than one million light years away.

Taking a huge step inside of you.

In search of something you've always wanted to know.

Controlling our minds.

Taking over the world.

Dreams.

What do they mean?

Elisabeth Mandel
Age 12

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Coping with Kaleidoscopic Change

Maria T. Montesano
Assistant Managing Editor

Nearly 300 people attended the Society's annual Leadership Conference, held May 2-3, 1995, at the Harrisburg Hilton and Towers. This year's theme, "Coping with Kaleidoscopic Change," was developed by the Leadership Conference Committee to portray the constantly changing images of the health care marketplace in Pennsylvania, as well as nationwide.

As one committee member explained, "As images change with only the slight bump of the hand, we see ourselves readying to move with those images, and also being prepared for what might be the next image." One medical journalist, one medical leader, one medical academician, and one federation representative offer their perspectives in this recap.

Health System Reform: Still Searching



Mr. Levine

CNN Medical Correspondent Jeff Levine opened the Society's annual Leadership Conference with encouragement—that people are still thinking about the prospects for health system reform. "I have been feeling a little bit like the Maytag repair-

man," he said, "wondering if the phone was going to ring after the crash of last year's debate over federal legislation to overhaul the system."

A veteran of CNN since it signed on in 1980, Levine has worked with the network's medical unit for more than a decade, currently covering medical legislation and regulation activities in Washington. His keynote address focused on the past, present, and future of reform efforts.

"There is a certain irony in discussing health care reform here in Pennsylvania," Levine began. "It was here, of course, that Harris Wofford put the issue on the map in 1991 in his Senate victory...Ultimately, Bill Clinton picked up that theme, and it turned out that the push for comprehensive reform was disastrous for both politicians."

The problem with Clinton's reform plan, according to Levine, was the dichotomy between the complexity of the

plan and the oversimplification of its presentation. Further, neither political party was completely satisfied with the plan. Instead of going to Congress and asking for a bill including his provisions as a starting point, Clinton presented a plan all his own. The result, according to Levine? The Health Security Act was "orphaned" on the hill.

Inside sources say they don't expect to hear anything before the Republican plan comes out, he added. What has been heard is that the White House continues to push for expanded coverage for children, and for long-term care relief. As for comprehensive reform, though, White House pressure remains on the Republicans.

The White House is also pressuring Republicans against Medicare reform as a separate reform, but continues to advocate comprehensive reform. However, Levine noted that in Washington, "Comprehensive reform is out; incremental reform is in." He said, if Medicare doesn't shrink, it will be surprising.

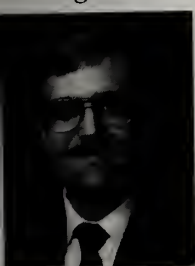
Now that the first 100 days are complete, what can we expect from Congress? Levine looks for a push toward more and more managed care—for the elderly, the poor, etc. He also expects the ultimate battle will be between HMOs and patient choice, via the Patient Protection Act.

"Health care problems are like Russian nuclear weapons," Levine concluded. "They really have not gone away." Statistics show that 40 million Americans still lack health insurance, and health care remains at 14 percent of the gross national product. With those numbers, he believes health system reform is inevitable—whether it's now or later, Medicare reform or comprehensive reform, or for children or Medicaid, or managed care, or community rating.

Our world is changing in substantial ways, he said, and we're still left with the question of health system reform for "Joe America": "Who's going to take care of me?"



California's Experience with Managed Care



Dr. Ogrod

Eugene S. Ogrod, MD, president of the California Medical Association, jokes, "Whenever there's change going on in an environment, one of the first things that happens is a Californian gets imported to speak."

Imported to speak to this year's Leadership Conference attendees, Dr. Ogrod offered his experiences with managed care in California, and how his state's experience is relevant to Pennsylvania.

Managed care began on the West Coast more than a decade ago, and there are many lessons to learn, according to Dr. Ogrod. First, he said, "Don't count on it never happening...Large companies do get to small towns." Yet, it's not necessarily something to be fearful about, he said. Instead, he believes physicians must "make a decision to deal with it, [or] be left out of the marketplace."

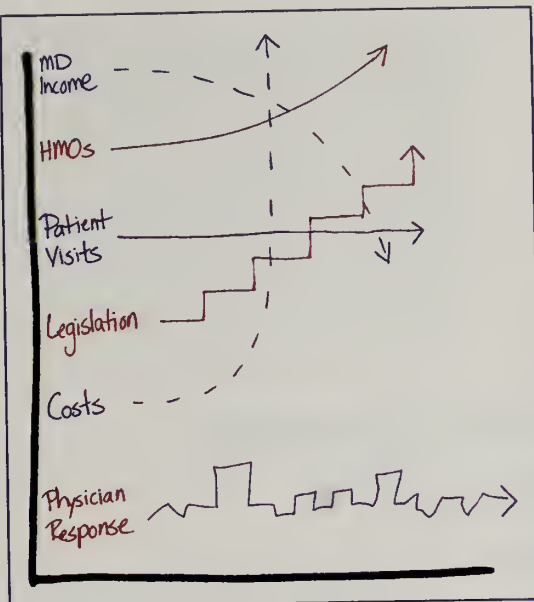
"Competition in the private marketplace is very distressing to physicians," Dr. Ogrod said. "Doctors talk free market, but we really don't like it very much. We like the idea of stability, security, long-term working relationships with our patients; unfortunately, that is going to be more difficult to do in the modern managed care environment."

But the managed care environment offers many advantages to practices. He said such systems *do* save money, though maybe not as much as expected; and lengths of stay decrease, allowing physicians to see more patients.

Also, he praised the concept of practice audits: "Very silly things occur initially when employers look at the quality of the practice environment, but better things follow." He said it is no longer enough to just look at costs. Instead, look at the value of care to the patient—patient satisfaction.

"Getting behind what we're *not* doing is the challenge," he said. "You can't always measure care, but you can measure if patients are happy with their doctor." That, he said, is the world of audits. Thus, productivity has increased, with physicians finding new ways to maintain better health of patients.

Further, keeping data on physicians is no longer an issue. Data will be collected, and according to Dr. Ogrod, such information is imperative to physician groups. To know the number of referrals, what the



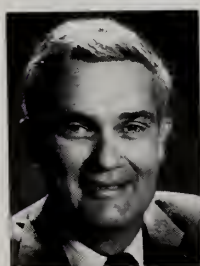
This slide, shown to Leadership Conference attendees by California Medical Association President Eugene S. Ogrod, MD, summarizes "a batch of slides to save you from looking at a bunch of numbers." In his exact words: "It tells you what's happening in our environment. Doctors' incomes are going down, HMOs are going up, legislation—we track about 800-900 bills on health a year, and the costs... and the physician response has been...well...[he moves his hand in a 'so-so' motion]."

costs are, and how the lab is used is meaningful to managing care as well.

Finally, he said that hospitals and physician employers are learning that without physicians who manage health care appropriately, systems fail. That means physicians still occupy privileged positions in California, in terms of income and practice environment.

Can physicians cope with the infiltration of managed care? Dr. Ogrod says yes. "There's no mechanism, no plan that can't be done badly in managed care, but there are a lot of things you can do well in managed care that leave you with a practice that can do well." He concluded, "Despite all of the changes and all of the problems, I can go back to my community and talk to physicians and find that, like I do, they still enjoy practicing medicine. It's just different than it was 10 years ago."

Medicine's Dilemmas: Infinite Needs Versus Finite Resources



Dr. Kissick

Can the United States provide a health care program that offers a comprehensive package of the highest quality health benefits to all Americans while containing health care costs? University of Pennsylvania professor and Society member William L. Kissick, MD, DrPH, says no. "No society in the world has sufficient resources to provide all the health services its population is capable of utilizing."

Dr. Kissick, involved with health policy for more than three decades, told confer-

"[Physicians] must make a decision to deal with it, or be left out of the marketplace."

—Eugene S. Ogrod, MD

ence attendees he has seen extraordinary change in that time span. One of the developers of Medicare, he noted the program is often called a "Herculean political achievement." But he calls it modest.

"All we did with Medicare was replicate the open-ended financing for reimbursement of Blue Cross and Blue Shield for 10 percent of the population using tax dollars." Yet, he said, they made three mistakes: They misjudged trends in 1) technology, 2) demography, and 3) utilization.

"He who assumes the risk, calls the tune."

—William L. Kissick, MD, DrPH

Add to that what Dr. Kissick calls "one of the most important facts of 1994"—that both Richard Nixon and Jacqueline Kennedy Onassis died with living wills—and you have a feel for some of the many dilemmas medicine faces ahead. How do we cope with that? Dr. Kissick uses humor and innovation. Here is a sampling from his speech:

- Why do we continue with employer mandate? Because we've been doing it for six decades.
- We're on the way to health care as 20 percent of the gross domestic product by the year 2000, at which time the U.S. will be spending three times the amount spent on education.
- Regarding the Health Security Act: "I stand before you as one of the few individuals in Western Civilization who has

read all 1,342 pages. Why did I read 1,342 pages? So I can stand before an audience and say, I'm one of the few people in Western Civilization who has read all 1,342 pages. Did I remember them? No way. Did I understand them? No way. Did I find some inconsistencies? Yes."

• Health care reform is a contact sport—rugby: "They take away your helmets, they take away your shoulder pads, they take away your hip pads, they take away your thigh guards. You run around the field in your underwear in a state of abject terror. There are no timeouts. They drag the dead and wounded from the field, and the game goes on. Moreover, it's not played on the gridiron. It's played on the iron triangle of health care—cost containment, access, and quality."

• "He who assumes the risk, calls the tune."

• "There is no quick-fix in health care." Dr. Kissick's suggestion: "After the federal government legislates a health care policy, it should be implemented through collaboration with state and local initiatives, for such programs have been built on an understanding of regional needs, expectations, and cultural diversity."

• Quoting Ben Franklin and referring to the physician community: "Gentleman, if we do not hang together, assuredly we will all hang separately."

The State of the State



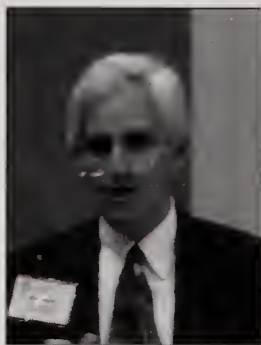
Mr. Mecum

Roger F. Mecum, the Society's executive vice president, says the current state of the state is "as though all fixed points are in some form of motion." He spoke about the current health care marketplace in Pennsylvania—what is happening and why—

and overviewed Society strategies to deal with this changing environment.

"Being against managed care seems to be like being against gravity," Mecum said: "It seems as though it's here to stay." More and more group practices and networks are forming, physicians are selling their practices, hospitals are consolidating and some are closing, there is a change in patient mix, the physician-patient relationship is changing, and some physicians are being denied access into managed care plans. "The momentum is picking up," he said, citing that Pennsylvania now ranks seventh in the nation in growth of HMOs, "and expert opinions vary about where the dust will settle."

Ronald J. Fasnacht and Gordon H. Smith, Esq., led two of the six workshops offered to attendees on the second day of the Society's annual Leadership Conference. Fasnacht, a health care consultant, presented "Managed Care—The New Career Paradigm." Geared toward young physicians, the workshop included an overview of the current health care marketplace and a discussion of what it means for physicians to be "employees." Smith, executive vice president of the Maine Medical Association, discussed New England's experience with practice parameters. Other conference topics addressed forming practice groups, developing leadership skills, using electronic information, and handling antitrust issues.



Mr. Fasnacht



Mr. Smith

Why is all this happening? Mecum pointed to market reform and notes that patients are becoming more comfortable with managed care. He also said the incentives are appealing to some physicians. But the bottom line is: "Twenty-five percent of future health care dollars are up for grabs."

After a brief analysis of the emerging health care marketplace in Pennsylvania—including items from "Integration Insider" on page 18—Mecum discussed the Society's response to these changes. "The ballgame is changing...but so is the ballpark," he said.

To help physicians through the wave of change, the Society has initiated several strategies, including expanding education

and advocacy, and creating the PennMed Member Services Company (PMSCO) to help physicians organize effectively for future success.

Also, the Society is exploring new ways for physicians to relate to the organization. "The future of this organization must reflect the structure and the culture and the economics of the future, but it will not happen [unless it becomes] a priority for all of us," Mecum said.

His most serious concern? Fragmentation. "If we could just come a little more together—cooperatively, creatively, and aggressively," he said, "the state of the state for physicians will be a lot brighter in the years to come." ◊

Williamsport Physician Honored for Community Devotion



The Pennsylvania Medical Society awarded its second Physician Volunteer Award to Kenneth L. Cooper, MD, a retired obstetrician/gynecologist from Williamsport. The award, presented at the Society's Leadership Conference in May, honors Dr. Cooper's lifetime of unselfish devotion to his patients and his community.

An Army veteran and graduate of Temple University School of Medicine, Dr. Cooper spent all his working years in

Williamsport. His work in the medical community is described as "exemplary," including serving as president of the medical staff and on the board of managers at Williamsport Hospital. His volunteer service for 20 years as director of a family planning clinic earned him honors on several occasions.

Also heralded as a leader in his community, Dr. Cooper has served on the board of the James C. Brown Library for nearly two decades and led a \$1.4 million capital campaign to renovate the library and improve its book collection. His commitment to the library extends beyond the library's four walls, as passers-by will tell you—they also see Dr. Cooper on his knees caring for the flowers and shrubs on the library grounds. Library Director Janice Trapp says, "Dr. Cooper works for us in both his dungarees and in his tuxedo."

He has also been a member of the Brandon Park Commission since 1972, chairing the commission since 1990. A 100-year-old park in the center of Williamsport, Brandon Park recently was revamped with money and volunteers organized by Dr. Cooper. "Citizens of this community have not only been served by Dr. Cooper during the past, but will forever benefit from his vision of Williamsport's future," says GERALYN L. FAUSNAUGHT, a member of the park's Beautification Committee. "Through the seedlings planted in Brandon Park, to the experience of caring leadership planted into the lives of those who have worked with him, Dr. Cooper has promoted Williamsport's proud past and promising future."

Further, he was a long-time participant in the Lycoming County Chapter of the American Cancer Society, and is active in his church and with many other community projects.

When asked what has given him the greatest satisfaction from being a doctor, Dr. Cooper says, "Adding happiness to families, being a good listener, and helping people." As for receiving the Physician Volunteer Award, he says, "I am very thankful and appreciative of the Society in making this award possible, but you have to realize that it took many, many people for me to accomplish all these things." He explains, "Without volunteers, it would have been nothing...It's working together that accomplishes big things."

"If we could just come a little more together—cooperatively, creatively, and aggressively—the state of the state for physicians will be a lot brighter in the years to come."

—Roger F. Mecum,
State Society EVP

Patients Equate Quality with Service

Michael P. Lance

There have been many attempts, with varying levels of success, to define, monitor, measure, and ensure quality of health care; but when it comes right down to it, patients advocate this equation: Quality = Service.

A definition of health care "quality" has been difficult to pin down. Until now, most of the focus has been on the technical component of quality—the "quality care" aspect of medicine. Efforts have concentrated on ensuring that providers of health care at all levels of medicine, including nurses, medical technicians, physicians, and medical facilities, have the necessary training, skills, personnel, and tools to provide the safest, most modern health care and the best possible outcome for patients. This effort has been very successfully controlled by licensing and monitoring agencies.

Therefore, most patients assume that quality *care* will be provided by medical institutions or health care providers. However, the real grounds upon which patients judge quality is *service*.

Literature and periodicals today appear to reflect a renewed awareness of quality in services and products. In my early days of managed health care, the indications were that success was driven by the three "Ps": price, price, and price. It is evident that the consumer of the '90s is still influenced by price; however, the three "Qs"—quality, quality, and quality—are becoming more important to ensure consumer satisfaction and loyalty to products and services.

In health care, there will always be the need to provide quality care. Some of the gurus of medicine are touting the importance of "quality outcomes" as a measure of quality in the future. I feel that quality outcomes always have been and always will be important in medicine, particularly for patients requiring surgery or with significant illnesses.

However, the ability to "measure" quality outcomes with any level of validity, reliability, and accuracy would require considerable resources and dollars. Perhaps we will never achieve absolute validity, reliability, and accuracy in these outcomes measurements.

The vast majority of health care consumers do not require surgery, nor do they have significant illnesses. For those millions of people, the most important aspect of quality in their medical care can be defined as *quality service*.

Fifteen of my 28 years in health care were on the operation side of managed health care, where I was responsible for providing the health care delivery system for managed care programs. We frequently obtained feedback from patients as to whether we were meeting their health care expectations and needs. Virtually all health plans today perform some sort of patient satisfaction survey to obtain feedback.

As the concept pertains to physician services and physician organizations, the following represents a definition of "quality services" from the patient's perspective:

- A large selection of physicians from which to choose, in close proximity to their homes or work places.
 - Courteous, sensitive, and caring office staff and medical personnel.
 - Ease in scheduling appointments.
 - Ease in checking in and out for office visits.
 - Appointment availability, particularly for same-day illnesses with their primary care physicians. Many medical groups have limited availability, which results in patients being seen in urgent care centers by physicians different than their own physician.
 - Timely and appropriate referrals to specialists and specialty procedures.
 - Short wait times in doctors' waiting rooms and exam rooms. Note: Patients will be more tolerant of unavoidable delays if they know the reason and expected length of the delay.
 - One-stop shopping for most medical services near or in one facility.
 - Ease of assistance with health insurance payments and claim forms.
 - Continuity of care. Many medical groups and staff HMOs have turnover of physicians resulting in a lack of continuity of care for the patient.
- For hospitals and their medical staffs, the following represents a definition of "quality service" from the patient's perspective:
- Providing a majority of hospital services in close proximity to where they and their families live.

Mr. Lance is chief executive officer, PennMed Member Services Company (PMSCO).

- Available and convenient parking.
- Convenient admission and discharge.
- Sensitive and caring hospital personnel who provide comfort and communication to the patient and help to alleviate fears.

- Ease and assistance in processing health insurance claim forms.

- Nutritious and appealing food options.

- Easy and timely access to emergency medical services. As in the physician's office, reasons for unavoidable delays should be communicated to the patient in a timely manner.

Quality is an individual perspective, so the importance of each of the above service issues will vary for each patient. However, successful health plans and physician/hospital networks will need to be aware of and address as many of these quality of service factors as possible.

Some models of health care delivery systems have certain advantages or limitations compared to others in their ability to address and resolve the "quality service" aspect of medicine. It is evident that the definition of "quality" in the '90s and beyond is and will be defined from the patient's perspective as "quality service." **O**

Surveys Measure Quality of Service

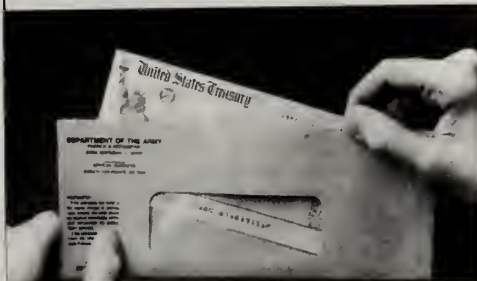
To measure your medical practice's quality of service, consider the Patient Satisfaction Survey published by the Pennsylvania Medical Society. A packet of 400 surveys costs only \$40 for Society members. For information, call the Department of Physician Services at (800) 228-7823 or (717) 558-7750, extension 1456.

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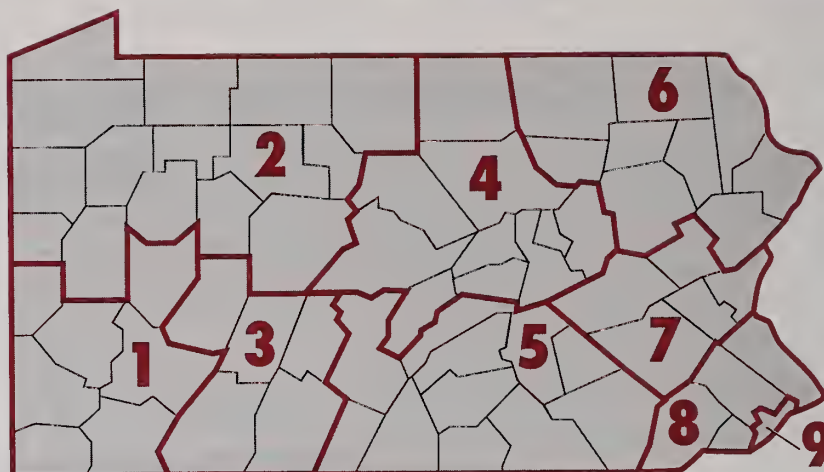
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Integration Insider

Analysis of the emerging health care marketplace in Pennsylvania.



This ongoing column, introduced last month, updates Pennsylvania physicians on the state of managed care in the commonwealth. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.



- HealthAmerica will waive its exclusive-use clause and many fees so faculty and staff at the University of

Pittsburgh can continue seeing HealthAmerica doctors. The new policy, which takes effect when HealthAmerica's contract with Pitt ends July 1, applies only to Pitt faculty and staff. As reported last month, the university has contracted exclusively with Blue Cross of Western Pennsylvania for health insurance for its employees. *[Pittsburgh Post Gazette]*

- The University of Pittsburgh Medical Center (UPMC) in late April opened a primary care health center in Greensburg. *[UPMC news release]*

- St. Francis Health System, Pittsburgh, and D.T. Watson Rehabilitation Hospital, Sewickley, have entered into a networking arrangement and will evaluate the future viability of establishing an affiliation agreement. Under the terms of the networking agreement, St. Francis resources and expertise will be made available to D.T. Watson as needed. *[St. Francis Health System news release]*



- The Hospital Association of Pennsylvania (HAP) has created the Pennsylvania Institute

for Healthy Communities "to work toward a new health care system that puts the needs of people ahead of the financial needs of hospitals." The institute will fall under HAP's new holding company, Health Alliance of Pennsylvania. John A. Russell will head the new venture; Carolyn F. Scanlan, former executive vice president and chief operating officer of the Healthcare Association of New York, succeeds Russell as HAP president. *[HAP news release]*

- Horizon Healthcare Corp., a nursing home chain based in Albuquerque, New Mexico, plans to buy Continental Medical Systems, based in Mechanicsburg, in a stock-swap deal valued at \$502.1 million. The merger requires approval by stockholders of both companies and is subject to regulatory review. *[Patriot News, Harrisburg]*



- Mercy Health System of Northeastern Pennsylvania has developed a new strategy to remain competitive in its changing marketplace. First, it has created Mercy Managed Care, a physician-hospital organization representing some 500 physicians, to negotiate contracts with HMOs. Also, Mercy has formed First Choice, a preferred provider organization offered to self-insured employers in the region. *[Modern Healthcare]*



- Franciscan Health System, Aston, and two other Catholic health care organizations—Catholic Health Corp., Omaha, Nebraska, and Sisters of Charity Health Care Systems, Cincinnati, Ohio—have signed a letter of intent to

consider consolidation, with final agreement expected by the end of the year. Franciscan Health System owns and operates a number of health care facilities nationwide, including in Pennsylvania: St. Agnes Medical Center and Nazareth Hospital, Philadelphia; St. Mary Medical Center, Langhorne; St. Joseph Medical Center, Reading; and St. Joseph Hospital, Lancaster. *[Philadelphia Inquirer]*



- The latest report card on the financial condition of Pennsylvania hospitals reveals that a growing number of Philadelphia-area hospitals are losing money as operating margins continue to decline. *[Philadelphia Business Journal]*

Such news is not surprising and, in fact, is expected to be a national trend. Michael P. Lance, chief executive officer of PMSCO, explains: "In a more mature managed care environment like Philadelphia, the need for hospital services decreases."

- The University of Pennsylvania Health System and Presbyterian Medical Center, both of Philadelphia, have signed a letter of intent to merge. *[Philadelphia Inquirer]*



Facts, Figures, Etc.

- Almost three-fourths of managed care organizations pay their primary care physicians under some sort of capitation arrangement, according to preliminary results of an American Society of Internal Medicine (ASIM) survey of managed care plans. More than half also apply capitation payments to their specialists. *[ASIM news release]*

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FDA CERTIFICATION REQUIRED FOR MAMMOGRAPHY CLAIMS

Effective this month, all claims received from Medicare physicians and facilities that do not report their Food and Drug Administration (FDA) certification number for screening and diagnostic mammographies will be denied, according to Xact Medicare Services.

The Mammography Quality Standards Act requires all Medicare facilities providing mammography services to meet national quality standards. Physicians and facilities are required to have an FDA certificate to continue operation.

The FDA now issues a six-digit certification number, which replaces the 10-digit number previously issued by the Health Care Financing Administration (HCFA). Xact says the six-digit number should be reported in the following locations for screening and diagnostic mammographies, regardless if billing is for full service or a component:

- block 32 of the HCFA 1500 claim form;
- Record FA0 positions 142-151 of the National Standard Format (left justified space filled);
- Record G positions 137-146 of the Proprietary Format (left justified space filled); or
- 2-180, Ref Segment, 02 Data Element of the ANSI Format.

For additional information about certification, or to obtain your six-digit certification number, call the FDA Hotline at (800) 838-7715. If a new provider has been added to your facility, or provider information has changed, write to Xact's Provider Data Services Department at P.O. Box 898942, Camp Hill, PA 17089-8842.

TRANSPLANT DRUG COVERAGE CHANGES

Coverage for immunosuppressive drugs, initially established by OBRA 1986, has until recently been limited to one year after a covered organ transplant. OBRA 1993 authorized a phased-in extension of the benefit from 12 months to 36 months. Due to the provisions of the law and subsequent technical amendments, over the next few years the length of coverage for a particular beneficiary will be determined by the month of

discharge following a Medicare-covered transplant.

The chart at right associates the month of discharge from a covered organ transplant with the total number of months of coverage. For example, if the patient was discharged on January 1, 1994, coverage would be for 18 months and would end on June 30, 1995. If the patient was discharged on October 15, 1994, coverage would be for 27 months and would end on January 14, 1997.

Coverage for beneficiaries whose dates of discharge from the hospital following a covered transplant was on or before July 31, 1993, is limited to one year. Effective January 3, 1995, claims processing systems have been changed to accommodate the law and technical amendments to process claims for covered transplants with hospital discharge dates of August 1, 1993, and thereafter.

For beneficiaries who are eligible for the extended coverage, claims which have been submitted and were denied may be resubmitted, or if a claim was not filed, an original bill for a previously unbilled month (1994 or 1995) may be submitted.

The dates of service must not extend beyond the authorized period of extended coverage, and the total months of coverage defined by the law and technical amendments may not be exceeded.

Source: The Travelers, Wilkes-Barre, Medicare's Region A Durable Medical Equipment Regional Carrier

Phased-in Benefit Periods for Immunosuppressive Drug Therapy

Month of Discharge	Total Months of Coverage
August 1993	13
September 1993	14
October 1993	15
November 1993	16
December 1993	17
January 1994	18
February 1994	19
March 1994	20
April 1994	21
May 1994	22
June 1994	23
July 1994	24
August 1994	25
September 1994	26
October 1994	27
November 1994	28
December 1994	29
January 1995	30
February 1995	31
March 1995	32
April 1995	33
May 1995	34
June 1995	35
July 1995	36

Tell Us Your Stories of Managed Care Interference

The Society has long argued the need for legislative and regulatory safeguards to protect patients from managed care policies that inappropriately deny payment for medical services. The most effective support for these arguments comes from real-life examples, which the Society is collecting through this new initiative.

If you have a story you would like to share that may be convincing to non-physician audiences—legislators, regulators, the media, and the general public—we'd like to know about it.

To guide and ease your efforts, the Society has developed a Quality Alert Form (see opposite page) to be published in *Executive Report* and *PENNSYLVANIA MEDICINE*. The Society intends the form to be user friendly and not another hassle for physicians; if you have suggestions about how to improve the form, we'd like to hear that too.

Fax or mail completed forms to Society headquarters at the address or number listed at the top of the form. Direct any questions to Dennis Olmstead in the Department of Medical Economics, Ext. 1483.



Quality Alert Form

How and Why to Use This Form: Use this form to document real-life examples of managed care practices that jeopardize quality of care. The Society is collecting these examples to prove the need for managed care safeguards. Information revealed on this form or during a follow-up investigation may be shared with government officials and the public. Please exclude any information that may identify a patient to assure patient confidentiality.

What is a "Quality Incident?": A quality incident occurs when a managed care plan denies or unduly delays medically appropriate care or engages in conduct that could result in a quality or access problem. Prospective payment determinations are considered care decisions—as the patient often elects not to proceed absent third-party coverage. Quality incidents also can occur in other managed care contexts. The payer's conduct may send the wrong message or otherwise encourage inappropriate provider behavior. Network exclusions also can adversely impact geographic and specialty access. Use a separate form for each incident or practice.

Please check the relevant boxes below to describe the incident or practice.

**Please explain below*

Utilization Review Problem

Type of Review

- ☐ Prospective review
- ☐ Retrospective review
- ☐ Concurrent length of stay
- ☐ Second opinion
- ☐ Case management
- ☐ Other*

Incident

- ☐ Service or procedure denied
- ☐ Site of service denied
- ☐ Premature discharge
- ☐ Other premature termination of care
- ☐ Specialty referral denied
- ☐ Untimely approval resulting in delay of care
- ☐ Approval only after "hassle"
- ☐ Other adverse action*

Cause of Problem

- ☐ Secret criteria
- ☐ Inappropriate criteria
- ☐ Non-physician reviewer
- ☐ Reviewer not in active clinical practice
- ☐ Reviewer not licensed in Pennsylvania
- ☐ Reviewer lacked appropriate specialty expertise
- ☐ No opportunity to talk to reviewer
- ☐ Incomplete review of record
- ☐ No opportunity for appeal
- ☐ Inadequate explanation of decision
- ☐ Not able to contact for timely decision
- ☐ Other cause*

Network Problem

Network Type

- ☐ HMO
- ☐ PPO
- ☐ Other*

Cause of Problem

- ☐ Inadequate specialty distribution
- ☐ Inadequate geographic distribution
- ☐ "Black box" credentialing
- ☐ Inappropriate credentialing criteria
- ☐ Profile data used in credentialing not adjusted for case-mix
- ☐ Unqualified decision-maker
- ☐ Excluded without explanation
- ☐ No opportunity to appeal exclusion
- ☐ Other*

Other

- ☐ Practice guideline*
- ☐ Reimbursement incentive
- ☐ Referral restriction
- ☐ Payment policy
- ☐ Other*

Source of Problem

Third-party payer: _____ Managed care entity†: _____

†(If different from payer, e.g., a third-party administrator or peer review organization)

Physician Information

Treating physician: _____

Office Address: _____

City _____ State _____ Zip _____

Office contact for further information: ☐ Treating physician ☐ Other _____

Office telephone: _____ Office fax no.: _____

***Explanations and additional information you may wish to provide:**

DRUG CENTER OFFERS QUINOLONE UPDATE

The Society's Center for Professional Drug Education and Information recognizes that physicians consider various factors when choosing an antibiotic. We would like to briefly discuss why quinolones are not a first-line therapy for uncomplicated urinary or respiratory tract infections, and when their usage is preferred.

Although reasons for not using quinolones vary from condition to condition, the prevailing reasons include:

- suboptimal clinical activity against pathogens such as *Streptococcus pneumoniae*,
- the unavailability of sufficient data about long-term safety,
- contraindication in children,
- increasing evidence of bacterial resistance in *Staphylococcus aureus* and *Pseudomonas aeruginosa* infections, and
- a higher cost than equally effective alternative antibiotics.

Conditions where quinolones are the *preferred* therapy include:

- osteomyelitis with gram-negative bacilli,
- cystic fibrosis exacerbations in patients without impaired lung function,
- invasive external otitis,
- bacterial gastroenteritis (requiring antibiotic therapy),
- traveler's diarrhea (requiring antibiotic therapy), and
- eradication of the *Salmonella* carrier state.

The Center for Professional Drug Education and Information provides timely, credible, unbiased drug information to physicians. We currently have cost comparison charts for quinolones and other drug classes available in both wall and pocket card sizes. To get your free copies and have your name placed on our mailing list, call (800) 228-7823, or fax your request to (717) 558-7848.

Source: Prescription Drug Education Project

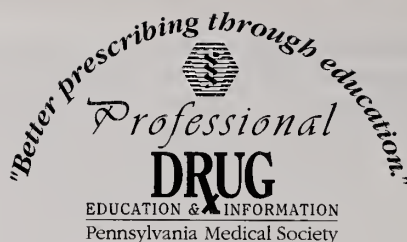
Q&A: DRUG UTILIZATION

The Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug interactions, side effects, and other drug-utilization issues. In an effort to share this information, the Center selects a question of general interest to appear in this

column each month. The response, prepared by our clinical pharmacist, Brenda Trimmer, RPh, FASCP, is based on an abstract of the latest scientific literature that has been developed with input and knowledge of experienced clinicians. If you have a question that you think would be of general interest, please contact the Center at (800) 228-7823.

Q: Ketoconazole appears to interact with many anti-ulcer medications. What is the effect of these interactions, and how can they be managed?

A: Ketoconazole is an antifungal agent that requires an acidic gastric environment for absorption. Therefore, any medication that increases gastric pH may reduce ketoconazole bioavailability. Such medications include H₂-antagonists, antacids, and omeprazole. Sucralfate does not affect gastric pH, but also may decrease absorption by binding to ketoconazole in the gastrointestinal tract. If both interacting drugs are needed, the H₂-antagonists, antacids, omeprazole, and sucralfate should be given at least two hours after administration of ketoconazole.



Your Comments Are Welcomed

The Society's Center for Professional Drug Education and Information welcomes your questions and comments about issues relating to prescribing, drug interactions, or specific pharmaceuticals. Use this form to fax your questions and/or comments.

QUESTIONS/COMMENTS

Name

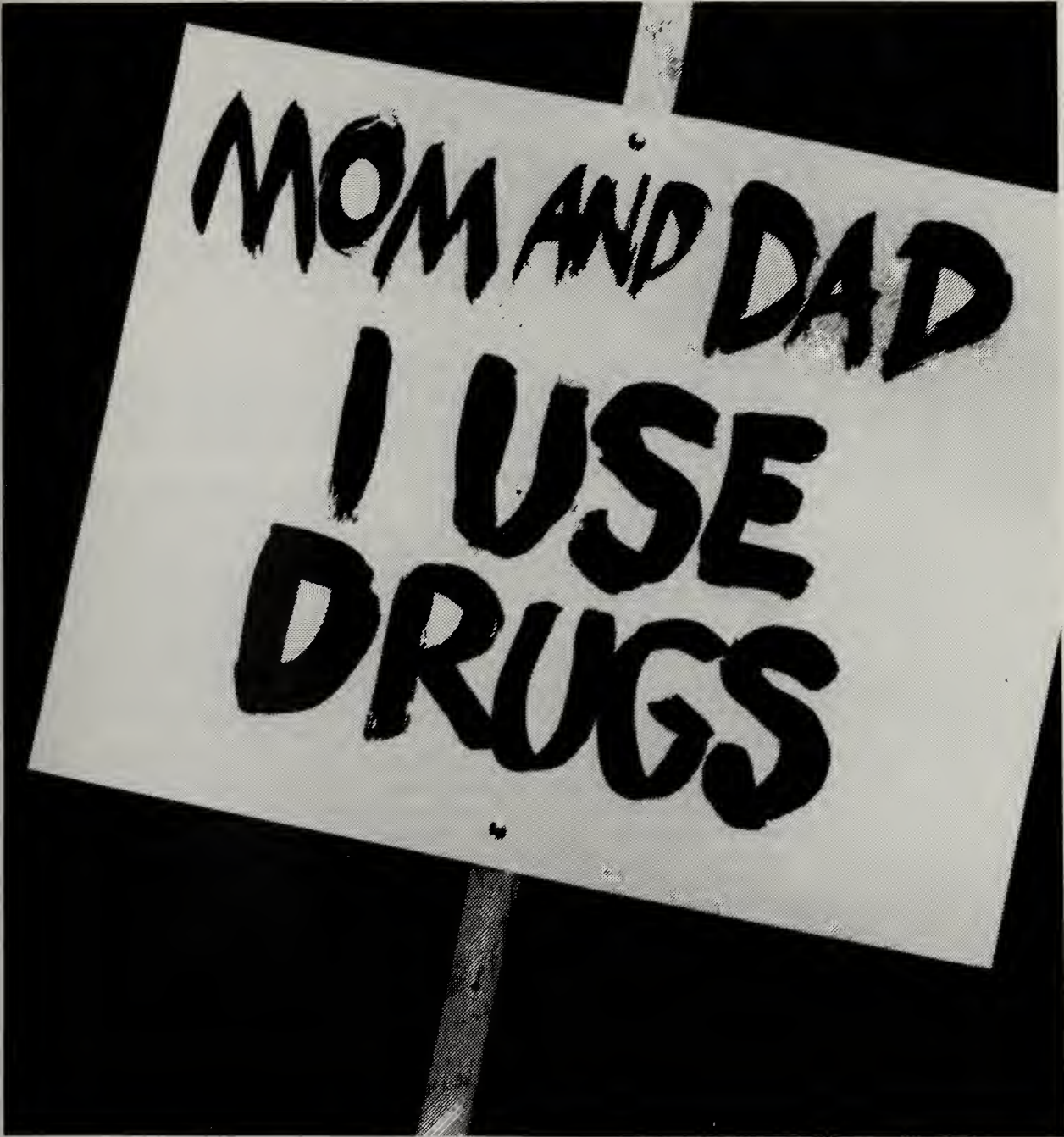
Address

City State Zip

Phone Fax

Fax to Barbara Layne at (717) 558-7848.

Or mail to the Center at P.O. Box 8820, Harrisburg, PA 17105-8820.



MOM AND DAD
I USE
DRUGS

UNFORTUNATELY, SIGNS OF DRUG USE AREN'T THIS OBVIOUS.

Fortunately, they're not invisible, either. That's why it's so important that parents know what these signs are.

The problem is that most parents don't know. And, as so often happens, their child's drug problem goes undetected.

It's senseless. Especially when the signs of drug use are right in front of the parent's eyes. Signs such as excessive secrecy, fewer visits home from college or a drop in school performance. Other signs are irritability,

weight loss, pupil dilation, and heavy usage of eye drops or nasal sprays.

These are only a few. There are many others.

If you're a parent, you must get involved. You can learn more about the signs of drug use by contacting your local agency on drug abuse.

Knowing these signs isn't a cure. But at least it's a start.

Volunteers Sought to Help Train More Generalists

Glenda Hostetter Shoop, MEd

Partnerships with physicians and their communities are critical for the success of programs to educate more generalist physicians, such as the initiative at Penn State's College of Medicine in Hershey.

Pennsylvania and the nation are facing an imbalance in the distribution of physician manpower. As a result, many people in our communities do not have ready access to primary and preventive health care afforded to others. Most urgently needed are more numbers and appropriate geographic dispersion of primary care physicians.

To meet the growing health care needs of our society, many academic medical institutions are emphasizing primary health care and the graduation of more generalist physicians by introducing and implementing more required primary care courses in their curricula. To effectively implement these courses, the schools realize that more educational experiences need to occur in community primary care practice settings. Partnerships with communities and community physicians are therefore critical for the institutions to meet this challenge, and physicians in these practice sites are being invited to serve as preceptors.

Penn State's College of Medicine, Hershey, responding to the challenge to increase the number of generalist physicians, was awarded one of 14 grants from the Robert Wood Johnson Foundation. This six-year project, called the Generalist Physician Initiative, has matching support from the Pennsylvania Department of Health.

The College of Medicine is moving to provide leadership in the education and training of generalist physicians through a multi-disciplinary approach in both education and research. The goals in this initiative are to:

1) have at least 50 percent of our medical students from each class select primary care careers; and

2) increase the number of residents entering generalist practices in Pennsylvania's rural, small-town, and underserved communities by the year 2000.

Primary care and generalist physicians

The Institute of Medicine (IOM) has defined primary care as an integrated, accessible health care system, whereby clinicians are accountable for addressing a large majority of personal health care needs. According to IOM, the primary care clinician develops sustained partnerships with the patient, practices in the context of family and community, and might or might not be a physician.¹

Physicians who provide primary care services are frequently referred to as generalist physicians. A generalist physician, often the entry point for a patient into the health care system, takes a comprehensive view of the patient, both medically and psychosocially, and coordinates the health care for the patient. They hail from the disciplines of family and community medicine, general internal medicine, and general pediatrics, and provide comprehensive, longitudinal health care focused on several roles:

- health promotion and disease prevention;
- assessing and diagnosing common symptoms and physical signs;
- managing common acute and chronic medical problems;
- identifying, when appropriate, patient referral to a specialist physician, i.e., cardiologist, surgeon, psychiatrist, gastroenterologist, etc.; and
- coordinating other health care services as related to the patient's care.²

Generalist Physician Initiative

Penn State's comprehensive plan to reach the initiative's goals addresses many points along the continuum of a career in medicine. It extends from college, through medical school and residency, into practice in the community. The plan is directed at several issues:

Ms. Shoop is academic and faculty development coordinator, Generalist Physician Initiative, Penn State's College of Medicine, Hershey.

- recruitment of qualified college students likely to enter generalist careers;
- comprehensive pre-admission and admission modifications in the College of Medicine to place emphasis on primary care, whereby primary care physicians have a greater participation in the selection process;
- restructuring of the medical school curriculum and supportive framework to emphasize interdisciplinary, coordinated courses—primary care courses will be introduced each year, and the content of these courses will be interrelated throughout all four years of medical school;
- provision of a primary care honors track for selected fourth-year medical students; and
- increasing the resident's exposure to generalist physicians and training in community-based ambulatory settings (especially in rural and medically underserved communities), and improving the coordination, collaboration, and communication among the residency programs in general internal medicine, family and community medicine, and pediatrics.

Developing community partnerships

Medical schools promoting primary care careers to their students are increasingly in need of community-based, primary care sites to provide clinical education and training. The Generalist Physician Initiative needs the support and participation of community primary care physicians throughout the commonwealth—especially in rural, small town, and/or medically underserved communities and cities—to fully develop and implement quality primary care educational experiences for our students. These practice sites are essential to introducing our students to primary care role models and to providing the opportunity for students to gain hands-on, primary care experience.

Representatives from the College of Medicine have been meeting with members of rural and medically underserved communities throughout Pennsylvania to develop clinical educational opportunities for medical students, identify scholarship funds and incentives for medical students and physicians entering primary care careers in these communities, and develop strategies to provide continuing education and practice support programs for the generalist physicians in these areas. Students work with community physicians as clinical preceptors through several required primary care courses.

The First Year Primary Care Preceptorship provides students with an organized,

one-week educational experience to observe a primary care physician in a community practice site. This is primarily an observational experience.

In the third year of medical school, each student is provided an opportunity to expand his or her awareness of the complexity and diversity of health care needs in a rural, small town, and/or medically underserved community. During this *Third Year Primary Care Clerkship*, the student spends one month working with a primary care physician. The student participates in the care of assigned patients while under the direct supervision of the physician preceptor.

This experience is intended to acquaint students with continuity of care and comprehensive patient management in primary care practices. A course syllabus was developed to give structure to the students' educational experience and give them a chance to reflect on that experience.

The Fourth Year Primary Care Selective expands the students' primary care educational experiences. The fourth-year medical student selects a one-month, primary care educational experience from a menu of primary care options: Indian health service, primary care sports medicine, community health/public health, palliative care, primary care practice, or other modules developed specifically for primary care. Allowing a student to choose from this menu gives him or her the opportunity to gain valuable insights into a primary care issue of particular interest. →

Nominations...

...for the 1996 **Robert Wood Johnson Foundation Generalist Physician Faculty Scholars Program** are now being accepted from deans of four-year medical schools. Fifteen four-year grants of up to \$240,000 are available. Call Nancy E. Foster, the program's deputy director, at (202) 687-2937 for application guidelines. Deadline for receipt of completed applications: September 20, 1995.

Applications are also available for the **Pennsylvania's Primary Health Care Practitioner Loan Repayment Program**, which is designed to create incentives for primary health care practitioners to practice in rural and urban Health Professional Shortage Areas (HPSAs).

Basically, under the terms of the program, government or commercial loans for actual costs paid for tuition, reasonable education expenses, and reasonable living expenses related to most recent clinical degree are qualified for repayment. In return, the primary care physician agrees to serve a minimum of three years in a designated primary care HPSA.

To be eligible, a primary care physician must be a U.S. citizen, a graduate from an accredited educational program, and eligible for certification/licensure in Pennsylvania. For additional information about eligibility, or for an application, call Leslie Best, the program's coordinator for recruitment and retention, at (717) 772-5298.

References

1. Donaldson M, Yordy K, Vanselow N (Eds). *Defining primary care: an interim report*. Washington, DC: National Academy Press, 1994.

2. Rivo ML. *Division of Medicine: Update*. U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Summer 1992.

Be a preceptor

Penn State's Generalist Physician Initiative invites Pennsylvania's generalist physicians to volunteer to become preceptors in this innovative program. By being a preceptor, you will gain the challenges and rewards of:

- contributing to the education of future physicians;
- bolstering the presence of your profession, in your community and around the state;
- gaining a new perspective brought by a student presence in the routine of practice;
- teaching, which can be an enjoyable and stimulating experience;
- maintaining a link with medical school programming, resources, and faculty; and

• influencing student selection of a medically underserved area as a career choice.

If you are interested in providing a one-week preceptorship experience in your clinical setting to a first-year medical student, or a four-week clerkship experience to a third- or fourth-year medical student, please complete the form below and mail it to:

Glenda H. Shoop, MEd
Academic and Faculty
Development Coordinator
Generalist Physician Initiative
Penn State's College of Medicine
The Milton S. Hershey Medical Center
P.O. Box 850
Hershey, PA 17033-0850

Or, fax it to: (717) 531-3925. ☎

Generalist Physician Initiative Preceptor Form

Name _____

Office Address _____

City _____ County _____ State _____ Zip _____

Office Telephone Number _____

Board Cert./Recert./Elig. _____

Name of Certification Organization _____

Which of the following characterizes your practice?

- ☐ Solo ☐ Partnership ☐ Group ☐ Multispecialty ☐ Single Specialty

How do you describe your practice location? (check one)

- ☐ Inner City ☐ Rural ☐ Small Town
☐ Community Health Center ☐ Urban ☐ Suburban

Is your practice located in a federally designated medically underserved area?

- ☐ Yes ☐ No

Do you serve a medically underserved population?

- ☐ Yes ☐ No

Indicate the number and type of staff in your practice (fill in the blanks provided).

____ Physicians ____ Mid-Level Providers ____ Nurses ____ Administrative

Type of student educational experience in which you're interested (check all that apply).

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A New Approach to Health System Reform: Seizing the Moral High Ground

Joseph S. Silverman, MD

Has economic imperialism seduced physicians into viewing medicine as more of a business than a profession? Yes, says one State Society member. He proposes that doctors subordinate personal interests to the public interest, establishing a "Hoover Commission" to redesign health care.

Few of us went to medical school to run a business. Most of us had other motives. We sensed the respect and admiration accorded to scientific healers. We craved the chance to change lives for the better. Willing and able to learn, we conquered college examinations and MCATs, and advanced into medical school. When finally we entered practice, we, who had learned quickly and well as students and house officers, received new lessons from even more demanding and potentially punitive teachers: the economy's free market, increasingly intrusive and mistrustful governmental agencies, the formerly dormant tort system.

Out there in the "real world" we gradually embraced a new ideology, utterly American, utterly democratic, or so it seemed. Where in the past there had been report cards and grade point averages, now there were more concrete ways of scoring our performance—a rising annual income, a swelling investment portfolio, or, at the least, the shrinking of our student debt. Free Enterprise brought its own natural justice. The Free Market was wise. It was good.

Economic imperialism

For me personally, the decisive insight struck in November 1994. I was attending a lecture entitled, "King Midas in America: How a Free Market Ideology Undermines the Best Things in Life." Barry Schwartz, PhD, professor of psychology at Swarthmore College, was making a persuasive case for the power of financial rewards. Citing social psychological experiments and personal observations, Schwartz showed that children and adults, when compensated for performing tasks enjoy-

able to themselves, became disinclined to pursue those activities unless paid.

A child may enjoy playing Nintendo. But once he is paid for playing Nintendo, he is less inclined to play on his own "for fun." Children paid for reading books read with increased fervor but stop reading for pleasure. Schwartz's thesis is that preoccupation with the economic side of life squeezes out the intangibles that make life truly worthwhile. The "best things in life"—love and friendship, delight in learning, pleasure in skillful performance, pride in one's work, virtues of character, political freedom—may be brushed aside once financial rewards are introduced.

Shaken, yet stirred by this message, I took up Barry Schwartz's latest book, *The Costs of Living*. The author examines one arena of American life after another—commerce, professional sports, medicine, law, education, government, and close personal relationships. Everywhere he turns, he finds materialism expanding at the expense of idealism.¹

The devil in these details is identified as "economic imperialism." The term refers to the evaluation of human activities predominantly in terms of profit and loss. Economic imperialism holds that all decisions have economic consequences and, therefore, all decisions are fundamentally economic. The ethic of economically oriented endeavors is that profit is virtue, loss is, at the least, unfortunate, and at the extreme, shameful. Highly reimbursed activities are important. Less heavily reimbursed activities are less important.

There is a sad irony to the whole profit-as-virtue philosophy. People ordinarily assume that if they earn more, they will enjoy additional satisfaction. Schwartz shows that satisfaction actually depends upon relative rather than absolute well-offness. If you find yourself better off than your neighbor, you are satisfied. If you observe that your neighbor is doing better than you, you feel dissatisfied.

In the medical profession, Arnold S. Relman, MD, former editor of the *New England Journal of Medicine*, was among

Dr. Silverman is a practicing psychiatrist, Blair Medical Center, Altoona.

the first to sound the alarm, warning of the advance of economic imperialism. In 1980, Relman first addressed the issue of commercialism in medical care, and in 1982, he asked:

"Will medicine now become essentially a business, or will it remain a profession?...Will we act as businessmen in a system that is becoming increasingly entrepreneurial or will we choose to remain a profession, with all the obligations for self-regulation and protection of the public interest that this commitment implies?"

In 1991, Relman wrote, "Now our profession faces an ethical and economic crisis of unprecedented proportions, as it struggles to find its bearings in a health care system that has become a vast and highly lucrative marketplace."²

Illustrating Relman's thesis is the following first-person account of a physician's descent into economic imperialism, with which we can easily identify:

"The increasing technical intensity and busyness of medical practice has led to a preoccupation with better 'management' of the office. This has generally led to the hiring of additional nurses, technicians, and assistants; the physician suddenly finds himself the administrator of a large staff, a task he may never have expected and for which he was probably never prepared...So the physician scurries around from patient to patient, trying to do enough to pay for the office and the staff. Very soon, a business approach seems necessary just to keep afloat, and the physician has already become an entrepreneur....

"The entrance of corporate medicine into health care has exacerbated all these tendencies...If the physicians, as healers, do not want to measure their work by its economic production, their employers certainly do, and the attitude filters inevitably down....

"We physicians...are invested with enormous trust and confidence predicated ultimately upon our roles as healers who place the patient above our own personal needs. The monetization of medicine strikes at the heart of this trust."³

Other voices are beginning to be heard. D'Oronzio uses strong language and presents firm conclusions:

"This wedding of altruism and greed in health care delivery is on the rocks...Americans may have to reinvent some form of utopian direct altruism...a substantial shift from private interest-based thinking to...notions of community and commonality of concerns...Although there are nu-

merous 'special interests,' no combination is so great as the goal of the entire enterprise."⁴

At the same time, a new specialty has burgeoned: medical ethics, the fallout from explosions of controversy in case after nationally publicized case. The ethical dimension in medical practice has become increasingly relevant and salient.

Will doctors lead?

Physicians individually are blunt and uncompromising in their comments about what they don't like about the health care system, in both present and potential forms. Thus far, physicians have gone docilely along with more and more complicated, time-consuming, bureaucratically mandated billing procedures and practice constraints.

But if society needs a moral counterforce to curb economic imperialism, where is it more appropriate to start than with health care? And who would wield this counterforce if not physicians?

The mission of our profession is the promotion of the physical and mental well-being of each and every citizen. While attending to patients one by one, physicians are simultaneously mindful of a duty to the country—and humanity as a whole. Medical associations—highly democratic institutions devoted to actualizing the highest ideals of the profession—offer a mechanism for taking control of health reform. Even President Clinton's guru for health system "reform," Ira Magaziner, has encouraged us to do so.⁵ But as yet, physicians have not climbed to the moral high ground, where they would be strategically positioned to assume that control.

A new idea

I now call for the formation of a high-level commission of experts, sponsored by the American Medical Association and comprised of physicians and other health professionals, economists, political system experts, ethicists, lay persons, and patient advocates. Its mission: to propose changes in the delivery of health care.

The commission would specifically address the public interest, without reference to what is politically correct or what would benefit physicians or, for that matter, any other group. Only if commission members were united in this purpose could their deliberations be expected to yield results. The Hoover Commissions of 1947-1949 and 1953-1955, charged with the task of proposing improvements in the executive branch of the federal government, might offer a valuable model. →

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To my mind, it is not difficult to imagine what the commission might find worthy among the myriad of proposals, comprehensive or focal, previously advanced by one group or another:

1) The commission would be free to turn to a potential remedy favored by many physicians,⁶ yet shunned completely by politicians—rationing of services, perhaps through the establishment of relative priorities. Ethical approaches to prioritization have already been put forth.⁷ The AMA, until recently unwilling to entertain the idea of rationing, has become more receptive.⁸ It is the need for cost containment that fuels the outcry for health system reform. If health care spending grew only as fast as the rest of the federal budget, the deficit would be halved in five years.⁹

2) With rationing in place, new standards could be set for lengths of hospital stay, focusing on humane rather than economic considerations.

3) The commission might call for the dismantling of the professional liability system, substituting perhaps a no-fault administrative system. The tort system takes an economic toll at every turn, and its often overlooked psychological consequences wound thousands of physicians each year.

4) The healing potential of the doctor-patient relationship is egregiously ignored in the present world of rapidly shifting health insurance networks. The commission could be expected to endorse a system that respects personal ties between patients and those who care for them.

5) Since judicial disapproval of "anti-competitive" practices would be no obstacle to the commission, restrictions might be placed on unproved and unscientific practices and devices.

6) The commission might advise restrictions on the marketing of health care.

7) Patent laws governing development of therapeutic drugs could be amended. In return for a lower profit market and restrictions on promotional expenditures, pharmaceutical manufacturers might be granted a longer period of exclusive rights to a new drug. Under the present 17-year exclusivity, companies have relatively limited time to recoup their investment and enjoy profits before the generic houses take over.

8) In dispute is the cost-effectiveness of managed care by remote reviewers. It is possible that in medicine, as in other situations,¹⁰ the cost of policing workers exceeds actual savings.

9) Practicing physicians often favor plans that give patients more of a financial stake in their treatment—copayment for services and drugs, medical savings accounts,¹¹ and taxation of employer-awarded health benefits.

10) What about optometric, podiatric, and dental care? What should be included in every person's basic benefits package? When it comes to defining the standard package, the commission might decline to hand down a judgment *ex cathedra*. Instead, it might see fit to establish a process for democratic and fair decision making.¹²

11) Integration of all governmental and extra-governmental health systems is a strong possibility. Still, it should not be presumed that the commission would end up with a single nationwide approach to health care delivery. The commission would be free to advocate experimentation "in the laboratory of the states," trying out specified options—rather than committing the entire nation to a program insufficiently tested.

The commission's conclusions, while not binding upon the medical profession or anyone else, would carry a strong moral imperative. Ultimately, the AMA House of Delegates would be asked to accept in principle as many of the commission's recommendations as possible—ideally, all of them. The House would then be requested to implement the recommendations in conjunction with other health professionals, and with governmental and other agencies.

Final thoughts

Over the last few years, a profit orientation has progressively become dominant in American medicine, displacing humane and professional values. In a sense, this restructuring of a doctor's work identity is consonant with a life keyed to external rewards.

To many physicians, then, my utopian dream of an ethically driven health care system is their worst nightmare. They would find no pleasure in the dismantling of what years of discipline and effort have won them. Winners usually see no need to change the game. But if, under the banner of economic imperialism, their victory, as Barry Schwartz indicates, is a Pyrrhic victory after all, then perhaps a climb to the moral high ground will bring the fulfillment they were seeking all along. ☉

State Society Trustee George R. Fisher, MD, offers a response to this article beginning on the next page.

Moral High Ground or Desert Isolation?

George Ross Fisher, MD

Joseph S. Silverman, MD, author of "A New Approach to Health System Reform: Seizing the Moral High Ground," pages 28-30, shared his article with several colleagues prior to publication. Among the comments, Dr. Fisher described the article as "certainly thoughtful." Yet, he says, "I unwillingly find myself on the other side of some of the issues presented." He explains in this response.

The question of whether the human condition is basically good or basically evil is an old one; and even the terms are probably inappropriate to modern ways of thinking. My own way of viewing the issue is that individuals generally divide up into two camps which appear to believe that people are basically good but corruptible, or else basically evil but controllable. The people who distrust everyone tend to be a little cynical and callous; those who trust everyone are constantly being betrayed, and so they tend to be bitter and authoritarian.

Let us regard both positions as illusions, or prejudices. There can be no doubt when civilizations adopt the Calvinistic or suspicious doctrine, they are more successful economically and possibly even spiritually than when they take the Tibetan or trusting position. Adam Smith was the first to notice this paradox, that a whole society collectively pursuing its individual selfish best interests will lead to the prosperity of the entirety.

The Libertarian view is that it will generally prove impossible to achieve a greater general good by intervening in the economy than by letting things be guided by the hidden hand of the marketplace. I realize this is not always a congenial philosophy; altruism and selflessness have something important to contribute. Nevertheless, the general lesson of economic history is that the Calvinistic illusion is almost always a more successful societal doctrine.

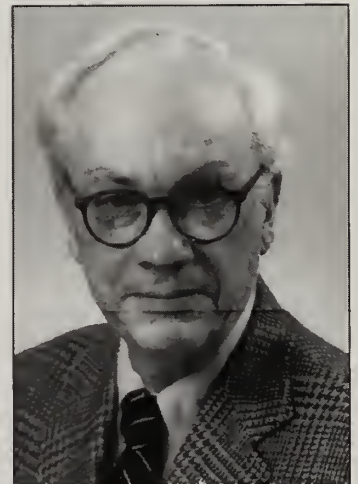
It is not necessary for me to argue the merits of laissez faire in medical economics, since people like Milton Friedman have so effectively convinced the current Congress. I am not sure just who convinced the business/employer community—possibly Ronald Reagan. But the combination of employer exasperation and Congressional zealotry now confronts the physician community with a revolutionary challenge to its traditional comfortable assumptions.

Because we are highly selected by the medical school admissions process, because we characteristically work inordinate hours without much complaint—and the health of the nation is obviously improving steadily—we have enjoyed the monopoly protection of restricted medical school enrollments, barriers to competitive access through the licensing process, and the provision at public expense of magnificent institutions to work in.

The business community is telling us they very much like what we have to offer, but the nation simply can't afford it. They readily acknowledge that physicians have been less abusive of the system than hospitals, limited licensed practitioners, and medical equipment vendors or drug manufacturers. Strong voices among them state the only hope for the system is for physicians to take charge. But their perception is, we are too comfortable and too conservative to do it unless we are threatened. So, we are experiencing quite a threat.

Notice that some people who are themselves making incomes in seven figures are saying we must get our costs in line. They do not object to our making high incomes; they are impatient with our letting the system of subordinates and vendors get so fat. They are particularly scornful of our reluctance to take financial risks.

I believe the business people think they are giving us the opportunity of a lifetime, but are not entirely certain we can shape up to the challenge. There is a story of Benjamin Franklin emerging from the final



Dr. Fisher, a Philadelphia internist, is the State Society's First District Trustee.

“Essentially, I believe we must face the challenge of playing by the new rules or find ourselves employees of those who do.”

day of the Constitutional Convention. “What kind of a government have you given us, Mr. Franklin?” called out an old lady. Franklin hesitated, and replied, “A republic. If you can keep it.”

That grim challenge may seem bracing to businessmen, but physicians are accustomed to a more protected security, as though becoming members of an educational aristocracy, we deserve to be protected from the more mundane competitions of a marketplace society. We tend to feel our hospitals are also entitled to privilege, but our opponents will have none of that. The hospitals have pushed the Robin Hood approach to the point where the Sheriff of Nottingham is determined to have a hanging.

When the business community learned about cost shifting by hospitals, there was an uproar; but, learning that hospitals defend the practice and intend to continue cost-shifting, businessmen have simply decided it means war. Physicians would be smart not to get too close to the targeted lynching victim. Curiously, drug manufacturers are not subject to the same animosity, because they pay taxes, take risks, and live by the law of the marketplace.

I’m sure you agree hospitals have not behaved quite so badly that they deserve extermination, and I would not argue strenuously that their protected monopoly is the whole source of medical cost escalation. Rather, I’m afraid both Dr. Silverman and I must recognize that last November, the country seemed to ratify the idea that it is unacceptable to have large portions of the economy operating in shelters protected from the invigorating cold winds of competition. And the country was equally clear in its rejection of centralized planning for one-seventh of the economy. I’m afraid that’s hard news for Dr. Silverman’s proposal for a national blue ribbon commission for health care. One man’s blue ribbon is another man’s political patronage.

Essentially, I believe we must face the challenge of playing by the new rules or find ourselves employees of those who do. Whether we would prefer a single-payer system, or a blue ribbon planning commission, or a return to business as usual is an issue which has been removed from the table. The issue may return to the table if this new marketplace networking turns out to be a failure, but I don’t believe the issue will leave us alone until the new networking has been given a fair shot.

As you can see, I have not directly answered Dr. Silverman’s thoughtful article, because the more important reality is that his proposals have no chance of acceptance until the market-based approach has received a fair trial, with the exposure of whatever flaws are in it. I was John the Baptist in the wilderness for 15 years, telling physicians they must get these costs down before they provoke a rebellion. Costs kept on escalating, and the rebellion is here. Now it is the turn of altruists and planners to spend some time in the desert. From experience, I can tell you it is lonesome out there.

Out of respect for Dr. Silverman’s opinion, let me speak more directly to what he says. I do not know Barry Schwartz, but since he is at Swarthmore, I presume he is familiar with the experience of the early Quakers in governing Pennsylvania. Eventually, the Quakers were forced to leave public office because of their inability to reconcile their peaceful principles with the need of the Western Pennsylvania settlers to be protected from Indian scalplings.

Arnold Relman, on the other hand, was in medical school when I was there; and he was at the University of Pennsylvania while I was on the faculty. Whenever he speaks with scorn of the medical-industrial complex, I am caused to reflect on the computer software industry, where it is pretty fair to say that people can always be found who will pay for a program if it is any good. Conversely, very few programs which are free are any good for anything.

Money may be the root of evil; it is also the common standard of value in society. I think it is more useful to distinguish between making money as a zero-sum game and making money from value-added activities. There are many ways of getting rich which do not involve taking away from someone else; generally speaking, medical care is such an endeavor.

The business community recognizes we are a value-added activity; their complaint is we wish to be protected from being the victim of zero-sum games. That is a luxury we have not earned. In their eyes, if we espouse collectivist ideas, they will sell us down the river. We are not overcompensated. We are ineffectual managers of the public’s money.

We are being offered control of the medical system. If we can keep it. ◊

BILLS ADDRESS DNR ORDERS, INSURANCE, PROTOCOLS

Health care was not a top concern during the first four months of this session, while the state House and Senate focused on special crime legislation. The House also has passed several measures developed from issues featured in the state-level Republican agenda and promoted during the fall campaign, and both chambers have begun private negotiations on Governor Ridge's 1995-96 budget. After a brief primary election recess, the legislators reconvened and are expected to continue weekly sessions until the budget is passed.

Among the nearly 2,500 bills introduced by state legislators this year, the Society has found 126 bills that relate directly to health care and the practice of medicine. Under close monitoring by the Society are:

House Bill 247, Neglect of Care-Dependent Persons: The Society is seeking an amendment which would include a lawful Do Not Resuscitate order as an "affirmative defense" to charges of neglect of a care-dependent person under the crimes code. The bill already offers protections such as compliance with an advance directive for health care, written instructions from the care-dependent person, and a durable power of attorney. At press time, this bill was on the Senate calendar.

House Bill 5, Affordable Insurance Measure for Family Health Care: State Representative Tom Gannon (R-Delaware) has introduced a bill which would provide for a minimum health benefit plan to be made available for working individuals and their families who otherwise would not be able to obtain such coverage. The bill is intended to cover small groups and businesses. Included in the bill are safeguards limiting exclusions for preexisting conditions, as well as other elements of patient protection language.

Dr. Hobart testified on behalf of the Society in support of the legislation at a legislative hearing, and the Society has offered several clarifying amendments. As expected, the insurance industry—including Pennsylvania Blue Cross and Pennsylvania Blue Shield—and the small business community are opposed to the bill.

If the bill is reported out of the House Insurance Committee, House

leadership is committed to bring the bill up for consideration. At this point, there appears to be little support for the bill in the Senate or with Governor Ridge, although that could change.

Senate Bill 460, Renal Dialysis Protocol: Although the Senate Public Health and Welfare Committee has approved this bill directing the Department of Health to implement a protocol for the re-use of dialysis filters, it is now stalled in the Senate Appropriations Committee. The prime sponsor is Senator Stewart Greenleaf (R-Montgomery). The Society has written to all members of the Senate opposing the bill because it would duplicate federal protections.

Direct any questions or concerns about these and other health care-related bills to the Society's Department of Legislative Affairs at (800) 228-7823 or (717) 558-7750.

DISCUSSIONS CONTINUE ON WORKERS' COMP ACT

Discussions continue between the State Society, insurance representatives, and the Department of Labor and Industry over promulgation of regulations implementing the medical provisions of Pennsylvania's Workers' Compensation Act. The department is attempting to address the issues raised by the Independent Regulatory Review Commission in an order disapproving the previously proposed regulations.

Society legal counsel have begun developing a complaint, authorized by the board, challenging the constitutionality of portions of the review process provided under the

act, especially the tolling of medical payments during the review of the necessity of the services provided. The Pennsylvania Osteopathic Medical Association and the Pennsylvania Academy of Physical Medicine and Rehabilitation also contributed funds to support a portion of the costs of this legal challenge.

We are awaiting formal response to the Society's demand for a change in Department of Labor and Industry policy with respect to the payment of the costs of the reconsideration reviews. Department officials have verbally indicated that they plan to reverse their previous position, which held physicians responsible for the cost of the review when the employee was the party requesting the review and was the losing party.

The department hopes to change its notification process to clarify the rights and responsibilities of parties to the reviews, and is also considering ways to limit the widely varying charges for such reviews. The Society threatened legal action if the department didn't alter its policy.

Society representatives continue to meet regularly with the department to address day-to-day problems experienced by physicians under the Workers' Compensation Act. The Society has also begun providing educational seminars to aid physicians' offices in coping with the act.

You can relay your workers' comp-related problems to the Society and request information by calling the Governmental Affairs Division at (800) 228-7823 or (717) 558-7750.

AMA Initiative Focuses on "What's Right" with Health Care Today

The American Medical Association has begun an initiative to bring attention to "what's right in our health care system and what dedicated health care professionals are doing 24 hours a day, every day, taking care of ill and injured people."

Opponents to reform of the U.S. medical liability system have begun an aggressive, self-serving campaign to undermine confidence in the health care system, according to the AMA. For instance, trial lawyers and others have begun circulating the "Casualty of the Day," a vignette designed to create the false impression that patients need to fear health care professionals.

The AMA says such an effort "is a disservice to the millions of dedicated health care professionals who are providing medical miracles every minute of every day." Its new campaign is meant to "provide some balance" and "recognize...what's right."

Diagnosing, Treating Depression in the Elderly

Maureen Hoepfer

Depression is a clinical syndrome prevalent in older adults. In this article, David Greenspan, MD, co-chair of the Psychiatric Physicians of Pennsylvania's Geriatric Psychiatry Committee, discusses the diagnosis and management of the depressed geriatric patient.

Depression is a common, serious, and potentially life-threatening illness that affects many older adults, according to David Greenspan, MD, director of geriatric psychiatry at the Institute of Pennsylvania Hospital in Philadelphia. Although depression in the elderly usually responds to treatment, he says, it often goes unrecognized. Left untreated, depression may lead to considerable morbidity and mortality.

"It's a very treatable illness in the young and old alike, so it's extremely important that physicians evaluating older patients make the diagnosis," he explains. "Approximately 80 to 90 percent of people should get better if the disease is properly treated. If not, patients could potentially go on for years without remission. Most importantly, if left untreated, depression can be deadly."

Dr. Greenspan cites a 1993 study of nursing home patients conducted by Barry Rovner, MD, of Jefferson Medical College of Thomas Jefferson University. Major depressive disorder was found to be an independent risk factor for mortality that increased the likelihood of death by 59 percent in the first year after diagnosis.¹ Depression also contributes significantly to the high rate of suicide among older adults. Suicide ranks among the top 10 causes of death in persons over 65 years of age. Elderly white males have the highest rate of suicide—three to four times that of the general population.²

Incidence among the elderly

Pennsylvania, with more than 2.4 million people over age 60, has the fourth largest elderly population in the country. Between 10 and 15 percent of these older

adults suffer from some type of depression, according to a 1992 study conducted by the State Society's Educational and Scientific Trust for the Pennsylvania Department of Aging. Three percent of this population manifest major depressive disorder. In nursing homes, the rate is 15 to 25 percent.³

Depression is the most common psychiatric disorder in the United States, costing society \$43.7 billion annually.⁴ According to the American Psychiatric Association, major depression accounts for more bed days—people not at work and in bed—than any other disorder except for cardiovascular disease. Studies show that as people age, the likelihood of depression increases.

Because the older population is expected to more than double in the next 50 years, inadequate management of the disorder among geriatric patients could become costly. "It is crucial that primary care physicians be able to recognize and effectively treat this condition, since only about 20 percent of patients with depression are treated by mental health professionals," Dr. Greenspan says.

Medical literature shows that primary care physicians, in general, are not particularly strong in detecting depression in older patients. One study noted by Dr. Greenspan estimated that general practitioners and family physicians failed to recognize depression in up to 50 percent of cases.⁵ Another study showed that 60 percent of depressed older adults do not receive appropriate care. "Yet, some geriatricians are excellent at detecting and treating depression in the elderly. It is more a matter of being attentive, looking for the diagnosis, and keeping familiar with at least one reliable approach to treatment," he says.

Diagnosing depression

Recognizing depression in geriatric patients can be difficult for even trained mental health professionals, because many signs and symptoms can appear as the result of a variety of physical illnesses. For many older adults, somatic symptoms

Ms. Hoepfer is a marketing associate for the Society's Educational and Scientific Trust. This article is one of a series, begun in January 1993 and ongoing through 1995, sponsored by Keystones of Public Health, the Trust's endeavor to address public health needs.

can represent depression, physical illness, or a combination of both. For example:

- Several common medical conditions—dementia, hyper or hypothyroidism, or medication side effects—can lead to the physical appearance of depression, even when depression is not present.
- Nonspecific physical symptoms such as insomnia, fatigue, weakness, anorexia, and diffuse pain may represent a variety of treatable medical illnesses, as well as depression.
- Specific physical symptoms—constipation, nausea, headache, palpitations and chest pain, joint pain—relating to every major organ system, can represent depression rather than physical illness in the elderly.

• Depression can exacerbate symptoms of existing physical illnesses.

“Frequently, depression and physical illness coexist in the geriatric patient. It is not surprising that treatable depression is often overlooked in older patients with physical illness, and that treatable physical illnesses are often not managed optimally in elderly diagnosed as having depression,” Dr. Greenspan explains. “If a patient meets the criteria for depression, regardless of whether some or all of the symptoms could be ascribed to physical illness, the patient is likely to improve with treatment for depression.”

He says the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) is quite clear about how to make the diagnosis for major depressive episode (see “Diagnosing Depression,” next page). However, he adds, the burden of depressive illness in late life is not limited to major depression. Studies indicate that eight to 15 percent of older adults suffer from subsyndromal depression, commonly called minor depression.⁷

“This refers to patients who do not meet the full criteria for major depressive episode—maybe they only have three or four of the symptoms of depression listed in the DSM rather than the required five,” Dr. Greenspan explains. “Yet, these patients seem to be debilitated by these symptoms and are suffering. They, too, deserve treatment for depression.”

Dr. Greenspan says primary care physicians could detect a significant number of cases by simply asking one question: Have you been depressed lately? He adds there are several screening tools available to assist physicians in making a diagnosis. The Geriatric Depression Scale is commonly used to screen for the disorder.⁸ “This is fairly good because it is a self-report scale. You hand the questionnaire to the patient,

and he or she fills it out while sitting in the waiting room,” he says. “But there is nothing like talking to the patient, asking about depression, and being sensitive to the kinds of things that might represent depression but are disguised as physical symptoms. Insomnia, constipation, and weight loss are very common symptoms in the elderly that should alert a physician to think about depression.”

Diagnosing depression is further complicated by drugs taken by older patients. Dr. Greenspan says many times drugs prescribed to treat medical conditions can cause symptoms of depression in geriatric patients. These include antihypertensives, steroids, beta blockers, digitalis, and sedative—hypnotics or anti-anxiety agents, and alcohol. “Recently, I successfully treated a patient for depression by stopping her calcium channel blocker prescribed for high blood pressure. She had been depressed on and off for three years as a result of the drug,” Dr. Greenspan says. “That’s why it’s imperative that physicians take a comprehensive drug history when evaluating older patients.”

Depression versus dementia

When evaluating an older patient presenting with depression, it is often difficult for physicians to make the distinction between depression and senile dementia, according to Dr. Greenspan. Symptoms of both disorders may overlap. Dementia is often characterized by a lack of spontaneous interaction, apathy, loss of memory, and other cognitive disturbances. These symptoms can also occur in depression. This is further complicated because as many as 20 percent of patients with early stage Alzheimer’s disease also suffer from moderate to severe depression.⁹

“If in doubt about whether a patient is depressed or has early dementia, I would recommend that a physician treat the patient for depression or get a consultation. The major reason is depression is treatable. It’s a relatively safe way to proceed,” he advises, “as long as the physician carefully chooses the treatment and monitors the patient’s progress.”

Managing the depressed older patient

Several treatment modalities are available to manage depression in geriatric patients, according to Dr. Greenspan. The choice of treatment should depend on several factors, including the primary disorder causing the depression, the severity of symptoms, the availability and practicality of the various treatments, and underlying conditions that may contraindicate a

“When evaluating an older patient presenting with depression, it is often difficult for physicians to make the distinction between depression and senile dementia.”

→

Diagnosing Depression

A depressive episode, according to the American Psychiatric Association, is indicated by five or more of the following symptoms, present nearly every day during the same two-week period, and representing a change from previous functioning:

- √ depressed mood most of the day*
- √ markedly diminished interest or pleasure in all, or almost all, activities*
- √ significant weight loss when not dieting, or weight gain, or decrease or increase in appetite
- √ insomnia or hypersomnia
- √ psychomotor agitation or retardation
- √ fatigue or loss of energy
- √ feelings of worthlessness or excessive or inappropriate guilt
- √ diminished ability to think or concentrate, or indecisiveness
- √ recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

The American Psychiatric Association advises that physicians not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

This list has been edited from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*. To accurately diagnose depression, physicians should refer to page 327 of the manual.

* At least one of these symptoms must be present.

specific treatment, e.g., a patient who has severe hearing loss may make psychotherapy difficult, or certain antidepressant drugs cannot be prescribed for patients with severe cardiovascular disease. Dr. Greenspan says there are primarily three therapeutic approaches used to manage depression:

1) *Pharmacologic Therapy*: Several types of drugs have been effective in treating depression in geriatric patients, including tricyclic antidepressants, monoamine oxidase inhibitors (MAOIs), selective serotonin reuptake inhibitors (SSRIs), and some "atypical" agents. Dr. Greenspan advises primary care physicians who choose drug treatment to begin using a low dose, and then slowly increase the dose. For many of these agents, maximum treatment doses are similar to that used for younger patients. He also emphasizes that physicians need to be patient and give the drug therapy time to work. Often treatments take six to eight weeks to show positive results.

2) *Psychotherapy*: Primary care physicians can play an integral role in informally providing the depressed geriatric patient with psychotherapy. Dr. Greenspan says that once the diagnosis of depression is made, many older patients fear that their physician will no longer care for them. Primary care physicians need to emphasize that they will be involved in the treatment, assure the patient that depression is treatable, and offer encouragement. Studies have shown that formal psychotherapy has significantly helped geriatric patients suffering from depression.¹⁰ Combining psychotherapy with drug therapy to facilitate a patient's recovery and aid in reintegrating them into their daily lives is often more effective than either modality alone.

3) *Electroconvulsive Therapy (ECT)*: This therapy should also be considered if drug treatment is poorly tolerated or if the patient is severely ill, has psychotic symptoms, or desires rapid relief from depression. According to Dr. Greenspan, ECT is safe and highly effective, and frequently faster and more reliable than medications. "ECT's only side effect, amnesia, wears off after treatments end. There is no permanent injury," he explains.

Importance of patient communications

As part of its study for the Department of Aging, the Society's Educational and Scientific Trust conducted several focus group discussions with older adults. The majority of participants said they are responsible for coping with their own de-

pression and do not feel physicians listen to them. "I think [physicians] could help you more if they knew exactly what was troubling you," commented one participant. "But they don't ask you. They don't give you the time."¹¹

Dr. Greenspan emphasizes that good doctor-patient communication is vital to the effective diagnosis and treatment of depression in older adults. "There is a stigma that goes along with mental illness and psychiatrists among this older population," he says. "The patient is often reluctant to volunteer information about depression, so it's up to the physician to draw this information out."

From diagnosis through the development of a treatment plan, primary care physicians should set aside a few minutes to educate patients and family members about depression. Dr. Greenspan recommends that physicians discuss depression with patients using the same approach they would for any other medical problem.

"Talk about depression as a medical illness. Discuss the signs and symptoms and likely course of the disease. Explain the diagnostic tests you used. Lay out the treatment regimen you have chosen. And, if you are going to refer the patient, talk about the psychiatrist in the same way you would about other medical specialists. Be very clear and matter of fact," he says. "Unfortunately, many practitioners take on this new approach, a new way of talking when they discuss emotional disorders with patients. For example, some physicians may take a more parental approach, while for others the conversational tone can become terse. Both approaches may make the patient reluctant to pursue the matter."

Dr. Greenspan believes both physicians and the public need to be better educated about depression in the elderly. Health professionals, older adults, and family members often fall prey to such misconceptions as: Depression is an inherent part of growing old, older people are too inflexible to benefit from psychological treatment, and depression is strictly a mental illness.

"We need more public education programs to emphasize that major depression is not just an emotional problem, but also a medical disorder that is treatable. Physicians and other health care professionals also need to be better informed about how to recognize depression and treat it. By more effectively dealing with this treatable source of excess disability and suffering, we could significantly improve the quality of life for many older adults." ◊

References available upon request.

LYME DISEASE: DEBILITATING, YET PREVENTABLE

With the active tick season well upon us, it is once again time to give the public the facts on how to protect themselves from Lyme disease, a debilitating, yet easily preventable disease.

Pennsylvania is part of one of the hottest spots for Lyme disease in the United States. In fact, the rate of Lyme disease infection is second only to AIDS in the United States. Lyme disease is a complex multi-system disorder caused by bacteria transmitted by the bite of certain tick species. The ixodes scapularis, or the black-legged tick, is often mistakenly called the deer tick and is found on virtually all mammals, but especially mice, birds, squirrels, rabbits, cats, and dogs.

The great imitator

Lyme disease is very difficult to diagnose and has come to be known as "the great imitator" because it mimics many other diseases.

The symptoms can be similar to ALS (Lou Gehrig's disease), rheumatoid arthritis, Parkinson's disease, Guillain-Barre syndrome, polymyalgia rheumatica, cardiac disease, Menier's syndrome, Alzheimer's disease, sinusitis, and multiple sclerosis.

One of the tell-tale signs of the infection is a "bull's eye" rash. However, only about 50 percent of people bitten by a tick will develop the EM (erythema migrans) rash, which can appear anywhere on the body, not necessarily at the bite site.

The rash may appear three to 30 days after a tick bite, and be itchy and warm to the touch, expanding over several days as it fades away. A rash on darker skinned people may appear as a bruise.

Symptoms of Lyme disease infection may occur within a few days to a couple of weeks, but may lie dormant for months, even years, and not affect a patient until another illness occurs. Early symptoms can be flu-like—fatigue, headaches, low-grade fevers, swollen glands, pain or swelling in one or more joints—and also include memory loss, numbness, depression, and even Bell's palsy.

Late Lyme disease sufferers may develop arthritic, neurologic, or cardiac manifestations. It is essential that the treating physician be experienced in Lyme disease diagnosis and treatment.

Prevention is best defense

A lack of education among the general public and the medical community has generated several misconceptions about the cause and prevention of Lyme disease. One commonly held myth is that ticks are only a problem in spring and early summer. Ticks are active anytime the temperature is above freezing, with the most active period from April through October.

By following these simple steps, you and your patients can outsmart the tick:

Be aware that the tick lives in tall grass, bushes, and woods. Avoid these areas.

Wear light-colored clothing so you can see if a tick gets on you.

Wear long pants tucked inside your socks when walking through grass or the woods. Try to cover your skin as much as possible with a hat, tucked-in shirt with snug collar and cuffs, and good shoes.

Spray your clothes or any exposed skin with insect repellent that contains DEET. Remember to read and follow all label directions.

Check yourself and your children immediately after coming inside.

Disrobe on a large light-colored towel or sheet, roll up the sheet and clothes, place them in the dryer, and set the dryer on high heat for five minutes. The heat will kill the ticks. Shower at once. If there are any ticks crawling on you, they should wash off.

Finally, and most importantly, do a complete body check from head to toe. Run your hands all over your body. Pay attention to the back of the knees, the groin, armpits, and neck, since these are prime areas of tick attachment. Ticks are so small, you may not see them, but you will feel them. A tick may feel like a grain of sand or a small pimple. If attached, it may feel like a piece of skin or a scab that is about to come off.

Remove any attached ticks using fine-point tweezers, grasping the tick's head as close to your skin as possible. Never use a match, heat, or chemicals on the tick because it may cause it to expel fluid into you, increasing the risk of transmitting the disease. Proper removal is the key to lessening the risk of infection. The tick's barbed mouth parts may make it difficult to remove, so be patient but persistent. Once the tick has been removed you may want to treat the area with an antiseptic.

If the tick is so imbedded it is difficult to grasp with tweezers or uncomfortable to follow this procedure, see your doctor at once. The sooner a tick is properly removed the less likely you are to become infected.

Save the tick in an empty, covered jar labeled with the date and the bite's location. Be alert for early symptoms, and watch the bite area for signs of a rash for the next month or so.

Treating a Tick Bite

Lyme disease is not only one of the fastest growing infectious diseases, but also one of the most misunderstood and misdiagnosed. This situation has presented many controversies among physicians and many frustrations among patients.

One area of controversy is how soon to start treatment. Some physicians have argued against routine anti-microbial prophylaxes based upon the belief that the Lyme bacterium is unlikely before 24-48 hours of tick attachment. However, new research has found *Borrelia burgdorferi* present as soon as six hours after tick attachment.

With this in mind, the recommendation against treatment of short-duration tick bites may need reconsideration, particularly in hyper-endemic areas. A delay in diagnosis can be extremely detrimental, mainly because the longer the disease goes undetected, the harder it is to treat and put in remission. Testing is helpful but inconclusive at this point.

Most doctors admit that Lyme disease is a clinical diagnosis—one that the doctor must make based on his or her observations, and not based on the results of tests. Treatment varies from patient to patient. Oral antibiotics seem to do the job on most patients, with only a small percentage of Lyme disease patients eventually needing IV antibiotic therapy.

For more information about Lyme disease, contact the author at 1-800-842-5248.

The author, Raymond Hernandez, is director of the Lyme Care Center, Whippany, New Jersey.

THE MEDICAL X-RAY: CELEBRATING 100 YEARS

On November 8, 1895, German physics professor Wilhelm Conrad Roentgen, working in his laboratory in Wurzburg, Germany, did something that defied belief. He saw the bones in his own hand. This year, the American College of Radiology, the Radiological Society of North America, and their respective chapters are celebrating the 100th anniversary of Roentgen's discovery of the x-ray.

Like many scientific breakthroughs, the discovery was purely by accident. Roentgen was experimenting with passing electrical charges through electrodes in sealed glass tubes, similar to today's light bulb, when he noticed a "glow." When he placed his hand between the light and a screen to create a shadow, he instead saw the bones and the outline of his hand.

Roentgen was not the first to produce x-rays, but he was the first to observe them. Many other scientists experimented with the Crookes tube, producing x-rays without knowing it. As early as 1890, Arthur W. Goodspeed of the University of Pennsylvania actually exposed photographic plates with x-rays.

There was no mistaking the importance of the unseen rays that could penetrate flesh. Roentgen—and the rest of a stunned world when he announced his discovery in January 1896—instantly grasped that the "mysterious Roentgen rays," as they were called, would transform medicine and science, although they could not have known how much.

X-rays led very quickly to the new field of radiology, which has gone on to propel much of medicine's progress in the last century by providing non-invasive, accurate, and increasingly sophisticated methods of diagnosis, and by offering new techniques to treat cancer and other maladies.

Early users of x-rays could not have imagined the entire field of radiology today—diagnosing imaging, radiation therapy, interventional procedures—and its impact on modern health care:

- finding cancer in its earliest forms and sometimes curing it;
- analyzing organ structures and functions in real time;
- making much exploratory surgery obsolete; "downsizing" surgical



Wilhelm Conrad Roentgen made this famous radiograph on December 22, 1895, six weeks after he observed—by accident—the first x-ray.

procedures; providing live, 3-D images that enable physicians to "practice" surgery in advance on a computer; and in some cases, replacing surgery;

- advancing knowledge of fetal and early childhood development;
- further understanding the origin and development of disease; and
- definitively diagnosing illnesses in their early stages.

"X-rays electrified the world," says Nancy Knight, PhD, historian and director of the Center for the American History of Radiology. "Until they were discovered...it never occurred to anyone that someday they might look through living flesh."

Look for more about the centennial anniversary of the x-ray later this fall in PENNSYLVANIA MEDICINE.

AMA TO HONOR MR. ROGERS AS LAYMAN OF THE YEAR

The American Medical Association this month will honor Pittsburgh's Fred Rogers, host of "Mister Rogers' Neighborhood," with its Citation of a Layman for Distinguished Service Award. The award recognizes "individuals not of the medical profession who help achieve the ideals of medicine by cooperation or aid in the advancement of medical science, medical education, or medical care."

Rogers was nominated for the award by the Allegheny County

Medical Society (ACMS), with endorsement by the State Society board. According to the nomination, "Thanks to Fred Rogers, every week over seven million kids learn about love, fear, sadness, jealousy, anger, friendship, trust, satisfaction—and get a good dose of self-esteem, which is the stated mission of the program. As a result, almost three generations have been a little better prepared for the challenges of growing up."

The longest-running children's program on public television, "Mister Rogers' Neighborhood" has been on the air for 25 years. Rogers is also founder and president of Family Communications, Inc., a nonprofit corporation which produces materials that encourage the healthy emotional growth of kids and their families.

ACMS's nomination concludes that Fred Rogers "has dedicated his professional life to *our* children and *their* children...His profound impact on so many Americans merits recognition by the AMA."

The award will be presented during the opening ceremonies of the AMA House of Delegates Annual Meeting in Chicago on June 18.

COUNTY NEWS

BERKS ALLIANCE HONORS DOCTORS' DAY

To honor Doctors' Day on March 30, the Berks County Medical Society Alliance, with the assistance of the Berks County Human Services Directory Collaborative, made the *Berks County Human Services Directory* available to the physician members of the county society.

The comprehensive directory includes basic background information on the broad range of services provided by nonprofit agencies and organizations in Berks County. The information was collected and processed over an 18-month period by the collaborative, which offers it free of charge to Berks County human services professionals.

The directory, available on an IBM-compatible, 3 1/2-inch computer disk and on hard copy, will be updated annually. For more information on this project, contact the Berks County Medical Society at (610) 929-8853.

76ERS COACH HEADLINES OSTEOPATHIC ASSEMBLY

John Lucas, head coach and general manager of the Philadelphia 76ers professional basketball team, presented the keynote address to physician members of the Pennsylvania Osteopathic Medical Association (POMA) at their annual clinical assembly in April.

In his address, entitled "The Addicted Athlete," Lucas told stories of the victories he achieved through his treatment programs for drug-addicted athletes. After his retirement as a professional basketball player in 1990, he founded the Houston-based John Lucas Enterprises, which runs a number of drug treatment programs and other endeavors to help addicted athletes maintain their sobriety and improve their quality of life.

John J. McPhilemy Jr., DO, team physician and orthopedic surgeon for the 76ers, and associate professor of orthopedic surgery, Philadelphia College of Osteopathic Medicine, also

spoke at the assembly about osteopathic management for back pain in athletes.

The program featured more than 40 speakers who spoke on such medical issues as cardiology, HIV/AIDS, women's health issues, infectious diseases, and pain management, as well as this year's theme, "Managing Health Care: Now and the Future."

CONFERENCE HIGHLIGHTS CIVIL WAR MEDICINE

The National Museum of Civil War Medicine will hold its annual Civil War Conference on August 4-6, 1995, at Hood College, Frederick, Maryland.

Sponsored by the museum to highlight the subject of civil war medicine and to raise funds for the project, this third annual conference will feature a bus tour of the Union 2nd Corps Hospital sites and a keynote address by former National Park Service Chief Historian Edwin Bearss.

The program will also include at least 15 speakers who will explore Civil War topics ranging from the giant Chimborazo Hospital complex in Richmond, to searching for Civil War medical ancestors, to the type and nature of gunshot wounds at Gettysburg, to how good or bad Civil War medicine really was.

The \$200 conference fee for non-museum members includes all lectures and meals. For more information and a brochure, call the museum at (301) 695-1864.

QUARTERLY REPORT OF HOUSE AVAILABLE

In accordance with Resolution 92-27 of the House of Delegates, the quarterly report on actions of the House is now available from the State Society. The report is provided to members to enable them to respond to and participate in upcoming House activities. To request a copy, call (800) 228-7823, extension 1403.

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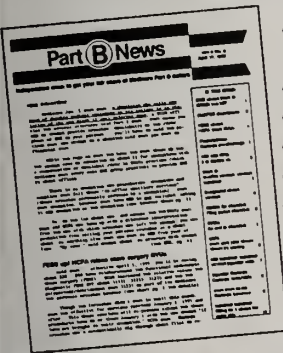
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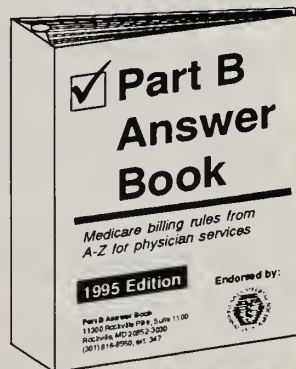
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KePRO Chosen for HMO Pilot Project

Donald E. Harrop, MD

Early last fall, the Health Care Financing Administration (HCFA) announced that it was going to initiate a pilot project for peer review organizations (PROs) and health maintenance organizations (HMOs) which would incorporate a process similar to the Health Care Quality Improvement Program (HCQIP) for HMO review. That is, substituting data analysis and cooperative projects for individual HMO case review, with the exceptions of beneficiary complaints and death cases. PROs that were interested were asked to contact those HMOs in their states that qualified for the project, to see if they also were interested in volunteering to participate. KePRO, as well as three Pennsylvania HMOs which qualified, expressed willingness to be involved in the project.

Several criteria had to be met for a state to be eligible:

1) In addition to the PRO, there had to be a minimum of two HMOs willing to volunteer.

2) Each HMO had to have a minimum of 5,000 Medicare enrollees, so meaningful samples of cases could be selected.

3) The HMOs had to agree that they would participate with the PRO as partners.

4) All participants had to understand and agree that participation would be on a budget-neutral basis and that current

memoranda of agreement (MOA) would have to be amended.

5) Participating HMOs had to agree to involvement in joint cooperative health improvement projects, as well as individual projects where appropriate.

I am pleased to report that Pennsylvania was one of the five states chosen for this pilot, along with the three Pennsylvania HMOs. We view this as a great opportunity to help shape the way HCQIP will apply to the Medicare at-risk HMOs.

One reason we think this program holds promise for possibly even better cooperative projects than our basic HCQIP, which deals with inpatient or ambulatory surgical care only, is because HMO cooperative projects may include HMO physician office data as well as hospital data. Having the addition of both pre- and post-hospital records should enhance the analysis process and our ability to follow the continuum of care as well as outcomes information.

The first project the pilot PROs and HMOs will be implementing will be aimed at diabetes mellitus. This will actually be a test of the clinical indicators previously developed by the Delmarva Foundation under a HCFA contract, and later refined by a clinical panel consisting of physicians and nurses who were asked to evaluate the indicators from the perspective of practicing physicians.

A second panel consisting of HMO and PRO representatives was also convened to look at the operational aspects of the project. The focus here will be to test the usefulness of the indicators, make them easier to use, and verify their potential to stimulate health care quality improvement.

We are glad to be involved and certainly agree with a statement made by HCFA that this pilot will afford an opportunity for the participants to work collaboratively toward a process that will provide useful information about new ways to monitor, evaluate, and improve the processes and outcomes of care. ☺

***"The first project
the pilot PROs
and HMOs will
be implementing
will be aimed
at diabetes
mellitus."***

Dr. Harrop, president of the Keystone Peer Review Organization (KePRO), offers KePRO news and views in this column each month.

David L. Avner, MD, Greensburg

Rush Medical College of Rush University, 1938; age 87, died March 18, 1995. Dr. Avner specialized in occupational medicine. •

Charles L. Eater Jr., MD, Lewistown

Age 71, died April 14, 1995. Dr. Eater specialized in emergency medicine. •

John A. Hampsey, MD, Bethlehem

University of Pittsburgh School of Medicine, 1941; age 81, died March 25, 1995. Dr. Hampsey was a general surgeon. •

Peter A. Justin, MD, Mount Carmel

Jefferson Medical College of Thomas Jefferson University, 1931; age 88, died March 9, 1995. Dr. Justin specialized in cardiovascular diseases. •

Melvin L. Knupp, MD, Camp Hill

Jefferson Medical College of Thomas Jefferson University, 1945; age 75, died April 12, 1995. Dr. Knupp was a general surgeon. •

John S. Kruper, MD, York

Jefferson Medical College of Thomas Jefferson University, 1958; age 63, died March 6, 1995. Dr. Kruper was an orthopedic surgeon. •

Kenneth M. Logan, MD, Zelienople

University of Pittsburgh School of Medicine, 1935; age 83, died March 23, 1995. Dr. Logan specialized in occupational medicine. •

F. Wendel McLaughlin, MD, Lancaster

Jefferson Medical College of Thomas Jefferson University, 1944; age 77, died March 27, 1995. Dr. McLaughlin was a general practitioner. •

James O'Connor Jr., MD, Scranton

Jefferson Medical College of Thomas Jefferson University, 1948; age 70, died March 2, 1995. Dr. O'Connor was a pathologist. •

George A. Porreca, MD, Havertown

Jefferson Medical College of Thomas Jefferson University, 1932; age 87, died March 26, 1995. Dr. Porreca was an obstetrician/gynecologist. •

Irving J. Sales, MD, Merion Station

Jefferson Medical College of Thomas Jefferson University, 1940; age 80, died April 11, 1995. Dr. Sales was a general practitioner. •

Russell C. Smith, MD, Downingtown

Hahnemann University School of Medicine, 1930; age 91, died December 5, 1994. Dr. Smith specialized in aerospace medicine. •

Walter P. Thorp, DO, Clearfield

Philadelphia College of Osteopathic Medicine, 1940; age 82, died March 9, 1995. Dr. Thorp was a general practitioner. •

Mario F. Valverde, MD, Scranton

Georgetown University School of Medicine, 1935; age 88, died March 14, 1995. Dr. Valverde was an ophthalmologist. •

Wilfred H. Winey, MD, Johnstown

Temple University School of Medicine, 1933; age 86, died April 6, 1995. Dr. Winey was an internist. •

Thomas G. Davis, MD, Cambridge, England

Jefferson Medical College of Thomas Jefferson University, 1956; age 67, died March 18, 1995. Dr. Davis was a pharmacologist.

William J. Giese, DO, Erie

Des Moines College of Osteopathy, Iowa, 1956; age 69, died February 18, 1995. Dr. Giese was a general surgeon.

Joseph T. Guzek, MD, Dunmore

George Washington University School of Medicine and Health Sciences, 1938; age 83, died March 20, 1995. Dr. Guzek was an ophthalmologist.

Rosina Hudnell, DO, Chester

Philadelphia College of Osteopathic Medicine, 1989; age 49, died April 3, 1995. Dr. Hudnell was a general practitioner.

Edward M. McGinley, DO, Macungie

Philadelphia College of Osteopathic Medicine, 1966; age 59, died February 25, 1995. Dr. McGinley was a general practitioner.

Stanley M. Moyer, MD, Quakertown

Hahnemann University School of Medicine, 1931; age 88, died February 16, 1995. Dr. Moyer was a pathologist.

Thomas E. Patrick, MD, Mifflinville

Jefferson Medical College of Thomas Jefferson University, 1946; age 74, died March 3, 1995. Dr. Patrick was a family practitioner.

Robert H. Roy, MD, Berwyn

Jefferson Medical College of Thomas Jefferson University, 1946; age 73, died March 27, 1995. Dr. Roy was a radiologist.

Deonarine G. Sewnauth, MD, Hanover Township

St. George's University, Grenada; age 39, died February 12, 1995. Dr. Sewnauth was a psychiatrist.

Jacob Specter, MD, Penn Valley

University of Pennsylvania School of Medicine, 1943; age 75, died December 11, 1994. Dr. Specter was a general surgeon.

Roy A. Wenhold, MD, Warminster

University of Pennsylvania School of Medicine, 1945; age 74, died March 12, 1995. Dr. Wenhold was an obstetrician/gynecologist.

Daniel L. Wisely, DO, Daytona Beach, FL

Kirksville College of Osteopathic Medicine, Missouri, 1955; age 66, died February 27, 1995. A family practitioner, Dr. Wisely was a former professor and chairman of surgery, Philadelphia College of Osteopathic Medicine.

• Denotes membership in the Pennsylvania Medical Society at the time of death.

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Service That Stands Out

Regarding the Old Around Us: Experienced or Obsolete?

Prem Kumar, MD

Recently, I displayed for sale my “experienced” car, with all its achievements. It had run a total of 180,000 miles, and seen many towns, cities, and states. Frankly speaking, I didn’t want to let it go. But then the idea of change itself changed my mind.

I noticed that this new “change syndrome” has gripped everyone. Politicians use it all the time. Our hospital recently changed the computer system, although I don’t know what was wrong with the previous system. American citizens voted to change presidents, and the new president is trying to change the world order.

Coming back to my car, I got hardly any offers. Did this surprise me? You bet! I began to wonder if experience has any role to play in the value of life. I’ve heard a great deal about “old is gold” and the “good old days,” but what about my old, experienced car?

I am sure the “change syndrome” will lead us to the enlightened path of no return. As we become old and experienced, we will become obsolete, like my old car. With the advent of a new, improved health care delivery system, the managed care corporations—armed with quality assurance and utilization review—are conducting cleansing of our senior colleagues. They have eroded medical collegiality and turned everyone against each other in the name of quality assurance.

The managed care corporations hire young doctors; HMOs want young patients; corporate principles are applied and followed; and the bottom line becomes top priority. Old, experienced doctors are considered obstructionist, and young doctors are considered pliant.

In the same way, old patients who need the most health care are considered liabilities, and young patients are “resources.” Patients are considered “customers,” and a “draw area” is a new market.

Change does not surprise me because it is very necessary and a basic fabric of life. But can we pause for a moment and think about somehow using the experienced ones around us?

It is rather heartening to know that we have not yet begun managed car care. I won’t have to struggle with gatekeepers. My car would certainly need some specialty care. With my limited knowledge, I think it needs an engine tune-up, oil and lube, brakes, new tires, and of course, a new transmission—nothing out of the ordinary for such an old car. It will cost some money, but then it would be a happy old car, ready to run for a few thousand more miles. As I began to calculate the cost of these few extra thousand miles, I wondered who would pay for it all. If there were CMOs (car maintenance organizations), would that solve my problem?

I have heard a lot of horror stories about HMOs which routinely deny specialty care to seniors and the needy. So I think my car would certainly be denied the care it needs in such an arrangement.

An article, “Should doctors treat patients like we make cars?” in the October 10, 1994, issue of *AMNews*, fits into my thinking. Its author explains that as the new forces of managed care across the nation begin to apply industrial concepts in delivery of health care, the practice of medicine is becoming an assembly line, with numerous specialists, subspecialists, and sub-specialists, each doing their little thing like skilled technicians. And the primary care physician’s role has been changed to that of gatekeeper, like a traffic policeman. The sudden mushrooming of “centers of excellence”—heart centers, kidney centers, MRI centers, and 1-800-CALL-HERNIA—all speak for treating patients like cars.

As I look around, there are plenty of old cars, just like there are plenty of older citizens. What do we do with it when we fix the old car? And, when do we junk it? Are we doing the same thing to our senior citizens, parents, and grandparents?

In the end, with much sorrow in my heart, I decided to junk my old car. My heart sunk as it was towed away. I followed it to the junkyard and watched as it was crushed and thrown amidst the other discarded cars. It lay there very silently, that which had once been a part of my life. ☐

Dr. Kumar, who specializes in internal medicine, cardiovascular diseases, and critical care medicine, is president of the Butler County Medical Society.

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CULTS

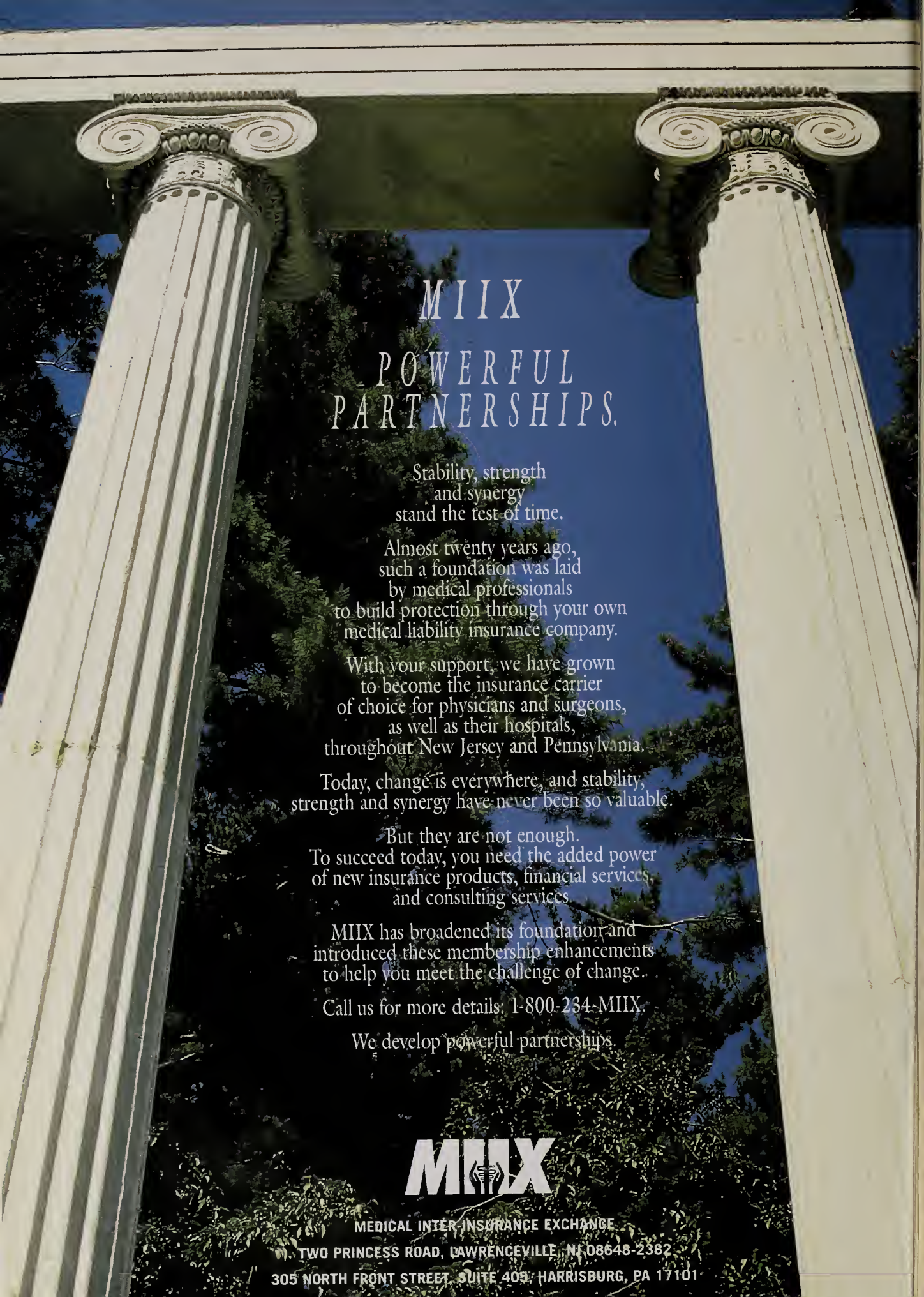
Special Insert: A Guide to Diagnosis, Treatment,
and Referral of Cult Victims and Survivors

Also in this issue:

**The Latest on Health Care
Integration Statewide—page 14**

**Tips on Computer Software
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**Advice to the Medical School
Class of 1995—page 32**



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What is a CULT

Are you concerned about the involvement of a family member, a friend, an associate—or yourself—in an unfamiliar group?

This brochure is designed to help you understand what you may be dealing with and to help you find assistance.

For the purposes of this brochure, a cult is defined as “a group that violates the rights of its members, harms them through abusive techniques of mind control, and distinguishes itself from a normal social or religious group by subjecting its members to physical, mental, or financial deprivation or deception to keep them in the group.” When so defined in a 1992 survey conducted by the Pennsylvania Medical Society, 20 percent of responding physicians reported personal or professional exposure to those victimized, and two percent reported experience in their own families.

A somewhat different definition was formulated by participants at the Wellspring Cultic Studies Conference of 1986. There, cults were characterized as: “groups or movements exhibiting excessive devotion or dedication to some person, idea, or thing, and employing unethically manipulative techniques of persuasion and control designed to advance the goals of the group’s leader(s), to the actual or possible detriment of members, their families, and the community.”

Although the term “cult” carries many negative connotations, groups that we might simply dislike are not always cults. For example,

the Internal Revenue Service is not a cult, nor are unabashedly authoritarian groups like the U.S. Marines or many historic movements that have been classified “cults” based on dated definitions such as “a departure from the mainstream.”

Cults are usually characterized by a certain type of leader, a certain type of relationship between leader(s) and follower(s), and the use of extreme techniques of influence and control. Cult leaders are generally self appointed, persuasive, determined, and domineering, and claim special knowledge or a special mission in life, and center veneration on themselves.

Cults also:

- claim innovation, are exclusive and authoritarian, and have a double set of ethics for subjects and their leaders;
- demand total compliance, requiring subjects to undergo absolute disruption of their lifestyle;
- use extreme influence and control techniques such as brainwashing, coercive persuasion, or mind control; and
- are zealous and frequently very extreme in their world view.

As a result, cults often come into conflict with and are threatened by rational, open, de-

mocratic, and benevolent systems such as subjects' families, healthier organizations, and society at large.

While the majority of those assimilated by a cult are normal and healthy at induction, one study indicates that 95 percent of the victims seeking help after leaving such groups qualify for psychiatric diagnoses.

Not all cults are alike

Although cults have much in common, they are not all alike, and some may not exhibit the above "signs" consistently. Cults change over time, varying in their fanaticism as well as in their notoriety. All persons are advised to evaluate suspicious groups by their effects on subjects, their families, and society. If you believe you have discovered a new group, it would be helpful to give as much detailed information as possible to one or more of the resource organizations listed on the next page.

Most cults can be characterized by the proclaimed belief system or objectives that focus the attention of subjects and nonsubjects alike. For example, there are neo-Christian religious cults; Hindu and eastern religious cults; occult, witchcraft, and Satanistic cults; mystical cults; Zen and other Sino-Japanese philosophical-mystical cults; racial cults; flying saucer and outer-space cults; psychological or psychotherapeutic cults; political cults; and self-help, self-improvement, and lifestyle systems cults. Many cults fall into multiple categories. Although these differences may seem quite dramatic, cults resemble one another much more when their behaviors and the resultant damage are examined.

Deception is a defining element which emanates from the core of mind-manipulating groups. Many subjects and even ex-subjects of such groups are not fully aware of the extent to which they have been abused and exploited.

One common cult tactic is to get a recruit to agree that the state of the world or the state of their own personal condition is undesirable, tell them what they need to do to make themselves or the world better, get themselves working on the solution, and keep them there.

The peculiar workaholicism of the cult keeps the victim always investing in the future and never enjoying the present. The victim's mind is always kept on something else, which gives the victim the appearance of being distracted.

The cult leader(s) particular form of moral imbecility includes their dogged belief that they and they alone have the solution(s), and their moral insanity includes a lack of insight and a strong tendency to deny that there could be anything wrong with themselves or their organization(s).

Cults redirect the victim to remaking himself or herself, or to remaking the world, while actually molding him and/or her to satisfy the grandiosity or financial aspirations of the leader(s).

Sound familiar?

The statements in the next section often characterize such groups, although no one statement is sufficient to warrant labeling a group a cult. The statements are offered to help you compare the group with which you are concerned with actual cults. If you check more than one, it is advisable to begin asking additional questions about the group.

- ☐ The group is focused on a leader to whom the subjects display extremely zealous and unquestioning commitment.
- ☐ The group discourages or even punishes question, doubt, or dissent.
- ☐ The group is preoccupied with bringing in new subjects.
- ☐ The group is preoccupied with making money.
- ☐ The group employs mind-numbing techniques such as trance induction, prolonged chanting, detailed interrogations, long lectures, long sermons, or exhausting work routines in order to suppress doubts and enforce compliance.
- ☐ The group is elitist and claims a special exalted status for itself, its leader(s), and its subjects. (For example, the leader is the Messiah, and he or she and the group have a special mission to save humanity or the world.)
- ☐ The group has a strongly polarized totalitarian "we-they" mentality which causes conflict with the wider society.
- ☐ The group teaches or implies that its supposedly exalted ends justify the means it employs—means that subjects would have considered unethical before being recruited.
- ☐ The group's leader(s) is/are not accountable to any authorities in contrast to military commanders or mainstream ministers, priests, and rabbis.
- ☐ The group's leadership dictates how subjects should think, act, and even feel, requiring subjects to get permission to date, change jobs, get married, have children, or move.

- ☐ Subjects' subservience to the group causes them to cut ties with family, friends, and personal pre-group goals and interests.
- ☐ Subjects are encouraged or required to live with and socialize with only other group subjects.

Especially dangerous behaviors

A group may be especially dangerous if it camouflages itself as encouraging Bible study, self-improvement, political action, or business skills, but does some or all of the following:

- uses intense mind-control techniques or propaganda to influence cult subjects, or the socially disaffected or psychopaths to commit criminal acts;
- conceals criminal acts or the criminal backgrounds of leaders;
- approves of destroying enemies;
- uses sexual abuse as a means of control;
- uses physical or mental punishment for subjects who stray;
- sexually seduces subjects for their "spiritual advancement;"
- regresses subjects to child-like dependency and total obedience;
- prostitutes young people to recruit new subjects or manipulate political figures;
- insists that they and they alone are right and have all the answers;
- inculcates the belief or fear or phobia that to leave the group or disobey the leader would cause self-destruction, insanity, disease, suicide, death, or eternal damnation for themselves and/or their loved ones and/or their families;
- levels bizarre accusations against parents or other significant figures in order to alienate victims from family and other significant support systems;
- indoctrinates subjects with phobias about outside sources of help ("Deprogrammers will kidnap you." "Your family will commit you.");
- discourages or disallows medical attention even though there may be a life-threatening problem;
- detains or actually kidnaps subjects to keep them in the group;
- maintains guarded premises to keep people away and armed camps for stockpiling weapons;
- starves and exposes subjects whose resources are depleted;
- drives subjects to madness and/or suicide;
- murders dissenters or perceived enemies; and/or
- incites or commits mass murder or mayhem.

Helpful measures

Be wary of spending your money for treatments, seminars, or counseling for either yourself or a family member until you have thoroughly verified the credentials and qualifications of the program. Be on the alert for false-front operations.

- Be wary of sending money to a person in a group that is unknown to you. Gifts that cannot be pawned or a non-refundable, one-way airline ticket are less likely to be turned over to the cult.
- Keep careful records of names, addresses, and phone numbers of persons known to be associated with a suspected cult.
- Maintain a written chronology of events associated with the individual's activities related to the group.
- Go to your local library and ask for information about the group or about cults in general.
- Collect information about the group from newspaper and magazine articles, books, and even publications of the group itself.
- Do not attack the group belief system. This can be particularly counterproductive in discussions with a new recruit currently enamored with the group's propaganda, which can include high-sounding philosophy, claims, and aims.
 - Don't blame the victim!
 - Do mobilize your resources!
 - Do call any of the following resource organizations!
 - Don't give up!!!

*Respond to all
communications from the
victim in an appropriately
firm, loving, sincere,
respectful, non-judgmental,
and consistent manner.*

*Report all cult-related sickness
and death to:
Cult Morbidity and Mortality Registry,
PO Box 1164, Kingston, PA 18704
Phone: (717) 287-5002
Fax: (717) 288-9725*

Resource organizations

The following are resource organizations for the United States and Canada:

American Family Foundation

P.O. Box 2265
Bonita Springs, FL 33959
(212) 533-5420

Cult Awareness Network

2421 West Pratt Boulevard, Suite 1173
Chicago, IL 60645
(312) 267-7777

Info-Cult

5655 Avenue Du Parc, Bureau 305
Montreal, Quebec H2V 4H2
Canada
(514) 274-2333

Those seeking information in this area should note:

In addition to the above, there are many allied organizations in the United States, local affiliates of the Cult Awareness Network, and either general or cult-specific recovery and support groups. Most major nations have similar organizations.

Recommended reading

These recently published books may help you understand contemporary cult problems. Information about specific cults is frequently available in the bibliographies of the listed books, and by name at some libraries and bookstores. Further books, references, and other materials can be obtained from the reference organizations, some of which offer specific research assistance.

Recommended reading includes:

Captive Hearts, Captive Minds, Madeleine Tobias and Janja Lalich, Hunter House, Alameda, CA, 1994.

Combating Cult Mind Control, Steven Hassan, Park Street Press, Rochester, VT, 1988.

Cult Proofing Your Kids, Paul Martin, Zondervan, Grand Rapids, MI, 1993.

Cults in Our Midst, Margaret Singer, Jossey Bass, San Francisco, CA, 1995.

Cults on Campus, Marcia Rudin, American Family Foundation, Bonita Springs, FL, 1991.

Cults: What Parents Should Know, Joan Ross and Michael Langone, Carol Publishing Group, New York, NY, 1988.

Exit Counseling: A Family Intervention, Carol Giambalvo, American Family Foundation, Bonita Springs, FL, 1992.

Recovery From Cults, Michael Langone, W.W. Norton, New York, NY, 1993.

"Depending on how we define a cult, there are anywhere from 3,000 to 5,000 cults in the United States alone, accounting for perhaps hundreds of thousands of current 'subjects' and millions of former subjects. This trend portends a major public health problem whose dimensions have yet to be fully discerned." —Edward A. Lottick, MD

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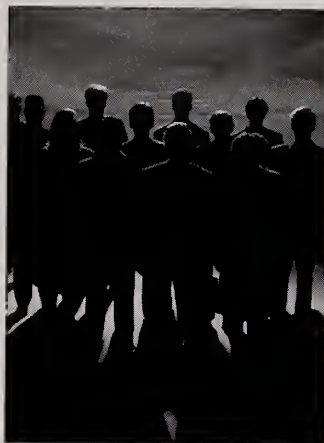
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22 *Cult-Proofing Your Patients: A Guide to Diagnosis, Treatment, and Referral of Cult Victims and Survivors*

"Physicians are uniquely positioned to help those endangered and impaired by destructive groups that are harmful to health and well-being," says Edward A. Lottick, MD. This article and accompanying insert provide guidance and resources for physicians and patients to use to circumvent years of debility for victims of such groups.



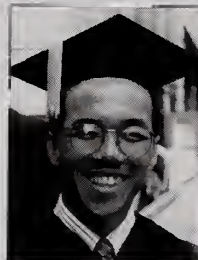
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24 *Choosing Your Path to MEDLINE®*

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32 *National Speakers Offer Insights to Medical Grads*

A former U.S. surgeon general, the first woman president of the American College of Physicians, and a nationally known radio analyst led a host of speakers offering advice to Pennsylvania's 1995 medical school graduates. Also profiled: one member of the Class of 1995.



*What's new in treating congestive heart failure?
See pages 28-29.*

JULY 1995
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Medigram

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“This is unbelievable.

Thirty minutes into our first meeting, it was obvious who was running the show, and he wasn't a doctor. He had

an agenda that wasn't anything close to mine. Sure, when they sold me the medical liability policy, they bragged about having physicians on their board. They told me to expect a fair review by my peers if there was ever a problem. Then came the malpractice suit. I'm really afraid I might lose this one, and not because of a bad medical decision. I wish now that I had protected my reputation and signed with PMSLIC. PMSLIC is doctor owned, doctor run. With PMSLIC, any claims brought against me would have been reviewed by physicians like me — physicians with a vested interest in the reputation of the

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GENERAL ASSEMBLY PASSES INSURANCE FRAUD REPEAL: Pennsylvania's General Assembly on June 28 passed Society-supported House Bill 247, to repeal a section of the state Crimes Code relating to insurance fraud and the requirement for physicians to certify claims for reimbursement. Failure to repeal this section of the code would "virtually eliminate health care electronics claims processing and will unduly require physician certification of claims forms," according to State Society President John H. Hobart, MD. Also included in the bill are certain protections for caregivers with regard to treatment of patients with advance directives, and penalties for prostitution committed by persons who are knowingly HIV positive. At press time, the bill was awaiting the governor's signature.

STATE BUDGET HAS LITTLE IMPACT ON PHYSICIANS: While passage of the state budget does not greatly impact on Pennsylvania physicians, it does include several items of interest: 1) Funds were provided for diabetes services, including physician and patient education services and materials supported by the Pennsylvania Diabetes Academy, an affiliate of the Society's Educational and Scientific Trust. 2) Funding for the proposed Health Care Arbitration Panels was not included. The Society was successful in the past in defeating attempts to fund these panels through a special provider assessment. 3) The Health Facility Hearing Board, the appeals board within the Certificate of Need (CON) process, also was not funded. It is unclear at press time what that means to the future of the CON process.

TEN-DIGIT MEDICAID RECIPIENT NUMBER NOW REQUIRED ON INVOICES:

The May 26, 1995, *Medical Assistance Bulletin* reminds physicians: "Effective with invoices received on or after July 3, 1995, providers must submit invoices using only the 10-digit recipient number located on the recipient's ACCESS card. For Physician's or Medical Services/Supplies Invoices or Claims Adjustment forms MA-319, MA-319C, and MA-319A, complete Item 1, Recipient Number. Do not complete items 2 and 3." Direct any questions about the new procedure to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

ERIE PHYSICIAN, DANVILLE ATTORNEY ACCEPT NEW APPOINTMENTS:

The Senate in late June confirmed Sant Ram, MD, as a member of the State Board of Medicine. Dr. Ram, an Erie pediatrician and State Society member, will serve a term which will expire in December. Also, Governor Tom Ridge has appointed John H. Reed, JD, as director of the Medical Professional Liability Catastrophe Loss Fund (CAT Fund), effective July 3. As former litigation counsel for Geisinger Health System, Danville, Reed has direct job experience in dealing with professional liability issues.

PMSLIC RATED A- (EXCELLENT) BY A.M. BEST COMPANY: In recognition of its strong financial position and ability to meet its obligations to policyholders, the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) has achieved an A- (Excellent) rating from A.M. Best Company, Inc. According to PMSLIC spokesperson Anna Lavertue, the A- rating is due, in part, to PMSLIC's leadership position in the professional liability insurance market for physicians and management's actions to favorably position the company to respond to future health care changes. Best's Ratings have been recognized as the industry's standard measure of insurer strength for nearly a century.

NOMINATIONS REQUESTED FOR TOBACCO-FREE PHARMACY PROGRAM:

The State Society is now accepting nominations for its 1995 Tobacco-Free Pharmacy Recognition Program. To nominate a pharmacy which does not sell tobacco products, submit the pharmacy name to Linda Harder, Division of Communications, Pennsylvania Medical Society, P.O. Box 8820, Harrisburg, PA 17105-8820; or fax nominees to (717) 558-7840. Deadline for nominations: September 1. Last year, the Society recognized more than 400 pharmacies statewide. For information about this year's program, call (800) 228-7823 or (717) 558-7750, extension 1443 or 1437.



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Messages to Our Children

John W. Mills, MD

This month, we feature an article by State Society member Edward Lottick, MD, on the cult movement in our country. It offers guidelines to help increase awareness of such entities and to help physicians discuss them with patients as well as their own families. Dr. Lottick writes from personal experience, having lost a son as a result of cult involvement. He notes that bizarre behavior may be a sign of cult involvement, and changes from the "norm" for an individual may be even more symptomatic.

The birth of our newest granddaughter on May 26 (Alexandra Elizabeth—sounds like royalty to me!) focused my thoughts on Dr. Lottick's article. What kind of world is this youngest member of our family joining? What kind of messages are we sending to our children?

The recent Oklahoma tragedy brought us all up short with its bleak statistics and unexpected terrorism toward our government from our own citizens. The bombing occurred the morning after our arrival home from England, and was even more of a jolt since my only sister lives there and could have been in the Social Security office that morning for a number of reasons.

It wasn't long before a theoretical tie-in to the siege at Waco, Texas, was advanced by investigators. We have since been deluged with interviews, quotes, theories, and speculation concerning the perpetrators, their motivations, and especially their involvement in a private militia group.

The aspect of all this activity that drew my attention was the preponderance of state militias, with their seemingly paranoid attitude toward our federal government and its law enforcement agencies.

The militias of our early colonies were the backbone of the Continental Army, and subsequently, "state guards," as they were called, were controlled by the states. They were well trained and kept in readiness for any state emergency. The president of the United States could only call these units into federal service through the state governors.

During a recent visit to the Johnstown Flood Museum, I learned how General Hastings and the Pennsylvania Militia maintained law and order following the flood in 1889. They assisted with immediate flood relief efforts and with rebuilding the city. The Act of 1903 organized the National Guard out of the state militias, and the National Defense Acts of 1920 and 1933 extended federal authority.

However, present-day private militias are solely their own authority. They should take their mission of self-preservation in a serious vein, by advocating change in our federal government through our elected governmental system.

As we watched the news coverage of these groups in their peculiar isolation, who couldn't name a long list of real problems that might be a better purpose for any well-intentioned group?

Gambling statistics continue to escalate as riverboat casinos are approved by more states. The toll is not only individual lives, but also legitimate business as well. Money spent at the tables or at "one-armed bandits" shortchanges our expenditures for food, clothing, and other basic needs. The casinos have even targeted the family now with theme areas complete with child care, so Mom can gamble too!

A recent short feature in *USA Today* targeted poverty as the root of the world's health woes, according to the World Health Organization. It is easy to see that much more money is needed for education and prevention, as well as medical care.

And to quote a startling public health statistic: "Smoking kills three million adults a year worldwide, and if current trends continue, this figure is expected to reach 10 million by 2020."

Responsibility rests with our government, as well as with our citizens. Dr. Lottick's article, beginning on page 22, gently reminds us that we physician-citizens have a special responsibility—a special message for our children. We can recognize the harmful aberrations in human behavior and in our society, and attempt to right them. ☐

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Reform's Big Picture Remains Puzzling to Patients



John H. Hobart, MD

Recently I had the pleasure to speak at the 50th reunion of the Haverford College Class of 1945—an institution where I myself was a member of a graduating class of another vintage. Nonetheless, I still approached the task with a good deal of trepidation. You may be surprised at the topic that was requested of me—health system reform.

For physicians, who lived through what seemed to be daily iterations of health system reform proposals not so long ago, this may come as something of a surprise. Perhaps we feel that we have been over this ground so many times that another tour would find little interest for a public audience.

Furthermore, many physicians, I think, have come to feel that the issue is not some all-encompassing scheme for “reform,” but rather the reality of many smaller changes in the various segments of our health care delivery system that, taken together, will transform the environment in which we care for our patients.

With this in mind, I told the folks at Haverford a bit about the history of health

system reform and how physicians spearheaded the public discussion as early as 1987. I pointed out that in 1988, nearly 73 percent of the private health insurance market was indemnity insurance, but just six years later, by 1993, only about 33 percent of private insurance worked that way.

We reviewed the growth of managed care, how it is affecting the practice of medicine, and the critical need for safeguards to protect patients from arbitrary, undisclosed policies and also for some rational antitrust relief for physicians. Finally, we touched on the issues of medical liability and tort reform.

As I was working on the speech, and even while presenting it, I was struck by the real challenge we continue to face in bringing our message to the public. Talking about health care is not like describing the Mona Lisa. It's more like describing a jigsaw puzzle of the Mona Lisa—one piece at a time.

For those of us who attend meetings and read publications where these issues are discussed on a regular basis, it's easy to see the big picture. It is, after all, our own profession we are talking about. But when we speak to the general public, we may sometimes forget that our audience has not seen, so to speak, the completed picture on the front of the puzzle box.

It is perhaps more important than ever to remember that we physicians are indeed advocates for our patients. When we speak of reform, we need to continually call attention to our concern for the rights of our patients—to their right to choose their own physician, to their right to protections under managed care, and to their rights regarding information and appeals processes.

Health system reform as a single, over-riding plan may be history. But the public's concern about what happens next is still a matter of ongoing interest and concern. ○



“It is perhaps more important than ever to remember that we physicians are indeed advocates for our patients.”

ACTIONS OF THE BOARD OF TRUSTEES, MAY 9-10, 1995

STRATEGIES ADDRESS MANAGED CARE CONCERNS

The board approved a series of recommendations to help physicians better deal with selective contracting, economic credentialing, and exclusive contracts by managed care entities and insurers.

Since the board's January meeting, the Ad Hoc Committee to Consider the Matter of Selective Contracting has been developing strategies to position the Society for quick action and policy advantage. First on the list of recommendations was endorsement of the AMA's Patient Protection Act, which requires HMOs to establish organized medical staffs to determine credentialing criteria.

The committee also recommended:

- adoption of policy that criteria for hospital clinical privileges be developed by the medical staff, that criteria should be different from the criteria for managed care organization participation, and that these criteria should not be tied together;
- reaffirmation of the Society's policy on exclusive contracts;
- adoption of policy that economic productivity should not be a factor in medical staff reappointment;
- pursuit of legislation to protect competition in physician hospital organization arrangements; and
- development of a document to assist physicians who are determining whether to sign an exclusive contract with a managed care organization.

POLICY APPROVED ON PRACTICE PARAMETERS

To help guide future policy, as well as provide guidance for hospitals and their medical staffs in the development of practice parameters, the Society has approved a policy statement on practice parameters which has been forwarded to the Hospital Association of Pennsylvania for its review and possible adoption.

The statement will align the Society with AMA position on use of practice parameters in a hospital setting, with limited exceptions.

The Council on Medical Economics also provided an advocacy/position paper on global

capitation for board approval. The 40-page, copyrighted paper—which includes an overview of issues, plus charts and graphs on basic integration models, and a comparison of managed care products, incentives, and various risk arrangements—is available to members by request.

Relating to Employee Retirement Income Security Act (ERISA) provisions, the board approved as Society policy three AMA policies which address the impact the pre-emption provisions have on state health system reform efforts. These policies support modification of ERISA pre-emption to accommodate state health system reform.

COUNCIL REVIEWS USE OF NURSE PRACTITIONERS

The debate in Pennsylvania currently focuses on how to grant limited prescription-writing abilities to nurse practitioners.

The Council on Education and Science provided an informative report on the controversies surrounding use of nurse practitioners in Pennsylvania. The report notes that the Society supports the extension of limited prescribing ability to nurse practitioners, providing that it is handled in a manner similar to the way prescribing by physician assistants is handled.

The board sent a resolution through the AMA delegation requesting AMA study of the quality of care of unsupervised nurse practitioners.

AMA LITIGATION CENTER TO AID SOCIETY EFFORTS

The board in May approved the Society's participation in the AMA/State Medical Society Litigation Center.

Changes in health care delivery systems and the movement toward larger health care alliances and integrated delivery systems have brought organized medicine into increasing numbers of battles in the courts. The Litigation Center was established by the AMA to aid state medical society efforts in addressing

the priorities of managed care and third-party reimbursement problems.

An annual contribution by participating state societies will be used to create a partnership between the states. The AMA will staff the center, with the resources of its Office of General Counsel available as needed.

HMSS CHANGES NAME TO OMSS

The Society's Hospital Medical Staff Section will become the Organized Medical Staff Section this fall, with the House of Delegates' approval.

The name change is designed to expand representation to include organized medical staffs of other health facilities and emerging delivery systems, such as physician-hospital organizations, managed care organizations, independent practice associations, physician organizations, staff model health maintenance organizations, and preferred provider organizations.

The section's Governing Council believes the HMSS can assist physician organizations in addressing medical staff issues that confront them and can provide them with a mechanism to have their concerns addressed by organized medicine at the state and national levels.

AGROMEDICINE PROGRAM ENDORSED BY SOCIETY

An innovative program developed by Penn State's Milton S. Hershey Medical Center and the Pennsylvania Department of Agriculture (PDA) has attracted the attention and endorsement of the Society's Council on Education and Science and the board.

The proposal is designed to implement medical and medically related components of the U.S. EPA standard in Pennsylvania, which requires the education of farm workers to enable them to identify and deal with hazardous pesticides in the workplace and be prepared to respond to pesticide poisoning. The program will also involve health care workers.

SPECIALTY THANKS SOCIETY FOR DUAL ELIGIBILITY WIN

The Council of the Pennsylvania Psychiatric Society joins me in expressing our great appreciation for the Pennsylvania Medical Society's successful effort to procure Medical Assistance coverage of Medicare deductibles and coinsurance for the "dually eligible."

We routinely publish information about Medical Society activities in our newsletter, and we conduct a yearly campaign to recruit our members into the Society. We generally cite the many intangible benefits of membership and the valuable informational resources you offer to our own organization. Successes like this one, however, offer persuasive, tangible evidence of the important role which the Medical Society plays on behalf of all physicians.

Please convey our thanks to the Medical Society board and staff.

*Michael J. Vergare, MD
Immediate Past President
Pennsylvania Psychiatric Society*

ON REACHING THE MORAL HIGH GROUND

The following letters were sent to Dr. Joseph S. Silverman, author of "A New Approach to Health System Reform: Seizing the Moral High Ground" (June 1995) in response to his request for review of the article prior to publication.

I recently attended a meeting where the speaker showed a slide asking the question, "Where will the patients go when all the doctors are businessmen?" It was a quote, but I can't remember who said it. The speaker then set up an interesting hypothesis for the world of managed care. Suppose the cardiologist in a particular HMO developed a procedure that replaced coronary bypass surgery. The procedure was minimally invasive, performed on an outpatient basis, and could be done for thousands of dollars less than the surgical procedure.

Would that HMO then require patients to join their plan in order to have the procedure? Would that HMO sell the procedure to selected plans in other parts of the country and the world? How would that HMO use the money it earned from that procedure?

Would they spend it on research? Would they pay the doctors more? Would they set up a corporation and sell stock? Would patients other than their patients be given any consideration? I think your paper addresses the answer to these questions. If medicine is to be an honorable profession, all these questions are unrealistic questions.

Your proposal of a commission is an interesting one. Hopefully such a commission would make such good proposals that all men of good will could embrace them. I don't feel the AMA House of Delegates should have a veto anymore than any state legislature or any insurance company.

It is a little frightening how much of a business medicine has become. Hopefully the pendulum will start to come back in the direction of professionalism.

*A. Leonard Zimmerman, MD
Altoona*

Needless to say, I agree with your general sentiments. However, I doubt that your call for "a high level commission of experts...to propose changes in the delivery of health care" is practical. You are right in recognizing that we have to reform the delivery system as well as the financing and insurance system, but I seriously doubt that any such group as you propose would be able to do the job in the near future. The economic and political problems would be overwhelming.

Our health care system is now being shaped by a competitive and commercialized marketplace. I don't anticipate any real reform until Americans realize that the marketplace is not the answer.

*Arnold S. Relman, MD
Professor Emeritus of Medicine
and of Social Medicine
Harvard Medical School, Boston, MA*

GIVE US THE FAX:

Quality of care under managed care—many of the debates surrounding health care reform boil down to this issue. Has "managed care" directly affected how you practice medicine? For the better or for the worse? Write to us about your thoughts and experiences.

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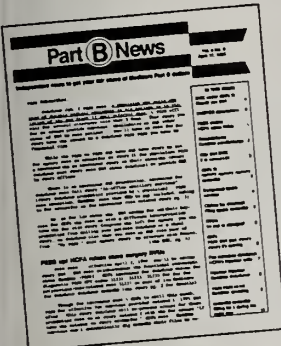
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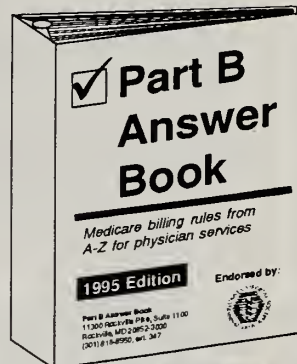
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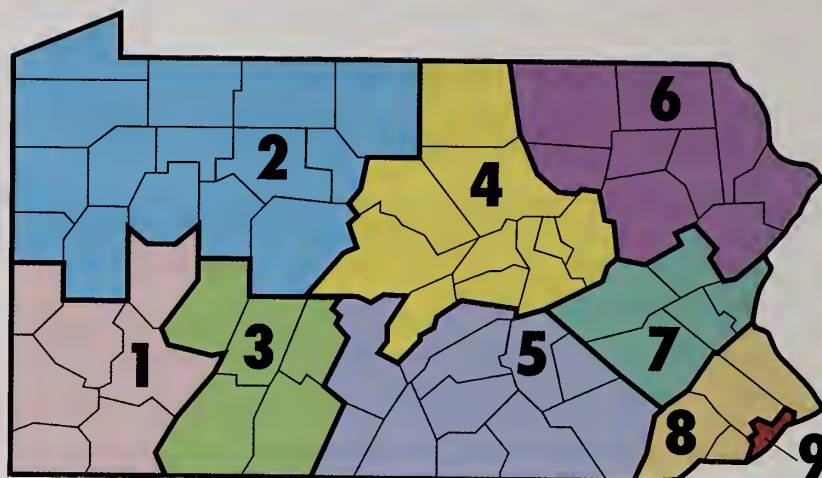
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For more information, contact Len Umile at the Moss Rehabilitation Research Institute, telephone (215) 456-9901 ext. 9169; FAX (215) 456-9514. Space is limited, so early registration is suggested.

Integration Insider

Analysis of the emerging health care marketplace in Pennsylvania and beyond.



This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nationwide. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.

1 • Blue Cross of Western Pennsylvania is encouraging physicians in its managed care plans to give preference to six Pittsburgh hospitals in return for lower prices. The hospitals—University of Pittsburgh Medical Center, Shadyside Hospital, Magee-Womens, St. Margaret Memorial, Passavant, and South Hills Health System—have agreed to sharply reduce prices they charge to the insurer. Blue Cross's managed care network includes 800 primary care physicians and 38 hospitals, and serves more than 500,000 subscribers. *[Pittsburgh Post-Gazette]*

5 • Several hospitals in the Harrisburg area have taken steps toward forming two large health care systems. One alliance involves a merger between Polyclinic Medical Center and Capital Health System; the other would be an alliance between Penn State's Milton S. Hershey Medical Center, Holy Spirit Hospital, Carlisle Hospital, and Community General Osteopathic Hospital. An antitrust investigation of Capital Health System by the state attorney general's office is nearing completion. *[Central Pennsylvania Business Journal; Patriot News, Harrisburg]*

• Hamilton Health Center, Harrisburg, has expanded its list of primary care physicians participating in its Healthmate program, an HMO for Medicaid recipients in Dauphin County. Until last month, nearly 5,000 clients were required to visit one of 10 physicians at two Harrisburg sites for primary care services. Three physician groups have been added to the list. *[Patriot News, Harrisburg]*

• Federal antitrust regulators have cleared Horizon Healthcare Corporation's proposed \$502 million acquisition of Continental Medical Systems, Inc., Mechanicsburg, reported in this column last month. *[Patriot News, Harrisburg]*

6 • Seven Eastern Pennsylvania hospitals have announced that they will form a partnership to offer a managed care plan by late this year. Involved in "PennCare" are: Lehigh Valley Hospital, Allentown; Doylestown Hospital; Grand View Hospital, Sellersville; Hazleton General Hospital; St. Joseph Medical Center, Hazleton; Muhlenberg Hospital Center, Bethlehem; and Gnadon Huetten Memorial Hospital, Lehigh. Penn State's Milton S. Hershey Medical Center will participate under contract for certain specialized medical services. *[Philadelphia Inquirer]*

9 • Pennsylvania Hospital, Philadelphia, has established a physician hospital organization to directly contract with third-party payers and employers. *[Hospital News, Philadelphia]*

• Riddle Memorial Hospital, Delaware County, is negotiating to join a regional health care alliance being formed by Thomas Jefferson University, Main Line Health System, and West Jersey Health System. Thomas Jefferson University, Philadelphia, and Main Line Health System, based in Radnor, are founding members of the alliance, called the Healthshare Group. Riddle Memorial is a short-term, acute-care hospital licensed for 241 beds. *[Philadelphia Inquirer]*

• Implementation of HealthChoices, a managed care plan for 650,000 low-income residents of Philadelphia and surrounding counties, has been put off for another year, pending a third study on the plan's potential savings. Two earlier studies reached conflicting conclusions about whether the plan would save money or not. The third study is expected to be completed this fall. *[Philadelphia Inquirer]*

• Jeanes Hospital, Philadelphia, has signed a letter of intent to join Temple University Health System as a clinical teaching site for the university's medical school. *[Philadelphia Inquirer; Patriot News, Harrisburg]*

• OakTree Health Plan, an HMO under acquisition by Oxford Health Plans, Inc., Norwalk, Connecticut, marked the move of its headquarters into Philadelphia with a ceremonial ribbon cutting in May. OakTree provides coverage to more than 40,000 Medicaid and commercial HMO members in Southeastern Pennsylvania. *[OakTree news release]*

• One Delaware Valley hospital leader believes as many as 7,500 hospital jobs could be lost in the Philadelphia area if multi-billion-

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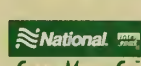


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RA # _____ Rental Date: __/__/__.

PROGRAM TERMS AND CONDITIONS:

Valid for car classes indicated at participating National locations in the United States (Not valid in Manhattan, NY). Subject to availability and blackout dates. Local rental rate parameters and minimum rental day requirements apply. Cannot be used in multiples or with any other certificate or special promotion. Standard rental qualifications apply. Minimum rental age at most locations is 25. In addition to rental charges, where applicable, renter is responsible for: Optional Loss Damage Waiver, up to \$13.99 per day; a per mile charge in excess of mileage allowance; taxes; sur charges; additional charges if car is not returned within prescribed rental period; drop charge and additional driver fee; optional refueling charges; optional insurance benefits. Rental Agent Instructions: 1. Key Discount ID Number in "Rate Recap" field on rental screen 3. 2. Charge rate for one car class lower than class of car actually rented. 3. Retain certificate at rental. Write RA # and rental date below. 4. Send certificate to Headquarters. ATTN: Travel Industry Billing.
RA # _____ Rental Date: __/__/__.

dollar reductions in Medicare and Medicaid spending are approved. [Philadelphia Business Journal]

Facts, figures, etc.

- Adults 65 and over—who are spending \$75 to \$100 each month on supplemental policies to pay for services their traditional fee-for-service plans don't cover—are signing up with Medicare HMOs at a record pace. During the first three months of 1995, more than 15,000 Medicare recipients switched to an HMO. [Philadelphia Business Journal]

- Three senior Ridge administration officials have met twice in private with U.S. Healthcare Senior Vice President David Simon to discuss ways to change how the commonwealth regulates the growing HMO industry. [Patriot News, Harrisburg]

- A recent report issued by the Pennsylvania Department of Labor and Industry, looking at 117 different health care occupations statewide, found that orthopedic surgeons earned the most each year at an average wage of \$234,568. Plastic and reconstructive surgeons reported the highest average starting wage of \$138,724. One county reported that the average health care worker earned \$30,803 in 1993. [Philadelphia Business Journal]

- In an effort to meet the growing demands for primary care physicians in managed care plans, three of the state's medical schools hope to launch a program next year to retrain specialists in primary care fields. The University of Pittsburgh School of Medicine; Penn State's College of Medicine, Hershey; and Jefferson Medical College of Thomas Jefferson University, Philadelphia, have formed the Commonwealth Academic Health Coalition to jointly develop the program. [Pittsburgh Post-Gazette]



Managed care moves, state by state

- The National HMO Purchasing Coalition—comprised of 10 corporations nationwide—will choose HMOs for 600,000 workers and dependents in 27 state and metropolitan areas, including Philadelphia. The coalition hopes its efforts will push the HMOs to lower prices and allow employer groups to monitor the care provided by doctors and hospitals. More than 100 HMOs have bid for a contract. [Philadelphia Inquirer; New York Times]

- The Medical Society of Virginia has announced it is creating a statewide HMO in partnership with PHP, Inc., a North Carolina-based, physician-owned HMO. PHP Virginia, Inc., is open to all Virginia physicians and plans to be operational in Central Virginia this year. Membership fees will be between \$1,500 and \$3,000. Some observers question whether the HMO will be able to compete in Northern Virginia, where managed care penetration is heavy. [Washington Post; Modern Healthcare]

- Caremark International has agreed to purchase the 93-physician Largo Diagnostic Clinic, one of the largest multi-specialty practices in Florida. [Modern Healthcare]

"The AMA is not against cost savings. And we are not against managed care. It's managed profiteering that we're opposed to...As massive cost savings are funneled back along the profit pipeline—to pay executives and to pay investors. Money that is siphoned out of the health care system—and lost to it forever. These are dollars that could provide a level of coverage for the millions who stand like beggars at the window, outside the system, and looking desperately in."

—James S. Todd, MD, AMA
Executive Vice President,
in his speech to the American
College of Surgeons at its 80th
Annual Forum and Meeting in May

- A Tennessee state appeals court recently ruled that the Tennessee Medical Association (TMA) did not have "standing" to challenge TennCare, the state's Medicaid managed care plan. Standing means that a party has sufficient stake in a controversy to request legal resolution. TMA alleged that TennCare was developed without meaningful public and provider input, and that it violates Medicaid's requirement of adequate physician compensation. The appeals court held that, because TMA members contract directly with managed care

organizations and not with the state, they cannot show injury from the state's action. The court also held that TMA could not establish standing on behalf of patients because TennCare actually provides more services than under traditional Medicaid. [TMA v. Corker, Lexis 243 (TN App. 1995)]

- Blue Cross and Blue Shield of Tennessee is adding its voice to the chorus of disenchantment with TennCare. The Blues plan attributes an \$8.8 million loss in 1994 to inadequate reimbursement rates under TennCare and is asking for a 10 percent payment increase. [AMNews]

- The Maryland attorney general is investigating potentially illegal and unethical marketing practices by HMOs trying to attract Medicaid patients, including possible forgery and bribes. The attorney general has received reports that non-English-speaking patients have been enrolled by marketers who speak only English, that patients are told they must enroll in an HMO to keep their benefits, and that marketers are taught to select healthy, less-costly patients. [Washington Times]

- Some of Colorado's largest companies have announced plans to establish a coalition by the end of this year to monitor the quality of care provided by health plans. The coalition plans to develop a single set of standards and guidelines to measure plan quality and will also explore group purchasing possibilities. [Denver Post]

- The New Jersey Supreme Court has held that the New Jersey HMO Act permits HMOs to be sued directly by a patient for medical malpractice and that a physician can assert a cross-claim against an HMO in a malpractice claim for breach of contract based on the HMO's failure to coordinate a patient's care. [Dunn v. Praiss, 656 A2d 913 (NJ 1995)]

- The 3,105 participating providers in ChoiceCare, Cincinnati's largest HMO, have approved a plan for the organization to become for-profit, thereby allowing it to sell 20 percent of its stock to a capital partner to expand into nearby markets and develop new products. Participating physicians can purchase up to 20 percent of the stock in the new, for-profit holding company. Opponents of the plan are concerned that it will eliminate physician control. [Modern Healthcare]

Society Leaders Testify Before Ridge Officials, Legislators

In meetings with the new Ridge administration officials this spring, as well as in public hearing testimonies, State Society leaders have stressed quality of care and managed care safeguards as top priority health care issues of concern to Pennsylvania physicians.

Because the legislative session opened with a special session on crime, much of the activity on medicine-related measures took place in public hearings around the state. A series of testimonies by Society leaders as well as local physicians was coordinated by the State Society on a variety of issues.

Meanwhile, to ensure access to the Ridge administration's newest decision makers in Harrisburg, Society leaders have begun a series of meetings with new state cabinet officials.

Cabinet officials briefed

Secretary of Welfare Feather Houstoun was apprised of the Society's concerns on:

- managed care,
- the 1995-96 commonwealth budget,
- implementation of the department's primary care case management initiatives and managed care for Medical Assistance patients,
- the Society's involvement with the Department of Public Welfare (DPW) in a drug utilization review contract,

- possible revisions to the Medical Assistance Advisory Committee,
- health insurance organization (HIO) expansion in Philadelphia, and
- HMO profits and quality of care.

In March, Society representatives met with Insurance Commissioner Linda Kaiser to discuss a roster of issues, including:

- CAT Fund concerns and the need for medical liability reform;
- regulation of integrated delivery system global capitation and other risk arrangements, HMO licensing process, and third-party administration licensure;

- the need for managed care safeguards;
- the need for insurance reforms; medical savings accounts, auto insurance problems, and PROs; and
- medical payment increases.

At a meeting in May with Peter J. Jannetta, MD, secretary of the state Department of Health, the Society's priority issues were again discussed. This was followed by a lengthy meeting with key department staff.

Affordable health care

Representative Tom Gannon (R-Delaware) has introduced a bill which would provide for a minimum health benefit plan to be made available for working individuals and their families who otherwise would not be able to obtain such coverage. House Bill 5, the Affordable Insurance Measure for Family Health Care, is intended to cover all groups and businesses, and includes safeguards limiting exclusions for pre-existing conditions, etc.

Society President John H. Hobart, MD, and Delaware County Medical Society President C. Richard Schott, MD, testified before the House Insurance Committee regarding this bill, which is opposed by small business and the insurance industry.

Any willing provider

A series of public hearings are being held around the state concerning any willing provider legislation, specifically House Bill 630, Rural Patient Freedom of Choice. In addition to testimony by local physicians at the regional hearings, the Society is coordinating testimony of leaders, including Dr. Hobart, to voice the Society's consistent message that exclusion from networks for reasons unrelated to quality issues and without the right to appeal is unacceptable to physicians.

The Society is also reminding legislators that House Bill 630 is one of several legislative proposals which address necessary safeguards for patients and providers.

Certificate of Need

The repeal of the Certificate of Need (CON) process was under study by the House Health and Human Services Committee, as a result of House Bill 335. Drs. Hobart and James Yates testified before the committee on this issue in April in Harrisburg.

Despite the Society's efforts which resulted in corrective amendments to the Health Care Facilities Act in 1992, the CON process, especially for ambulatory surgical facilities (ASFs), has continued to be cumbersome and weighted strongly in the favor of hospitals and other existing providers. A 1994 Pennsylvania Commonwealth Court decision, in *Mercy Regional Health System v. Department of Health*, has greatly complicated and prolonged the CON reviews. In addition, Governor Ridge's proposed budget calls for the elimination of the Health Facility Hearing Board, which would have taken on increased responsibilities as the result of the court decision.

To address the CON problem, the Society's Ad Hoc Committee on Ambulatory Surgical Facilities plans to research cost studies from insurance companies, the Health Care Financing Administration (HCFA), and actuarial studies comparing surgery performed in physician offices, freestanding ASFs, and hospital outpatient departments.

Using research, coalition building, and legislative lobbying, the committee's goal is to achieve one of the following options:

- 1) remove ambulatory surgery from the Department of Health's list of clinical reviewable services, so that physicians will no longer need a CON to get a license for an ASF;
- 2) obtain less restrictive criteria in the State Health Services Plan; or
- 3) revise the Department of Health's need formula.

Welfare reform

Reforming Pennsylvania's welfare programs, a hotly debated issue in the

statewide media as well as the health care industry, was the focus of a series of hearings by the Senate Public Health and Welfare Committee in Harrisburg this spring.

Dr. Hobart prepared remarks which were made available to the committee in May. His testimony was postponed until June due to the committee's time constraints.

In his comments, Dr. Hobart noted that the State Society has long sought elimination of administrative hassles and burdens experienced by patients and physicians, and encouraged increased physician participation as Medical Assistance providers. He said the Society supports community-based efforts, such as the Family Care Network and Lancaster Community Health Plan (LCHP), and urges systematic planning for future changes in the welfare system which take into consideration input from patients and health care providers.

The Family Care Network, Dr. Hobart pointed out, "provides a monthly case management fee to the primary care provider plus fee for service for all screening and treatment provided to the patient, as well as for coordinating all referral care. Recipients are given a choice of primary care providers from which to select, or they are assigned if a selection isn't made. Assignments can be changed if circumstances warrant."

He noted that the Lancaster Plan, which has already begun, "will serve as a template for bringing managed care to the entire Medical Assistance population." This plan is different from other plans, he said, in that it intends to offer back-up coverage to the primary caregiver and will link the Department of Public Welfare with LCHP and with providers with respect to access to patient information in order to better coordinate and manage care.

"The situation in Southeastern Pennsylvania is less optimistic," Dr. Hobart said, because the attempt to expand mandatory participation HMOs in that region is on indefinite hold as the result of a settled lawsuit. "The HIO proposal would have severely limited the recipients' choice of providers to those who were selected by the plan they picked. The plan arbitrarily divided the region into three large geographic areas on the basis of population instead of other factors related to access."

"DPW didn't build into the plan sufficient input from providers or patients, or adequate safeguards to protect their rights and assure delivery of needed care," Dr. Hobart added. "Finally, the proposal didn't adequately force savings achieved from efficient management of care back into improvement of the services available. Instead, such savings would have gone into increased operating costs and profits of the selected HMOs."

Society representatives have begun discussions with Welfare Secretary Houstoun on the issue of physician-controlled integrated delivery systems. "Under such an approach, groups of physicians could go at risk for inpatient care, thereby better controlling utilization of such care," according to Dr. Hobart's statement.

"In my office, where we look for and ask about domestic violence, I ask that my patients not be penalized by my good record keeping."

—Virginia Hall, MD, in testimony before the House Insurance Committee in June

Domestic violence

Citing the domestic abuse suffered by her grandmother, Virginia Hall, MD, of Dauphin County, gave effective testimony before the House Insurance Committee in June.

Dr. Hall, an obstetrician/gynecologist from Dauphin County, urged passage of House Bill 1100 in its original form, the Unfair Insurance Practices Act, which would prevent insurance companies from discriminating against domestic abuse victims. Sponsored by Representative Patricia Vance (R-Cumberland), the bill would specifically prohibit insurance companies from denying, refusing to renew, or canceling insurance because a person has been battered.

Dr. Hall told the committee: "Of 437 insurance companies who responded to a survey conducted by Pennsylvania Insurance

Commissioner Linda S. Kaiser in March 1995, 122 companies admitted to denial of insurance or surcharges for domestic violence victims in life, accident, and/or health underwriting...Unfortunately, because 636 insurers (58 percent of 1,073 in the state) did not respond to Commissioner Kaiser's survey, we do not know how much more discrimination exists within the industry..."

"In my office, where we look for and ask about domestic violence, I ask that my patients not be penalized by my good record keeping. The current insurance practice discriminates against patients who get a comprehensive approach to care, where psycho-social considerations are included in maximization of health."

Genetic testing confidentiality

The confidentiality of genetic tests was of concern to Richard D. Baltz, MD, in his testimony before the Senate Health and Welfare Committee in June. Dr. Baltz, a Harrisburg pediatrician, chairman of the State Society's Interspecialty Section, and vice-chairman of the Society's Council on Education and Science, urged passage of Senate Bill 394, which would help ensure that genetic tests ordered by a physician would remain confidential between physician and patient.

"There will most likely be people who will wish to use this genetic information other than for medical decisions and counseling," Dr. Baltz said. "They will assume that they can reduce their own financial risk by practicing genetic discrimination. The Pennsylvania Medical Society believes they have no right to that information. It is confidential information that must remain between a patient and his or her physician."

Dr. Baltz also noted that "genetic tests are poor indicators of disease and even poorer indicators of disability from disease. Cases of 'incomplete penetrance' are common. In such cases, an individual carries genes that are characteristic of people who are susceptible to a given problem, but never develops any disease. The occurrence of 'variable expression' is also common. This means that different people will experience very different effects from the same genetic problem."

Blue Shield Revises Policy for Concurrent Care

The Health Care Financing Administration (HCFA) has revised its Medicare concurrent care policy guidelines, effective April 1995.

Xact Medicare Services, the Medicare carrier for Pennsylvania, will no longer maintain concurrent care claims processing screens, which in the past edited claims for concurrent care services. Carriers have been instructed to remove these screens, and to pay medically necessary concurrent care claims for physician services. To protect against abuses, carriers have been instructed to use the focused medical review process.

Also, Pennsylvania Blue Shield (PBS) private business has revised its payment policy for concurrent care, effective April 8, 1995. PBS defines "concurrent care" as care provided to an inpatient of a hospital or skilled nursing facility by more than one doctor during a specific period of time. This change in policy will no longer consider the specialties of cardiology, endocrinology, family practice, general practice, pediatrics, pediatric cardiology, preventive medicine, pulmonary diseases, and rheumatology to be the same as or comparable to internal medicine.

Further, the medical necessity clause in all PBS contracts will be enforced when determining the eligibility of concurrent care. The medical necessity for concurrent care must be established on the basis of the patient's condition as demonstrated by the reported diagnoses and other documentation. Concurrent care that does not meet the medical necessity criteria is not eligible for payment. A participating or preferred provider may not bill the patient for denied concurrent care.

For more detailed information on this change and other issues related to concurrent care, call the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

ONE OF EVERY 10 HOURS SPENT IN CHARITY CARE

More than two-thirds of U.S. physicians are providing over \$21 billion in uncompensated care to

patients in financial need, according to a survey by the American Medical Association. The report found that 307,650 physicians rendered \$11.31 billion in charity or reduced-fee care to patients in need during 1994, and absorbed an additional \$9.82 billion in services for which payment was expected but never received.

Since 1988, AMA survey data have shown a steady increase in the number of physicians providing charity care and the amount of time physicians spend per week rendering free or reduced-fee care.

Nearly 68 percent of U.S. physicians provided free or reduced-fee care in 1994, a significant increase from 62 percent in 1988. Physicians spent 12.4 percent of their work time, one out of every 10 hours, on charity care. On average, a physician devoted 7.2 hours per week caring for the poor, up from 6.5 hours in 1990.

In releasing the report, AMA President Robert McAfee, MD, noted that, "Physicians take their ethical obligation to patients very seriously. For many patients, charity care is their only means for obtaining necessary

medical care. And until significant reform is achieved, it remains a critical part of health care delivery."

As in previous years' surveys, the proportion of physicians providing charity care varied by specialty and region:

- Across 10 specialty classifications, percentages of physicians who provide charity care range from 60 to 74 percent. Within this range, surgeons and radiologists most frequently provide charity care, while pediatricians and pathologists least frequently provide free care.

- Geographically, the percentage providing charity care ranges from 62 to 73 percent. More than 70 percent of physicians in the New England, South Atlantic, East South Central, West South Central, and Mountain states provide charity care. By comparison, fewer than 65 percent of physicians in the West North Central, Pacific, and East North Central states provide charity care.

- Rural or non-metropolitan physicians provide charity care more frequently (71 percent) than urban physicians (67 to 68 percent).

Tell Us Your Stories of Managed Care Interference

The Society has long argued the need for legislative and regulatory safeguards to protect patients from managed care policies that inappropriately deny payment for medical services. The most effective support for these arguments comes from real-life examples, which the Society is collecting through this initiative.

If you have a story you would like to share that may be convincing to non-physician audiences—legislators, regulators, the media, and the general public—we'd like to know about it.

To guide and ease your efforts, the Society has developed a Quality Alert Form (see opposite page). The Society intends the form to be user friendly for physicians; if you have suggestions about how to improve the form, we'd like to hear that too.

Fax or mail completed forms to Society headquarters at the address or number listed at the top of the form. Direct any questions to Dennis Olmstead in the Department of Medical Economics, Ext. 1050.



Quality Alert Form

How and Why to Use This Form: Use this form to document real-life examples of managed care practices that jeopardize quality of care. The Society is collecting these examples to prove the need for managed care safeguards. Information revealed on this form or during a follow-up investigation may be shared with government officials and the public. Please exclude any information that may identify a patient to assure patient confidentiality.

What is a "Quality Incident?": A quality incident occurs when a managed care plan denies or unduly delays medically appropriate care or engages in conduct that could result in a quality or access problem. Prospective payment determinations are considered care decisions—as the patient often elects not to proceed absent third-party coverage. Quality incidents also can occur in other managed care contexts. The payer's conduct may send the wrong message or otherwise encourage inappropriate provider behavior. Network exclusions also can adversely impact geographic and specialty access. Use a separate form for each incident or practice.

Please check the relevant boxes below to describe the incident or practice.

**Please explain below*

Utilization Review Problem

Type of Review

- ☐ Prospective review
- ☐ Retrospective review
- ☐ Concurrent length of stay
- ☐ Second opinion
- ☐ Case management
- ☐ Other*

Incident

- ☐ Service or procedure denied
- ☐ Site of service denied
- ☐ Premature discharge
- ☐ Other premature termination of care
- ☐ Specialty referral denied
- ☐ Untimely approval resulting in delay of care
- ☐ Approval only after "hassle"
- ☐ Other adverse action*

Cause of Problem

- ☐ Secret criteria
- ☐ Inappropriate criteria
- ☐ Non-physician reviewer
- ☐ Reviewer not in active clinical practice
- ☐ Reviewer not licensed in Pennsylvania
- ☐ Reviewer lacked appropriate specialty expertise
- ☐ No opportunity to talk to reviewer
- ☐ Incomplete review of record
- ☐ No opportunity for appeal
- ☐ Inadequate explanation of decision
- ☐ Not able to contact for timely decision
- ☐ Other cause*

Network Problem

Network Type

- ☐ HMO
- ☐ PPO
- ☐ Other*

Cause of Problem

- ☐ Inadequate specialty distribution
- ☐ Inadequate geographic distribution
- ☐ "Black box" credentialing
- ☐ Inappropriate credentialing criteria
- ☐ Profile data used in credentialing not adjusted for case-mix
- ☐ Unqualified decision-maker
- ☐ Excluded without explanation
- ☐ No opportunity to appeal exclusion
- ☐ Other*

Other

- ☐ Practice guideline*
- ☐ Reimbursement incentive
- ☐ Referral restriction
- ☐ Payment policy
- ☐ Other*

Source of Problem

Third-party payer: _____ Managed care entity†: _____

†(If different from payer, e.g., a third-party administrator or peer review organization)

Physician Information

Treating physician: _____

Office Address: _____

City _____ State _____ Zip _____

Office contact for further information: ☐ Treating physician ☐ Other _____

Office telephone: _____ Office fax no.: _____

***Explanations and additional information you may wish to provide:**

KePRO's Principal Clinical Coordinator

Donald E. Harrop, MD

During the past year, several of these columns have been devoted to the Keystone Peer Review Organization's (KePRO's) Health Care Quality Improvement Program (HCQIP), and although there have been some references to our principal clinical coordinator (PCC), we haven't really said much about the position or its accountabilities.

We are very fortunate to have Lewis T. Patterson, MD, of Camp Hill, as KePRO's PCC. He certainly has all the qualities necessary for gaining the trust and cooperation of the medical community, as well as having the clinical experience and knowledge, which he gained during his nearly 40 years as a highly regarded general surgeon. Dr. Patterson's valuable contribution to KePRO's HCQIP is one of the main reasons why the Health Care Financing Administration (HCFA) has been quite complimentary regarding our development and implementation of this new program.

We have mentioned that successful cooperative projects are the objective of HCQIP and that cooperative projects require collaborative efforts between the PRO and hospital medical staffs. Therefore, it necessarily followed that we would need someone who would take the lead in convincing hospitals to participate in these projects.

Remember, participation by hospitals in these local projects is voluntary. So, after

nearly 10 years of PRO review, and with all the punitive aspects of the program still fresh on the minds of physicians and hospitals, it is not always an easy task to obtain the necessary participation.

Our PCC is responsible for medical oversight of all HCQIP functions, including the evaluation of the design and the standards that represent current medical practice. The PCC must obtain input from the appropriate specialties to assure that any cooperative studies will be accepted by the medical community, and must travel to all corners of the state visiting with hospital medical staffs and administration to assure that they understand the purpose of each individual project and its desired outcome.

The PCC works closely with KePRO's Steering Committee—composed of physicians, hospital administrative staff personnel, nursing professionals, and consumer representatives—to receive information regarding the importance and relevance of particular studies to the various constituencies represented on the committee, and to assure that the study design appears adequate to achieve the desired outcome.

The PCC must also coordinate these activities with the KePRO management team to assure that policies and procedures are consistent with HCQIP goals, and HCFA directives and regulations. And, because of our interest in expanding our private sector business, the PCC must develop protocols that can be used in marketing HCQIP products to entities other than HCFA.

We have also worked with three part-time assistant clinical coordinators who share in some of the PCC's responsibilities. This number is expected to be expanded as we get further into the Cooperative Cardiovascular Project, a national study which will collect data on 100 percent of Medicare patients hospitalized during an eight-month period for acute myocardial infarction. ☐

Dr. Harrop, president of the Keystone Peer Review Organization (KePRO) offers KePRO news and views in this column each month.



Lewis T. Patterson, MD

“Lewis T. Patterson, MD...has all the qualities necessary for gaining the trust and cooperation of the medical community.”

—Donald E. Harrop, MD

Thoughts from (and for) Our New Secretary of Health

David Woods

The U.S. has the best health care system in the world, but it will deteriorate if altruism gives way to greed, if actuarial tables and budgets replace notions of caring, if research and development are stifled in favor of short-term exigency—and if the “bottom line” is allowed to rule everything.

So says Pennsylvania’s newly confirmed Secretary of Health Peter J. Jannetta, MD, who, until he took over the health agency and its more than 1,300 employees, had been chairman of the University of Pittsburgh’s neurological surgery department for almost 25 years.

Why, I asked him, would a successful academic physician with nothing to prove in a professional sense, gear up for such a challenge at an age—he’s 62—when most people are beginning to think about winding down?

Exactly. “I’ve exceeded my ambitions and talents by far,” he replied. “I’ve had more ego gratification than anyone needs. I felt the window was open to do something useful—to pay back.”

What does the new secretary feel would be useful in this commonwealth’s corner of a national health system that consumes 14 percent of the gross domestic product—or, roughly, one trillion dollars—while leaving Americans with health outcomes no better than, say, Britons or Danes, who spend less than half the percentage?

Well, mainly, he says, a different—a broader—perspective. “It’s more than just being a public health doc,” he says, meaning presumably making a giant leap from the traditional health department’s role in immunization and record keeping, and in the championing of safer sex and water. Dr. Jannetta says he’ll bring a proactive, creative, open-minded approach to the state of the state’s health...using modern managerial techniques and forward planning.

And what will Dr. Jannetta’s regime mean for the state’s 30,000 or so physicians? It will be a friendly relationship, he says; it will be built upon mutual respect. “I will listen to their concerns...and urge

them to act collectively, not just as individuals.” He believes the profession must do more than react to real or perceived problems; it must work proactively through its state and county medical societies and through its specialty organizations.

He invites dialogue with groups of physicians, and plans to set up regular meetings at which to help his confrères cope with the rapid and sometimes bewildering pace of change in medicine.

Closer to home, he plans to streamline the Harrisburg offices. He has, he says, already made some “excellent hires,” plans to hold weekly meetings with his senior people, to set goals, to think ahead. Above all, he says, he wants to get people involved in change.

So far as preventive medicine is concerned, Dr. Jannetta believes in the importance of working through parents and kids, and harnessing all forms of media to persuade the state’s citizens that health is a matter of personal responsibility, not just of medical intervention.

“We shouldn’t confuse change with progress,” says the health secretary, who seems all set to bring a well-honed scalpel to the task of bringing about the latter.

Before Dr. Jannetta starts to operate on the body politic, though, perhaps he would allow some suggestions from this member of a breed—editorialists—known never to be shy about proffering advice. Give thought, as the Brits and Canadians are now doing, to the serious limitations of government in influencing our health; foster a renewed professional pride, confidence, and optimism among your fellow physicians; give credence to the idea that health is largely a matter of individual responsibility and effort; accept that health care will always create the dilemma of infinite demand versus finite resources—and never allow yourself to be diverted, by precedence or politics, from your expressed intent to espouse excellence, dialogue, and the big picture.

After all, you have nothing to prove—or to lose. ○

Mr. Woods, former editor and publisher of the Canadian Medical Association Journal, is president of Healthcare Media International, Inc., Philadelphia, publisher of Medical Practice Communicator and International Digest of Healthcare Management.

Cult-Proofing Your Patients: A Guide to Diagnosis, Treatment, and Referral of Cult Victims and Survivors

Edward A. Lottick, MD

A 1992 survey of Pennsylvania physicians found that 20 percent of responding physicians reported personal or professional exposure to cult victims, and two percent reported experience in their own families. (PENNSYLVANIA MEDICINE, February 1993)

When I first conceived this writing project over a year ago, I was afraid that I would have to spend a lot of effort convincing everyone that cults are common and are cause for a great amount of concern. After all, in keeping with cult propaganda and arguments, Jonestown was perceived as extraordinary and basically unique; Waco was considered the result of government interference.

But in just the past year, we have read about the Solar Temple, Aum Supreme Truth, and now Oklahoma City. Can there be any doubt that major menace in this world results from one pathogenic organization or another? But only a few cults gain national media attention. We must seek understanding beyond the headlines. In addition to mass murder and mayhem, there are many individual tragedies resulting in death and debility that cumulatively are more numerous than the singular mass events.

That there is much morbidity and mortality in this pathogenic area should surprise no one. Depending on how we define a cult, there are anywhere from 3,000 to 5,000 cults in the United States alone, accounting for perhaps hundreds of thousands of current "subjects" and millions of former subjects. This trend portends a major public health problem whose dimensions have yet to be fully discerned.

The purpose of this guide is to enlist your help in alerting your patients, as well as your family, friends, and associates, to this alarming trend, and to help you recognize cases of cult involvement.

Cults and physicians

Although cults are certainly everyone's problem, we physicians are uniquely positioned to help those endangered and impaired by destructive groups that are harmful to health and well-being. We can be an effective resource for both ensnared victims and their usually horrified and frequently paralyzed family and friends. Effective and early response is of great help. The more deeply a victim becomes involved, the more difficult is his or her recovery.

Like most professionals, physicians receive very little instruction about harmful people or groups during college, medical school, or residency. Our lack of exposure also may leave some of us susceptible to the propaganda and manipulations of such groups. Very few physicians have systematically studied cults, and those who have are astounded at the extent of cults' use of deception and its surprising effectiveness.

The brochure accompanying this article was developed to introduce physicians to the subject, to help the unexposed to see through some of the deception, and to provide some suggestions about how to respond effectively.

Why get involved?

Physicians are used to being in the trenches, and are skilled at front-line diagnosis and management of complex injuries. What group besides physicians would therefore be more apt to interface with victims, and be more appropriate and able in recovery efforts? If we don't get involved, who else will? Recovery efforts become more and more essential—and medical interventions more and more expensive—if we fail to develop and implement better methods of prevention and education.

Diagnosis

Destructive cult involvement requires sophisticated diagnosis techniques, because

Dr. Lottick, a family physician for 25 years, is past president of the Luzerne County Medical Society (LCMS), editor of the LCMS Bulletin, and State Society 12th District trustee. In 1993, he received the John G. Clark, MD, award for distinguished scholarship in cultic studies, and is active in cult education and research.

the nature of a particular group may not be readily apparent. This area is complicated by the fact that many cults use highly effective deception, especially while recruiting, so that a prospect is quickly ensnared and totally unaware of the nature of his or her new group of friends. By the time the new subject develops some knowledge of the group, he or she may already have burned bridges—contact with friends, family, and physician, and/or be deep in denial.

Vulnerable targets for the pied pipers of the cult world include anyone in a period of transition from one situation to another, such as graduation from high school or college, loss of or change in a job, retirement, a recent move, divorce, or death of close family or friends. Anyone with assets or access to money is of special interest to many cults. Some cults even instruct their “clergy” to study the obituaries so that they can target the affluently bereaved.

Signs of cult involvement

Radical personality and behavioral changes are often observed. For example, the sloppy may become neat, or the neat may become sloppy; the promiscuous may become celibate or the celibate become promiscuous; an intense person may become fanatic, or vagueness and indifference may supervene.

The “recruit” may begin speaking an obscure language whose meaning is known only to the initiate. He or she may develop a puzzling emotional distance from the formerly near and dear. There may be unexplained absences or even abrupt departure from home. Disorganization and absence of any ability to plan or concentrate may suggest depression. Pressure of speech and action and/or signs of anxiety may develop.

Cult recruits are frequently hyper-vigilant, may manifest dilated pupils, tachycardia, and moist palms, and always seem to be in a hurry. The recruit may seem spaced-out or may flip-flop between his or her old personality and the newly imposed “cult personality.” The recruit may frequently lose a train of thought or enter into periods of distraction or dissociation. Associations may seem loose.

Psychosomatic complaints may appear. A recruit may seem lacking in relevance with bizarre associations suggesting schizophrenia. Odd and meaningless language may replace formerly organized speech. Cult involvement may precipitate,

aggravate, or imitate florid psychoses. Severe depression to the point of psychoses may occur in the cult setting. Despite these startling changes, cult victims frequently deny that anything is wrong.

Cults may discipline, punish, and sequester afflicted members, even those with florid psychosis. Medical neglect is also very common. Debilitating illness or cancer may be far advanced when the patient is abandoned on the doorstep of a hospital.

Because of the cult’s assault on the victim’s ego defenses, the cult’s removal of the victim’s support systems, the cult’s inculcation of guilt, a sense of betrayal by family, and feelings of profound hopelessness, suicide is common.

How physicians can help

Physicians can play a crucial role in the course of medical practice or community exposure just by being alert. If a patient says: “I can’t understand what has happened to my son (or daughter, brother, sister, mother, father, grandparent, or friend) since they became involved with that group,” become especially alert and obtain further information.

Alternatively, a patient may present to your office with signs of trauma, abuse, neglect, or psychiatric symptoms such as anxiety or depression, or manifest psychosomatic complaints or odd symptom clusters. A cult connection might not be readily apparent. Ask such a patient: “Are you or have you ever been involved in a group that demands or has demanded a great deal of your time, controls or has controlled many aspects of your life, and discourages or has discouraged any form of dissent?”

Unless you ask questions of the victim or former victim and his or her family, many cult cases will not come to light. If the patient, family, friend, or associate is not sure of a cult connection, a copy of the enclosed brochure might be used to clarify the nature of an unknown organization. Case-finding questions should be asked of attempted suicides and of the families, friends, and associates of completed suicides. Your attention is especially directed to the cult morbidity and mortality registry listed in the accompanying insert.

Once aware of a cult connection, some information and support can be of major benefit and might circumvent years of debility for the victim, and monumental anguish for the victim’s family and friends. ☉

Choosing Your Path to MEDLINE®

Fred D. Baldwin

Competing vendors package the seven million article citations in MEDLINE® in many different ways. When the information inside is the same, how can you tell solid value from just another pretty interface? This article, one in a series on medical information technology, discusses points to consider before making a commitment.

MEDLINE



A popular computer magazine recently touted a new online medical information system as not only better than MEDLINE; it described MEDLINE itself as a "failure." That was like saying that sales of the Toyota Camry are good because the concept of a family car never caught on. Apparently the writer didn't realize that the system he admired was simply one version of MEDLINE or, more precisely, one of many ways to extract information from the world's largest medical database.

MEDLINE, of course, is the most comprehensive database in a collection of about 40 databases (known collectively as MEDLARS®) maintained by the National Library of Medicine (NLM), which is part of the National Institutes of Health, Bethesda, Maryland. MEDLINE currently contains about seven million bibliographic entries and is growing at a rate of nearly 400,000 new citations every year. Many physicians consider it to be their best hope for keeping up with rapidly changing medical knowledge.

An easy and inexpensive way to tap into MEDLINE is a piece of software called Grateful Med®, available directly from the NLM and described earlier in this series ("Rocking Along with Grateful Med," December, 1994). But many users prefer reaching MEDLINE by other routes.

So what are your choices? The NLM has licensed MEDLINE to more than 70 organizations worldwide. The licensees include commercial vendors, nonprofit organizations, and foreign governments. Each is free to design its own packaging for the

huge database. This packaging—often called a "shell" or "front-end software"—typically involves more than just another pretty interface. It establishes the rules that you must follow in searching the database. In practice, of course, you won't be faced with 70-plus choices; you're more likely to hear about a half-dozen or so packages designed mainly for physicians.

In any case, your first decision involves two totally different approaches: online access vs. CD-ROM. Among the online options, two of the best known (besides Grateful Med) are PaperChase and Physicians Online®. Popular CD-ROM versions include Ovid®, Silver Platter®, and a few others. A vendor, a librarian, or a colleague may urge you to choose any of these. (Hopefully, you won't be told that one of them is "better than MEDLINE.")

Rather than attempting to review specific packages, let's consider the two basic options. Online access has several advantages. Your initial costs are low. Where hardware is concerned, you need only a computer and a modem (the device that permits your computer to communicate over the phone lines with other computers). Modems cost less than \$100 and can be added without difficulty to older computers. Specialized search software may be free or cost as little as Grateful Med's modest \$30 price tag.

What's it cost?

Once you're set up, you pay only for the searches you do, and a typical literature search will cost only a couple of dollars or, under some circumstances, nothing. (Physicians Online charges nothing, but displays ads for prescription drugs on your screen.) You can do hundreds of searches for the price of MEDLINE on CD-ROM.

There are other advantages to online searching besides price. For one thing, you have access to the very most recent literature, usually within a few weeks of its first appearance in print. For another, you can connect to other databases as easily as MEDLINE, and this can make searches

Mr. Baldwin is a Carlisle-based freelance writer and co-author of Infomedicine: A Consumer's Guide to the Latest Medical Research, to be published by Little, Brown & Co. in 1996.

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more efficient. For example, NLM has created similarly specialized MEDLARS databases for AIDS, cancer, toxicology, and numerous other subjects.

Finally, many commercial vendors subscribe to databases not developed by NLM. Even if you seldom consult them, their easy availability is a modest plus for the on-line option.

On the other hand, you shouldn't rule out CD-ROM, particularly for a group practice. The initial costs are steeper, but the costs of use are effectively zero.

On the hardware side, you'll of course need a computer equipped with one or more CD-ROM drives. Such drives are almost standard equipment on new machines these days and, like a modem, one drive adds as little as \$100 to your total equipment bill. Unfortunately, for handling databases as large as MEDLINE efficiently, you may need three or more such interconnected drives unless you can accept the frustration of changing CD-ROM disks often. You can add CD-ROM to many older computers, but not to all of them. And upgrading an old machine may require other add-ons that will increase your initial expense.

Your main cost, however, will be for the database itself. If you buy all of MEDLINE, you could easily end up spending more for a short stack of shiny CD-ROM disks than you paid for your computer—something on the order of \$3,000, plus the costs of periodic updates. But you don't have to buy all of MEDLINE. Some vendors offer subsets of the database for far less money than the collection of seven million citations costs. You might, for example, get the most recent five years of references on cardiology for around \$500 per year, including quarterly updates.

Divided among several members of a practice, these costs may look cheaper

than online searches, and there's an added benefit to flat-rate pricing. Because the meter isn't running, you and your colleagues' use of MEDLINE is likely to increase even as your time spent per search decreases. Once you've bought a database and its shell on CD-ROM, you can play around with it as much as you like without worrying about online connect charges, and you won't have to wait for connections at peak usage hours. If you have patients willing and able to read technical literature on their own, you can provide them with a printout of promising citations and abstracts, potentially within seconds.

Actually, online services and CD-ROMs aren't mutually exclusive choices for reaching MEDLINE. Going for both may be reasonable, especially for a group practice.

Recall that the hardware costs are fairly low for both modems and CD-ROM, especially when you're buying a new computer. In fact, you'd certainly want any new machine to have both a CD-ROM drive and a high-speed fax-modem, just because the online world and the new libraries of multimedia both have so much to offer, quite apart from MEDLINE access.

If there are medical or other specialties within MEDLINE that you're sure you and your colleagues will search often, you might find out if a CD-ROM vendor provides that kind of special product. Conversely, you'd go online—using Grateful Med, PaperChase, or something else—to search those parts of MEDLINE or other databases that you consult less frequently. You'd also go online on those occasions when you felt it crucial to be sure you were locating the absolutely most recent literature—for example, recently issued reports on clinical trials of a new drug.

This approach parallels how you probably meet your automotive needs: using your own car in the area where you live and work, but renting one after you've flown to a far-away conference.

You'll have more to consider once you've decided on a basic strategy. Software and services differ in important aspects: price, ease of use, how searches can be customized, links to document-ordering services, ability to create print files, and more. Some of these features merit future articles, but it's hard to go too far wrong. The federal government's investment in creating MEDLINE and its cousins has made access to the latest medical information a bargain, and private competition in designing ways to find that it has made access easier. ○

Penn's OncoLink Recognized for Traveling Superhighway

OncoLink, created at the University of Pennsylvania Cancer Center, Philadelphia, and featured in the April issue of *PENNSYLVANIA MEDICINE*, was selected as a finalist for the first National Information Infrastructure Awards, which recognize outstanding achievement using the information superhighway. Penn's program was chosen from more than 500 entries, including those from the Smithsonian Institute and Centers for Disease Control and Prevention.

A cancer information resource available on the Internet, OncoLink was created in March 1994 and includes thousands of documents ranging from medical journal articles to personal accounts and advice from cancer patients and their family members. The information is edited by Joel W. Goldwein, MD; Ivor Benjamin, MD; and Loren Buhle, PhD, all of whom are cancer center staff at Penn.

Know How Best to Protect Patient Confidentiality...

and If and When to Violate It

Trust between physician and patient is a critical element in effective medical care. Gaining vital patient information is key to determining an accurate diagnosis and the best possible treatment regimen.

This sounds simple enough. However, practicing medicine in today's society poses a myriad of legal and ethical considerations regarding patient confidentiality. With the need to maintain records practically indefinitely, in the event of future lawsuits, and with the advent of computerized medical record-keeping, safeguarding confidential information has become much more difficult.

As a physician, understanding the scope of your duty to protect patient confidentiality has become essential to keeping your practice out of trouble.

Use the highest level of care

Be able to show that you use the highest level of care to avoid releasing sensitive information. Limit access to your records to only staff who actually need it. Have a clear written policy regarding confidentiality. Dismiss any staff member who, even inadvertently, reveals confidential information.

Pennsylvania law mandates that physicians retain patient records for a minimum of seven years. Smart practitioners keep records forever.

Consider patient confidentiality in deciding how to store your records. If you are dealing with an outside company, be sure to check references, consult with appropriate regulatory agencies, contact the Pennsylvania Medical Society, and talk with your health care attorney before signing any contract for services.

Make sure your records are kept under physical or electronic lock and key. If you use a self-storage facility, be aware that Pennsylvania law allows the owner to seize the contents of a self storage unit if you are late with the rent. With 30 days' notice,

the owner may dispose of the contents in any manner he or she sees fit. Make sure the owner understands your special needs and agrees to talk to you personally before making any rash moves with your records. Protect yourself against an innocent error by your clerical staff or a check lost in the mail.

Chances are good that your practice has a computer or will have one shortly. Most practice computers are internal; there is little chance, for example, that someone in your office could inadvertently file a patient's record on an Internet bulletin board. However, if you work in a multi-site practice, be aware that telephone lines can be tapped for computer data. Be sure your records are password protected, and backup all records on disk.

Should you reveal information?

Despite all your special care, there may be cases in which you believe you must reveal confidential information. You may also be held liable for damages that result from your not revealing confidential information.

Consider a hypothetical situation: Appropriate diagnostic tests confirm your suspicion that a married patient seeking treatment has AIDS. Should you tell the spouse? Your duty to maintain confidentiality conflicts with your duty to notify a likely victim. In this scenario, the spouse is an identifiable potential victim; it is more than reasonable to foresee that the spouse could contract the disease by virtue of the marital relationship. If the spouse later tests positive for AIDS and can show that your not disclosing the information caused him or her to get the disease, you could be liable, if sued.

The result might be the same if the potential victim is the public at large. In most states, there are statutory requirements to report certain types of communicable diseases, suspected child abuse, and injuries—gun-shot wounds, knife wounds, etc.—that are

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likely to have occurred during the commission of a crime. The commonwealth deems the safety of the community to override the patient's right to confidentiality.

Pennsylvania requires physicians to notify the Department of Health of all cases of AIDS, sexually transmitted diseases, hepatitis, rabies, food poisoning, animal bites, lead poisoning, and a whole host of other conditions. For a complete list, contact the department.

Protect yourself

Follow these steps to protect yourself in these and similar situations:

- When you suspect a disease that might pose a threat to others, seek the patient's consent to disclose the information to third parties who might be at risk.
- If a patient whom you suspect poses a health threat to others refuses to give consent to reveal critical information to at-risk third parties, advise the patient that you may be required by law or by the local code of medical ethics to reveal the information in the event that the diagnosis is confirmed.
- Make this advisory about the limits of confidentiality a part of the counseling you perform prior to running any diagnostic tests.
- Be sure to follow all statutory reporting requirements of the state.
- When you notify the appropriate authorities, inquire about notification to other potential victims.
- Document everything. Keep detailed records of what you did and said, and the applicable dates.
- Consult your health care attorney before revealing confidential information to third parties other than the required governmental authorities.

The contributing author, Janice G. Cunningham, JD, is a consultant and attorney with The Health Care Group and Health Care Law Associates, based in Plymouth Meeting.

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Treatment of Congestive Heart Failure: What's New?

Allen F. Shaughnessy, PharmD

New guidelines in treating congestive heart failure promote early detection.

An estimated two million Americans have congestive heart failure (CHF), and 400,000 new cases are diagnosed each year. About half of those afflicted will be hospitalized during the course of the year, and about one in 10 will die each year from the disease.

Not all of the news, however, is so bleak. We now have treatments that, especially with early detection, can decrease mortality, slow the onset of symptoms, and decrease hospitalizations.¹⁻⁴

A recent expert panel looked at all of the information available on the treatment of congestive heart failure and developed a set of guidelines.⁵ For each of the 44 recommendations they made, they assigned a "score" to the evidence supporting the recommendation.

The best evidence came from well-conducted, randomized, controlled trials or cohort studies. Out of all of the recommendations, which ranged from sodium restriction to heart transplantation, only five were supported by this best level of evidence. These guidelines are discussed in this article.

Recommendation I

Treat heart failure before symptoms occur. The concept underlying this recommendation is that heart failure occurs before onset of "congestive" signs and symptoms. Early identification and treatment of heart failure, by evaluating ejection fraction (EF) in patients who have experienced a myocardial infarction, can decrease the development of symptoms of heart failure and decrease the risk of mortality.

Angiotensin-converting enzyme (ACE) inhibitors are the only medical treatment shown to slow the decline in heart function that occurs with the development of heart failure. All patients with an EF of less than 35-40 percent should be placed

on one of these agents unless specific contraindications exist (see Recommendation II).

Recommendation II

All patients with heart failure should be given an ACE inhibitor. Due to their effect on mortality, ACE inhibitors should be the keystone of heart failure therapy. In patients with mild symptoms, such as fatigue or mild dyspnea, an ACE inhibitor can be used alone. A diuretic then can be added if the patient exhibits symptoms of volume overload.

Most patients, even those with low blood pressure or diminished renal function, can be started on an ACE inhibitor. Unless the patient has orthostatic hypotension, an ACE inhibitor can be used with a systolic blood pressure as low as 90 mmHg. Renal function is usually not affected unless the patient is volume depleted, and patients can be continued on an ACE inhibitor unless their serum creatinine increases by more than 0.5 mg/dL.

There are three contraindications to ACE inhibitor therapy. Patients who have had a previous adverse reaction, especially angioedema, should not be tried on any of the agents. Patients with a persistent serum potassium greater than 5.5 mEq/L, or with a systolic blood pressure less than 90 mmHg, also should not receive an ACE inhibitor.

Recommendation III

Digoxin may help with symptoms in some patients. Though used for 200 years, digoxin has not been shown to affect mortality due to heart failure. It has been shown to provide additional symptomatic control in patients with moderate to severe failure.^{6,7} Digoxin is not helpful, and perhaps may be harmful, in patients with diastolic dysfunction (EF greater than 45 percent in patients with CHF symptoms).

The typical dose of digoxin is 0.25 mg per day. The therapeutic range for digoxin serum levels has been lowered to 0.7-

Dr. Shaughnessy is director of research and pharmacology education, Harrisburg Hospital Family Practice Residency.

1.5 ng/mL. Digoxin interacts with many drugs; however, the interactions of greatest concern are with quinidine, verapamil, and amiodarone. If any of these drugs are added to a patient who is taking digoxin, the dose of digoxin should be decreased 50 percent.

Recommendation IV

Use nitrates and aspirin in patients with angina. The concept underlying this recommendation is that other agents that are useful in treating angina can adversely affect the patient with heart failure. B-blockers and calcium channel blockers, for the most part, decrease cardiac output and can worsen symptoms. Some patients will improve with B-blockers, but we don't know whom, yet.

ACE inhibitors are not effective in the treatment of angina, and a patient with chest pain should receive a nitrate for symptom control. To decrease the likelihood of infarction or reinfarction, all patients also should receive low-dose aspirin therapy.

Recommendation V

Don't routinely screen for arrhythmias. Arrhythmias and heart failure present a clinical quandry. Ventricular arrhythmias are common in patients with heart failure, and sudden cardiac death occurs in 50 percent of patients. In addition, the presence of ventricular ectopic activity or non-sustained ventricular tachycardia worsens the prognosis of CHF.

However, no treatment is available to decrease mortality in patients with asymptomatic arrhythmias. The cardiac arrhythmia suppression trial (CAST) found increased mortality in patients with CHF and six or more ventricular premature depolarizations per hour who were treated with antiarrhythmic agent.⁸

Screening for arrhythmias is not routinely warranted, since we do not have effective treatment for arrhythmias that are identified. There is early support for the use of amiodarone (Cordarone) in patients who have had a myocardial infarction and who have an EF less than 45 percent.⁹ Further study is needed before this therapy is recommended.

Conclusion

Although we have several options available for the treatment of heart failure, many of the frequently used and probably effective therapies have never been formally studied. The best information we have tells us that ACE inhibitors should be used in just about everyone with a diminished EF or signs and symptoms of heart

failure. Future study will further define the roles of digoxin and antiarrhythmics.

Other questions regarding heart failure remain: What is the best way to initiate and titrate drug therapy? Do diuretics improve or worsen mortality risk? Which diuretic is best for heart failure? What is the value of anticoagulation? Who will benefit from B-blockers? These questions may be answered in the future and will lead to an updating of these guidelines.

The guidelines used to prepare this article (see reference 5) are available by calling the AHCPR Publications Clearinghouse at (800) 358-9295 and asking for Clinical Practice Guideline No. 11 (Publication No. 94-0612).

Resources available at Center

The Center for Professional Drug Education and Information offers the following brochures free of charge to Pennsylvania physicians:

For the physician: *Quick Reference Guide: Management of Patients With Left Ventricular Systolic Dysfunction.*

For the Patient: *Living With Heart Disease. Is it Heart Failure?*

To obtain the above information, please contact the Center at (800) 228-7823. ☐

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Q&A: Drug Utilization

The State Society's Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug interactions, side effects, and other drug-utilization issues. In an effort to share this information, the Center selects a question of general interest to appear in this column each month. The response, prepared by the Center's clinical pharmacist, is based on an abstract of the latest scientific literature that has been developed with input and knowledge of experienced clinicians. If you have a question that you think would be of general interest, please contact the Center at (800) 228-7823.

Q: I have a patient who is not responding to a sulfonylurea agent. Can Metformin be used as an alternative or as an adjunct? How is it dosed, and what is the maximum dose? Is lactic acidosis a concern? What signs and symptoms are apparent in lactic acidosis?

A: Metformin (Glucophage R) is a new agent that has a different mechanism of action than the older hypoglycemic agents. It may be used alone or in combination with a sulfonylurea agent such as glyburide or glipizide. When used in combination, it will decrease blood sugar an additional 50 mg/dL.

Glucophage R is available as 500-mg and 850-mg tablets. A typical starting dose is one 500-mg tablet twice a day, given with the morning and evening meals. The minimum effective dose is 1,500 mg/day. Gradual dosage increases can be made in increments of 500 mg every other week, given in divided doses, up to a maximum of 2,500 mg/day. Initial and maintenance dosing should be conservative in elderly patients, due to the potential for decreased renal function.

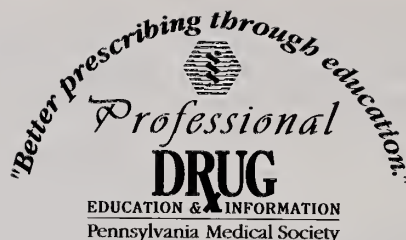
"Starting low and going slow" in terms of dosing may help reduce gastrointestinal side effects. The most commonly seen side effects—diarrhea, nausea, vomiting, abdominal bloating, flatulence, and anorexia—appear to occur in approximately 25-30 percent of patients, particularly during initiation of therapy.

Lactic acidosis is a rare but dangerous complication of metformin therapy. The risk of lactic acidosis increases with degree of renal dysfunction and the patient's age. The risk of lactic acidosis may, therefore, be significantly

decreased by regular monitoring of renal function in patients taking metformin and avoiding use in patients with a serum creatinine greater than 1.5 mg/dL in males and greater than 1.4 mg/dL in females.

Lactic acidosis is also more likely to occur in patients with liver disease and following acute or chronic alcohol use.

Patients should be advised to notify their physicians if unexplained hyperventilation, myalgia, malaise, unusual somnolence, or other nonspecific symptoms occur. Once a patient is stabilized on metformin, GI symptoms, which are common during initiation of therapy, are unlikely to be drug related.



Your Comments Are Welcomed

The Society's Center for Professional Drug Education and Information welcomes your questions and comments about issues relating to prescribing, drug interactions, or specific pharmaceuticals. Use this form to fax your questions and/or comments.

QUESTIONS/COMMENTS

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Fax to Barbara Layne at (717) 558-7848.

Or mail to the Center at P.O. Box 8820, Harrisburg, PA 17105-8820.

Carl E. Brant, MD, Greensburg
University of Pittsburgh School of Medicine, 1934; age 85, died May 1, 1995. Dr. Brant was an ophthalmologist. •

John W. Bryfogle, MD, Philadelphia
University of Pennsylvania School of Medicine, 1948; age 70, died May 19, 1995. Dr. Bryfogle was an internist. •

Victor Dolfman, MD, Philadelphia
University of Maryland School of Medicine, 1938; age 84, died May 8, 1995. Dr. Dolfman specialized in occupational medicine. •

Joseph Finegold, MD, Pittsburgh
University of Maryland School of Medicine, 1934; age 86, died April 20, 1995. Dr. Finegold was a general surgeon. •

Richard P. Fitzgerald, MD, Harrisburg
Georgetown University School of Medicine, 1944; age 78, died May 1995. Dr. Fitzgerald was an internist. •

Louis T. Gabriel, MD, Frackville
Jefferson Medical College of Thomas Jefferson University, 1940; age 79, died May 7, 1995. Dr. Gabriel was a general practitioner. •

Robert E. Krause, MD, Clarks Summit
New York University School of Medicine, 1947; age 71, died April 29, 1995. Dr. Krause specialized in addiction medicine. •

Arthur Lindenfeld, MD, Allentown
Hahnemann University School of Medicine, 1930; age 90, died April 25, 1995. Dr. Lindenfeld was a psychiatrist. •

John D. McCafferty, MD, Philadelphia
Jefferson Medical College of Thomas Jefferson University, 1943; age 77, died May 8, 1995. Dr. McCafferty was a general surgeon. •

Gary A. Melada, MD, Pittsburgh
University of Pittsburgh School of Medicine, 1969; age 51, died March 16, 1995. Dr. Melada was an endocrinologist. •

George Tegzes Jr., MD, Vero Beach, FL
University of Louisville School of Medicine, Kentucky, 1950; age 76, died April 13, 1995. Dr. Tegzes was an anesthesiologist. •

Charles P. Snyder, MD, Cornwall
Jefferson Medical College of Thomas Jefferson University, 1935; age 84, died April 13, 1995. Dr. Snyder was a general practitioner. •

Joseph J. Szal, MD, Philadelphia
Hahnemann University School of Medicine, 1947; age 71, died May 10, 1995. Dr. Szal was an obstetrician/gynecologist. •

Carl G. Eck, MD, Sunbury
Royal College of Medicine, Stockholm, Sweden, 1976; age 43, died April 7, 1995. Dr. Eck specialized in general preventive medicine. •

Frank E. Heyl Jr., MD, Pittsburgh
Hahnemann University School of Medicine, 1945; age 73, died April 15, 1995. Dr. Heyl was a family practitioner. •

William I. Geitgey, MD, Hollidaysburg
Georgetown University School of Medicine, 1978; age 43, died April 23, 1995. Dr. Geitgey was an internist. •

Israel Glick, MD, Pittsburgh
University of Pittsburgh School of Medicine, 1943; age 80, died April 20, 1995. Dr. Glick was a psychiatrist. •

Robert L. Kirkpatrick, MD, Meadville
Temple University School of Medicine, 1952; age 68, died April 16, 1995. Dr. Kirkpatrick was a general surgeon. •

Neil I. Silverman, MD, Ridley Park
University of Basle, Switzerland, 1960; age 61, died May 8, 1995. Dr. Silverman was an obstetrician/gynecologist. •

Dean R. Shannon, MD, Butler
Temple University School of Medicine, 1934; age 86, died April 1, 1995. Dr. Shannon was an obstetrician/gynecologist. •

Edward H. Stullken Jr., MD, Sewickley
University of Illinois College of Medicine, 1972; age 47, died May 11, 1995. Dr. Stullken was a neurosurgeon. •

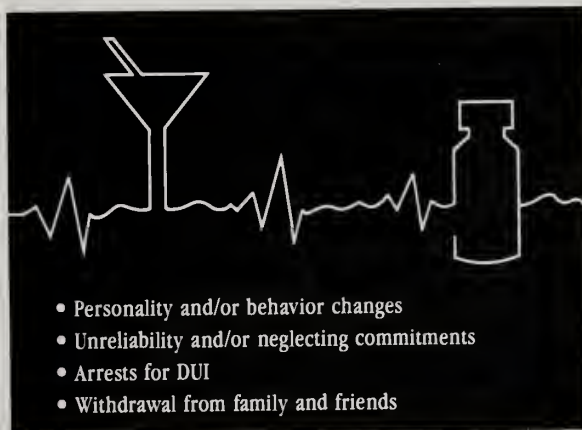
Susan J. Syrek, MD, Malvern
Jefferson Medical College of Thomas Jefferson University, 1968; age 53, died April 12, 1995. Dr. Syrek specialized in emergency medicine. •

• Denotes membership in the Pennsylvania Medical Society at the time of death.

The Educational and Scientific Trust of the Pennsylvania Medical Society provides you with a way to make a significant statement honoring the memory of and paying tribute to your colleagues who are deceased.

Send your tax-deductible memorial gift to The Educational and Scientific Trust of the Pennsylvania Medical Society, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

Look For Vital Signs



- Personality and/or behavior changes
- Unreliability and/or neglecting commitments
- Arrests for DUI
- Withdrawal from family and friends



Physicians'
HEALTH PROGRAMS

These are some of the signs an impaired physician may exhibit. If you are concerned about a colleague, we can help. Call the **Physicians' Health Programs** at (717) 558-7750 from 8 a.m. to 4 p.m. Monday through Friday. Call our message line anytime at (717) 558-7817.

A service of The Educational and Scientific Trust.

Graduation '95

National Speakers Offer Insights to Medical Grads

Each spring, a host of national leaders and celebrities are invited to speak at graduation ceremonies at Pennsylvania's eight medical schools. Among those offering advice and insight to this year's graduates were: Christine Cassel, MD, the first woman president of the American College of Physicians; Former Surgeon General M. Joycelyn Elders, MD; and National Public Radio's Cokie Roberts.

Dr. Cassel delivered the keynote at the 143rd commencement ceremonies of the **Medical College of Pennsylvania (MCP)**, held Saturday, May 13, at the Academy of Music, Philadelphia.

"Women's health is a model for medicine," Dr. Cassel said in her address, "because it is a consumer-driven movement. As women became more knowledgeable about the health of their bodies and minds, they demanded more understanding and time from physicians. In response to this, physicians have had to change their approach from disease-centered care, focusing only on the illness and the organ system, to patient-centered care, focusing on the entire patient, including family history and socioeconomic factors."

Dr. Cassel concluded, "The result has been more compassion and humanness, qualities that would enhance all areas of medicine from clinical research to geriatrics." Dr. Cassel and Dr. Judith Rodin, president of the University of Pennsylvania, received honorary degrees at the ceremonies.

The 143rd class of MCP, with 136 graduating members, is the largest in the history of the college, which opened its doors in 1850 as the first medical school in the country for women. The Class of 1995 is comprised of 76 women and 60 men.

Dr. Elders, who was the first African American and second woman to hold the post of surgeon general, spoke at **Hahnemann University**

School of Medicine commencement ceremonies, held Friday, June 2, also at the Academy of Music. In her speech, entitled "Medicine in the 21st Century," she offered her perspective on the future of health care and medical education.

Also at the ceremonies, Dr. Elders received an honorary doctor of medical science degree. Hahnemann's School of Medicine conferred medical degrees on 159 students (99 men and 60 women).

"Physicians have had to change their approach from disease-centered care...to patient-centered care...The result has been more compassion and humanness."

—Christine Cassel, MD, President American College of Physicians

Cokie Roberts, NPR news analyst and ABC News correspondent, spoke at the graduation of **Jefferson Medical College of Thomas Jefferson University**, held Friday, June 9, in Philadelphia. Two hundred nine students were awarded MDs at the ceremonies.

Along with Roberts, also receiving honorary doctor of science degrees were: Charles Merieux, MD, vaccine developer and producer from France; Dabhanom Muangman, MD, DPH, public health educator from Thailand; and Fritz G. F. Melchers, PhD, an immunologist from Switzerland.

This year also marks the 125th anniversary of the Alumni Association of the medical college. Since its founding in 1870, Jefferson has awarded 26,751 medical degrees. Of its living alumni, nearly 1,000 currently practice in Philadelphia,

and over 4,200 are in practice throughout the commonwealth.

Primary care was the focus of the commencement speech at **Philadelphia College of Osteopathic Medicine (PCOM)** ceremonies on Sunday, June 4, in Philadelphia. "The cornerstone of good medical care is good primary care," said Leonard Finkelstein, DO, president and chief executive officer of the college.

"What's more," he added, "it's been estimated that if 50 percent of graduating medical students were prepared to enter practice in primary care, the health care system could save as much as \$5 billion by the year 2000." Sixty-four percent of PCOM's 216 recent graduates plan to enter some type of primary care practice, according to a class survey.

Other Pennsylvania medical school ceremonies included:

- Howard Torman, MD, health and medical correspondent for "CBS This Morning," delivered the address at the 25th commencement exercises of **Penn State's College of Medicine**, May 21, at Founder's Hall, Milton Hershey School, Hershey. Dr. Torman, a 1973 graduate of the medical school, congratulated this year's 100 graduates.

- Author Steve Bergman spoke at the **University of Pittsburgh School of Medicine's** graduation, May 22, at the Carnegie Music Hall. Bergman, a member of the Department of Psychology at Harvard Medical School, is best known for his book, *The House of God*, written under the pen name, Samuel Shem. Also speaking before the 130 graduates were Pitt professors Henry Bahnson, MD, and Marc Mendlesohn, MD.

- Latonia Maria Ward, MD, president of the **Temple University School of Medicine Class of 1995**, addressed her classmates at the medical school's 91st annual commencement on May 18, in Philadelphia. Receiving MDs were 174 students. The day prior to graduation, 37 Temple students and teachers were honored for excellence in their studies, community, or teaching.

- The **University of Pennsylvania School of Medicine**, Philadelphia, honored 145 students at its commencement ceremonies, May 22, at the school's Irvine Auditorium.

Continued on page 34

Dream Come True Is Result of Hardship, Risk

In 1981, parents of typical 14-year-olds in the U.S. wrestled with the typical challenges: setting curfew times, how much TV to allow their children to watch, homework rules, carpooling and chauffeuring to after-school activities, sports, allowances, and so on. Half a world away, in Vietnam, the Nyugen family faced a question of considerably greater gravity: whether to send their oldest son, 14-year-old Phuong, on a journey fraught with uncertainty and great peril...to America via refugee boat.

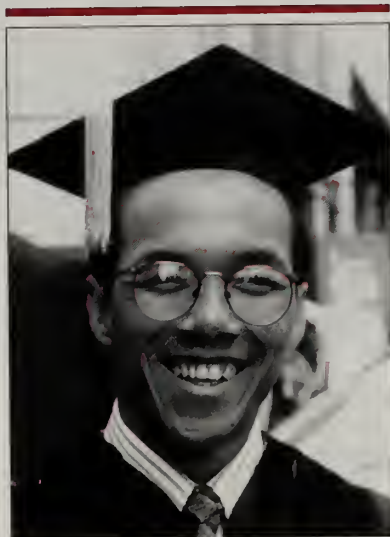
Raised in a small, poor village outside Saigon (now Ho Chi Minh City), Phuong always knew he wanted to be a doctor. He excelled in his studies; however, he had to leave school in the sixth grade to go to work to help with family finances.

About this time, his family began to prepare—financially and emotionally—for Phuong's passage to freedom. To earn money for his journey, the family ferried hopeful émigrés at night in rowboats to larger fishing boats in Saigon Harbor. The fishing boats' ultimate destination: refugee camps and the gateway to freedom.

One night, it was Phuong's turn to leave and not look back. His journey was not without incident. After traveling for four days, the boat was hijacked at sea. All the money and valuables were stolen. "It amazed me how much people brought with them. All I had were my clothes," Phuong says.

A few days later, they arrived at a refugee camp in Bidong, an island in the Malaysian archipelago. They were lucky. More than 75 percent of refugees never make it; they are either captured or perish at sea.

After a few months in Bidong, Phuong was transferred to a camp in Bataan in the Philippines where he learned the mechanics of modern life, such as how to use electrical appliances and gas cooking. He was also miraculously reunited with his brother, who had made the journey two months prior. Both boys knew America was their ultimate destination, but the "waiting list" to get in was quite long. After a year, however, Catholic Charities was able to locate a foster home for them in Sussex County, New Jersey.



"When you're backed into a corner, you can either retreat and be comfortable, or you can put your back to the wall, take your chances, and fight for freedom and your dream."

—Phuong Wirth, DO
1995 PCOM graduate

Phuong entered seventh grade upon his arrival. He spoke no English, yet by the end of the school year, his level of comprehension was so advanced that he was able to skip the eighth grade. Matters at home were a bit more complicated—difficulties with his foster family prompted Phuong and his brother to seek another living situation. Catholic Charities found another family—this one headed by a bachelor with other foster children. The arrangement worked: "Wallace Wirth really helped us stay together, stay focused, and taught us so much," Phuong says.

Phuong found his first year of high school trying—not terribly so academically, but socially. Nevertheless, he made it through freshman year, kept focused on his dream of becoming a doctor, participated in sports, and graduated with honors. After completing a rigorous pre-med program at the University of Scranton, Phuong matriculated at Philadelphia College of Osteopathic Medicine in the fall of 1991.

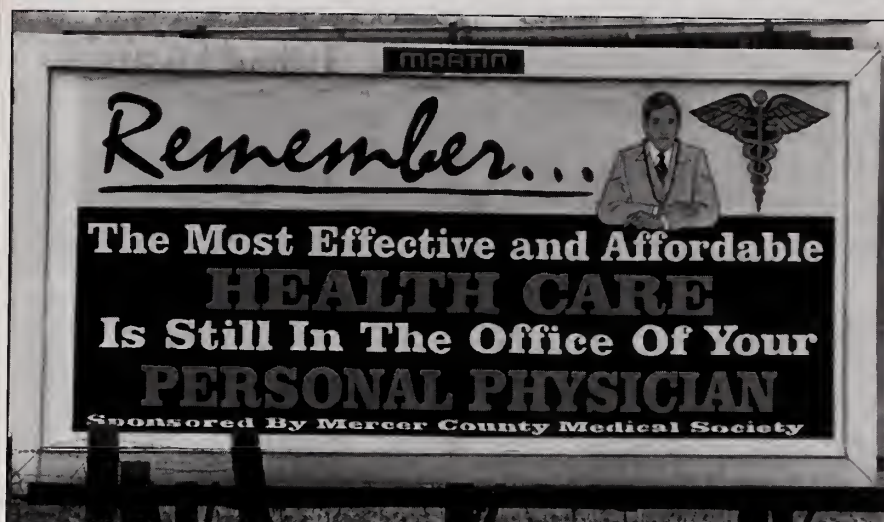
Phuong always knew he wanted to go into family practice. What's more, he's a firm believer in the principal tenets of osteopathic medicine. "Preventive medicine is the key to lifelong good health. And I believe in treating the person and the lifestyle, not merely the disease and the symptom. If you don't have your health," he asks, "what do you have?"

Phuong plans to concentrate on internal medicine and would like to practice in a rural area, "maybe in a less affluent community, where I can really make a difference," he says. Also in his plans is an August 5 wedding to his fiancée, whom Phuong met at the University of Scranton.

Last year, Phuong returned to Vietnam to be reunited with his family. They had communicated by letter, but this was the first time they'd seen each other in 13 years. It was a very emotional, pride-

filled time, Phuong says. "I'd never seen my mother cry before. But when she saw her son, the doctor, she realized it was a dream come true, after much hardship and risk."

Phuong's philosophy: "When you're backed into a corner, you can either retreat and be comfortable, or you can put your back to the wall, take your chances, and fight for freedom and your dream."



(photo from *The Herald*, Sharon)
Mercer County physicians used this billboard, along with office posters, to show their frustration with insurance and hospital administrators' claims about containing health care costs. The effort gained local media attention.

COUNTY NEWS

MERCER COUNTY PHYSICIANS LAUNCH AD CAMPAIGN

To show their frustration with insurance and hospital administrators' claims about containing health care costs, members of the Mercer County Medical Society (MCMS) are using billboards and office posters to carry their message to the public. Their message: "Remember. Effective and affordable health care is still in the physician's office."

A billboard displaying this message was placed on Route 62, Mercer-Sharon, in April (see photo, above). MCMS President Thomas Armour, MD, told local media that insurance companies and hospitals are claiming credit for containing medical costs when at the same time they're spending huge amounts of money on advertising and construction.

Dr. Armour said he and other local physicians are concerned about Sharon Regional Health System's construction of HealthPlaces in the Shenango Valley, clinics which are affiliated with Blue Cross. He said that the "Express Care" and "Urgi-Care" centers of Sharon Regional Health System and Horizon Health System, respectively, are costly and unnecessary alternatives to patients seeking advice from their family doctors. He added, "The purpose [of the campaign] is to remind the

people that really you should be looking to your doctor for your care, not HealthPlaces or Express Care [centers]."

MCMS President Elect Joseph A. Giordano, MD, says that all Pennsylvania county medical societies have been contacted regarding the purpose and progress of Mercer County's efforts. Specifics about the campaign were included in the correspondence.

SOCIETY'S TRUST ADVOCATES WORKSITE HEALTH PROMOTION

Representatives of the Society's Educational and Scientific Trust served on the administrative, fiscal, and program committees of the second annual Worksite Health Promotion Conference, which drew more than 250 people to Harrisburg in May.

The conference provides employers and business representatives the opportunity to learn about the latest employee health management techniques and health promotion programming, which they can implement back in their offices.

The Trust was instrumental in recruiting the first physician to speak at the conference. Thomas H. Weida, MD, a Lititz family practitioner, spoke on managing workers' compensation care and integrating wellness through effective use of communication strategies and employee education.

EMERGENCY PHYSICIANS WIN REGIONAL AWARDS

Emergency physicians from Pennsylvania made a very strong showing at the Society for Academic



The Delaware County Medical Society (DCMS) recently recognized Camp Sunshine by presenting the 1995 Benjamin Rush Award for Outstanding Community Service to the Delaware County Children's Camp Association, Inc. DCMS President C. Richard Schatt, MD (right), presented the award to Richard Garrett (left), Camp Sunshine executive director. DCMS has long been affiliated with the camp program, now in its sixty-first summer of providing an overnight camping experience for underprivileged children throughout Delaware County. The county society each year asks local physicians to assist in Sunday afternoon "check-in" sessions during the seven-week program.



U.S. Healthcare's Area Medical Director, Philip L. Benditt, MD (center), and Regional Medical Director Jay A. Krakovitz, MD (right), addressed more than 70 physicians at a general membership meeting of the Delaware County Medical Society (DCMS) in May. Drs. Benditt and Krakovitz spoke on the future of managed health care in the Delaware Valley. DCMS Past President Bruce G. Silver, MD (left), served as program chairman.

Emergency Medicine annual meeting in San Antonio, Texas, in May.

In the regional Case Presentation Competition, Pennsylvania physicians won three of 10 awards. Robert Porter, MD, of Albert Einstein Medical Center, Philadelphia, won best discussant in the eastern region; Jim Holliman, MD, of Penn State's College of Medicine, Hershey, won best discussant for the southern region; and Michael Henry, MD, of Geisinger Medical Center, Danville, won best presenter for the eastern region. Richard Wuez, MD, of Penn State's College of Medicine, won second place in the EMS photography contest.

These physicians will compete again in the national finals at the American College of Emergency Physicians meeting in September.

Pennsylvanians presented 62 of the 394 oral and poster abstract presentations at the May meeting.

ALLIANCE CONTRIBUTES TO OKLAHOMA CITY YWCA

The Pennsylvania Medical Society Alliance, through its Emergency Assistance Fund, has donated \$1,000 to aid the Oklahoma City YWCA, located directly across the street from the federal building bombed by terrorists this spring.

Many children at the YWCA were victims of the bombing and

sustained injuries from the disaster. An Oklahoma Medical Society Alliance member serves on the YWCA's board. A portion of the donation will also be presented to the local Kiwanis Club to assist with financial needs of children whose parents were killed in the bombing.

AMA ALLIANCE OFFERING ANTI-VIOLENCE PROGRAM KIT

The American Medical Association Alliance has published a program kit for its nationwide anti-violence initiative, SAVE: Stop America's Violence Everywhere.

The 52-page packet details the steps for planning, implementing, and publicizing an anti-violence event—anything from printing hotline cards and getting a mayoral proclamation signed, to a candlelight vigil for victims of violence.

The centerpiece of the initiative—launched in 1991—is SAVE Today, an event to be held annually on the second Wednesday of October, beginning October 11, 1995. County and state medical alliances are encouraged to participate on a grassroots level.

Also, the AMA Alliance will hold a SAVE Today rally on Monday, October 9, during its Leadership Confluence in Chicago.

For more information about SAVE, or to receive a SAVE program kit, contact the AMA

Alliance at 515 N. State St., Chicago, IL 60610; or call (312) 464-4470.

HCFA SEEKING HELP WITH MAMMOGRAPHY CAMPAIGN

The Health Care Financing Administration (HCFA) is seeking physicians' help with its nationwide public information campaign to promote awareness of Medicare's mammography benefit. The campaign encourages women to seek a screening mammography for early detection of breast cancer.

Although Medicare has been paying for screening mammographies since 1991, only 37 percent of eligible older women used the benefit, leaving more than 10 million Medicare beneficiaries age 65 or older unscreened. The U.S. Department of Health and Human Services hopes to increase that percentage to 60 percent by the year 2000.

To learn more about the campaign and how you can help, call:

Patricia Antrobus
HCFA
(215) 596-6865.

GUIDE TO EVALUATING QUALITY OF CARE RELEASED

The Agency for Health Care Policy and Research (AHCPR) in May published a report that provides information on methods for using clinical practice guidelines to evaluate quality of care.

Developed by an 18-member private sector panel of experts, the report shows users how to translate AHCPR-supported clinical practice guidelines into medical review criteria, performance measures, and standards of quality to measure and evaluate the degree to which guideline recommendations are being implemented.

"American health care is entering a new era of accountability for the quality and value of the services it delivers," says AHCPR Administrator Clifton R. Gaus, ScD. "This blueprint will help physicians who use AHCPR-supported clinical practice guidelines to improve the quality of care they provide."

Dr. Gaus said the report is part of a series of steps AHCPR is taking to develop science-based means for →

accurately measuring quality of care.

AHCPR is disseminating the report widely to physician organizations, managed care organizations, health care systems, other providers, and utilization review organizations. Copies are available free of charge by requesting AHCPR publication numbers 95-0045 and 95-0046, "Using Clinical Practice Guidelines to Evaluate Quality of Care, Volumes I and II." Call AHCPR at (800) 358-9295.

TV SPOT URGES PARENTS TO IMMUNIZE CHILDREN

A television public service announcement (PSA) urging parents to immunize children is now available from the American Medical Association. The PSA provides viewers with an 800 number to call to obtain free information regarding immunization and recommended immunization schedules from the AMA and the American Academy of Pediatrics (AAP).

The PSA emphasizes the importance of routine childhood diseases, including polio, measles, mumps, and chicken pox, and encourages parents to call their physicians to schedule routine immunizations for children. The AAP points out that only 66 percent of America's children have received the recommended doses of immunizations—a level far below that of many other countries.

To request copies of the PSA, fax your name, address, and phone and fax numbers to Barry Cohn at the AMA at (312) 464-5839. Also indicate which television station you will contact, as well as the size tape you need (3/4 inch or one inch).

A packet of information on immunizations is also available by calling (312) 464-4579.

PMSLIC OFFERS HOME-STUDY COURSE FOR 1996 DISCOUNT

Beginning this month, the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) is offering a new home-study program, "Issues in Managed Care," which will present risk-management strategies for the managed care setting. Physicians who complete the program by the October 13, 1995, deadline will earn a five-percent discount on their 1996 PMSLIC policy premiums, as well as continuing medical education credit.

"Issues in Managed Care" will address topics such as:

- making decisions about participation in a managed care organization,
- what to look for before you sign a contract,
- the roles of gatekeeper and consultant,
- what to do when your medical judgment and a managed care organization's utilization decision don't coincide, and
- how to evaluate practice guidelines.

The course uses case scenarios to illustrate how these issues might arise in everyday practice.

This home-study course has been approved for six hours of continuing medical education credit by the Pennsylvania Medical Society (Category I), the American Osteopathic Association (Category 2-B), the American Academy of Family Physicians (Prescribed Credit), and the American College of Emergency Physicians (ACEP Category I). PMSLIC will mail each physician who completes the program a certificate verifying credit earned.

The registration fees are: \$95 for PMSLIC insureds, \$125 for Society members who are not insured by PMSLIC, and \$150 for nonmembers. Physicians may order using MasterCard, VISA, or check.

A \$300 minimum and \$1,000 maximum for an annual policy apply to the discount program. Note: All PMSLIC policies are subject to \$200 premium minimum and will not be discounted below this level.

Physicians not currently insured by PMSLIC who complete the course by the October deadline will receive a coupon that can be redeemed for the same discount if they obtain professional liability insurance from PMSLIC in 1996.

For additional information on this discount program, call PMSLIC's Risk Management Department at (800) 445-1212 or (717) 558-7500.

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Mrs. Persic

Elfrieda (Freddie) M. Persic, president of the Pennsylvania Medical Society Alliance, has won a Republican seat as a council member, College Township, State College. This is Mrs. Persic's first elected position.

The Pennsylvania Osteopathic Medical Association has installed **Arnold Sokol, DO**, Norristown, as its 80th president. The following were elected officers of the House of Delegates: **Kieren P. Knapp, DO**, Jacobus, president elect; **John W. Becher Jr., DO**, Newtown Square, vice president; **William A. Wewer, DO**, Steelton, secretary/treasurer; **Hymen Kanoff, DO**, Philadelphia, speaker of the house; and **Toni Maria Casale, DO**, Camp Hill, vice speaker.

Three researchers at Jefferson Medical College of Thomas Jefferson University—**Jewell Osterholm, MD**, professor of neurosurgery; **Rodney D. Bell, MD**, director, Jefferson's Stroke Unit; and **Glenn Frazer, PhD**, director, Neurosurgical Stroke Project—have developed Oxygenated Fluorocarbon Nutrient Emulsion (OFNE). This patented system to

deliver a new drug throughout the brain several hours after a major stroke shows in pre-clinical testing that the brain can be resuscitated. The researchers are completing final testing required by the FDA before beginning clinical trials.

Gilbert A. Friday Jr., MD, professor of pediatrics, University of Pittsburgh School of Medicine, and chief of clinical services for the Asthma and Allergic Disease Center, Children's Hospital, Pittsburgh, was reelected chairman of the board and corporate member, Pennsylvania Blue Shield.

Helen F. Krause, MD, was elected to a five-year term to the committee of revision and board of trustees of the United States Pharmacopeial. Dr. Krause will serve as an expert adviser in the area of otorhinolaryngology.

John C. Sonne, MD (Philadelphia County), has authored a paper entitled, "The Relevance of the Dread of Being Aborted to Models of Therapy and Models of the Mind, Part I: Case Examples," which was published in the *Pre- and Perinatal Psychology Journal*, Volume 9, No. 3, Spring 1995. Dr. Sonne also presented a paper, "Interpreting the Dread of Being Aborted in Therapy," at the XI International Conference of the International Association for Prenatal and Perinatal Psychology and Medicine, Heidelberg, Germany.

Alexander Minno, MD, Pittsburgh, was awarded the Volunteer of the Year Award (1994-95) and was selected as the first director emeritus to serve for life by the University of Pittsburgh Alumni Association.

Thomas A. Gennarelli, MD, Bryn Mawr, was appointed professor and chair, Department of Neurosurgery, and director, Center for Neuroscience, Medical College of Pennsylvania and Hahnemann University, Philadelphia.



Dr. Kroser

Lila Stein Kroser, MD, clinical assistant professor, Medical College of Pennsylvania, Philadelphia, was elected president elect of the Medical Women's International Association, the

multi-national organization of 30,000 women physicians from 46 countries. Dr. Kroser will be inaugurated as president at the XXIV Congress to be held in Nairobi, Kenya, in 1998.

Lebanon's Good Samaritan Hospital paid tribute to the following four senior members of the active medical staff to mark Doctor's Day in March: **Suzanne H. Worrilow, MD**, family practitioner, treasurer, medical staff; **Afrodio N. Nucum, MD**, surgeon; **R. William Alexander, MD**, radiologist; and **Horst N. Bertram**, radiologist.

Harry D. Propst, MD, chief of staff, Wayne Memorial Hospital, Honesdale, received the 1995 Citizenship Citation Award from the Wayne/Pike Lodge of B'nai B'rith. Dr. Propst is secretary/treasurer of the Wayne-Pike County Medical Society.

John F. Weldon, MD, Monongahela, was awarded the Sickman-Levin Award for Dimensions in Medicine at Monongahela Valley Hospital. The award recognizes outstanding accomplishments and dedication to the hospital and the health care system at large.

Salil Shinde, MD, Willow Grove, was appointed medical administrator, Philadelphia Geriatric Center.



Mayor Edward G. Rendell proclaimed "Jefferson Medical College Alumni Association 125th Anniversary Day" for the city of Philadelphia. The proclamation cited the alumni association's importance to Philadelphia and its steady growth since its founding in 1870 by Samuel D. Gross, MD. Declaring Jefferson "a major presence in the heart of Philadelphia," the proclamation recognized Jefferson Medical College alumni as having "played a major part in establishing this city as one of the world's leading centers for medicine." Pictured from left to right are: **Barbara G. Frieman, MD**; **Edward H. McGehee, MD**; Mayor Rendell; **Burton L. Wellenbach, MD**; and **William V. Harrer, MD**.

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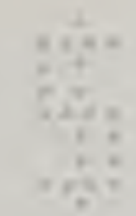
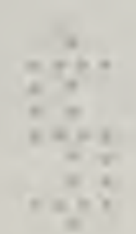
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New PMSLIC Subsidiary Up and Running

Mark T. Kocis

The Pennsylvania Medical Society Liability Insurance Company in early March formed a new, wholly owned subsidiary—Infinity Management Services, Inc.—to provide management services to support the changing needs of the health care and liability insurance industries. Immediately after incorporation, Infinity landed a major client contract with the Pennsylvania Physician Healthcare Plan, Inc.

The Pennsylvania Physician Healthcare Plan, Inc. (PPHP) was formed in August 1994 by a group of practicing Pennsylvania physicians to create a statewide, physician-owned and physician-controlled managed care organization. To date, PPHP has completed a feasibility study, which demonstrated significant physician support for the concept. Currently, PPHP is working to acquire enough capital prior to applying for a Certificate of Authority to operate as an HMO and/or PPO in the commonwealth. Infinity Management Services, Inc., the new subsidiary of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC), has been retained by PPHP to provide project management and administrative services throughout this capitalization phase.

"Our relationship with PPHP is a perfect match, and the timing could not have been better," says Sarah Lawhorne, JD, president and chief operating officer of PMSLIC and chief executive officer of Infinity. "On the one hand, PPHP was seeking support and assistance from an organization that has the skills and resources required to help manage a large, complex business project at an affordable price. Infinity was simultaneously looking to break into the market and establish an image as a premier business services organization, supporting changing health care and insurance markets. We view Infinity's involvement with PPHP as another way for the State Society family to demonstrate active support for physicians in their time of need."

From PPHP's perspective, there were additional benefits to contracting with Infinity. Gary Brown, MD, chairman and president of PPHP, recounts, "We really wanted to partner with a Pennsylvania-based organization, preferably one with connections to the Pennsylvania Medical Society. Infinity can not only tap into the insurance resources at PMSLIC, but also the statewide physician contact network of the Society and the managed care expertise of the PennMed Member Services Company (PMSCO). Infinity is truly delivering value-added services. Its performance to date has exceeded the board's expectations by far."

Dr. Brown adds, "PMSLIC has also been invaluable in providing PPHP with a significant line of credit to help us make it financially through this critical capitalization peri-

od." PMSLIC has extended a loan agreement to PPHP to assist in meeting its interim debts until capitalized.

Beyond PPHP—Infinity's future

Infinity will by no means be a one-client company. Plans are already under way to greatly expand and enhance PMSLIC's risk management products and services through a new Infinity division called RiskCare.

Over the years, PMSLIC's Risk Management Department, under the direction of Vice President Judith R. Brown, JD, RN, has been acclaimed by its insureds to be of the highest quality and value. Independent surveys have found PMSLIC's risk management program to be among the finest in the state.

RiskCare will seek to build upon the rich tradition of PMSLIC's risk management program while creating innovative new products and services to support the risk management needs of a wide range of health care professionals and organizations. "Through RiskCare we expect to offer a wider spectrum of risk management products and services to physicians and other health care customers," says Mark Lelinski, chief operating officer of Infinity. "For example, we are exploring new avenues for offering our educational programs, such as using technology to deliver CME courses on demand."

Infinity has not yet finalized its business plan. Additionally, health care and insurance product and service lines are under consideration at this time.

Relationship with Society affiliates

Infinity is actively working with the State Society and its subsidiaries, most notably PMSCO and the Keystone Peer Review Organization (KePRO), on several joint projects. And while the potential for overlap between products and services offered by Infinity and those of other Society affiliates exists, strong communication and a commitment to the State Society family assure that we will be working as one.

"Our goal is to fill a need for products and services not currently available from other sources within the State Society family," says Lawhorne. "As a group, the Society and its subsidiaries are striving to offer a full range of physician and health care delivery system services."

She concludes, "We would like to be able to offer physicians simple, one-stop shopping for services they will need to help them survive in the ever-changing health care environment. We're confident Infinity is an innovative step in that direction." ☐

Mr. Kocis is operations manager, Infinity Management Services, Inc., Harrisburg.

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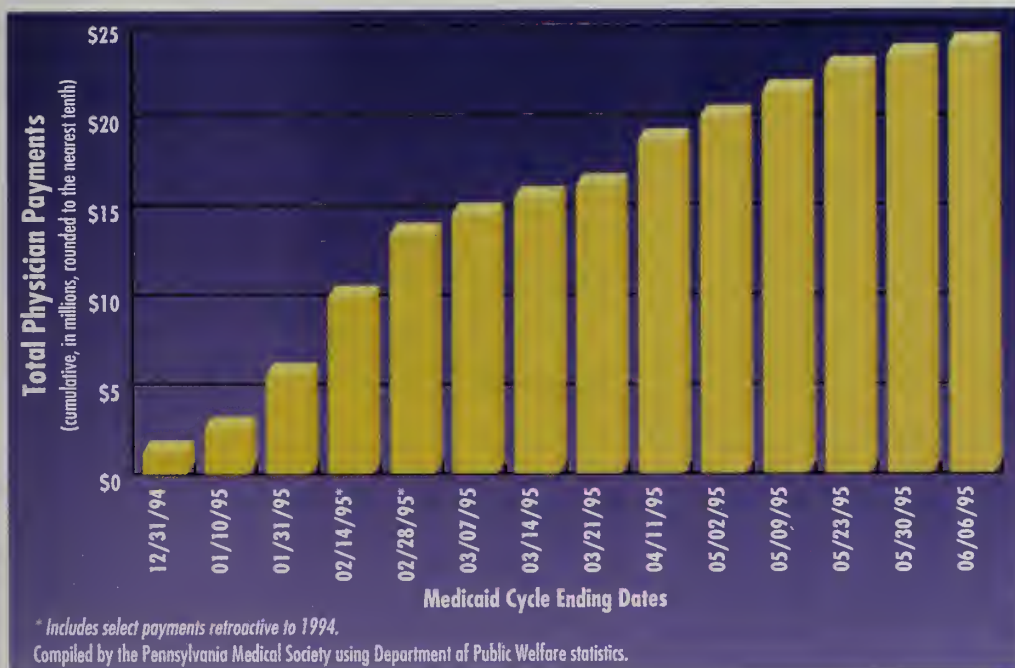
To date, Pennsylvania physicians have received almost \$24 million as a result of a Pennsylvania Medical Society victory challenging Medicaid payment practices.

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—Michael J. Vergare, MD
Immediate Past President,
Pennsylvania Psychiatric Society

“I’m extremely proud of the Pennsylvania Medical Society’s persistence in acquiring this gain for commonwealth physicians.”

—Jeffrey H. Chaby, DO
President, Lancaster City and
County Medical Society



As a result of *Pennsylvania Medical Society et al. v. Snider et al.*, the Pennsylvania Department of Public Welfare (DPW) must pay both full coinsurance and deductibles for low-income elderly who are eligible for both Medicare and Medicaid (dual eligibles), retroactive to September 1994.

DPW has implemented—with significant Society input—a system to automatically process claims involving dual eligibles. In most cases, physicians need do nothing to receive the higher payments. In fact, physicians need not participate in the Medical Assistance program to receive the new payments.

The graph above shows the cumulation of payments made by press time to physicians as a result of the Society's victory.

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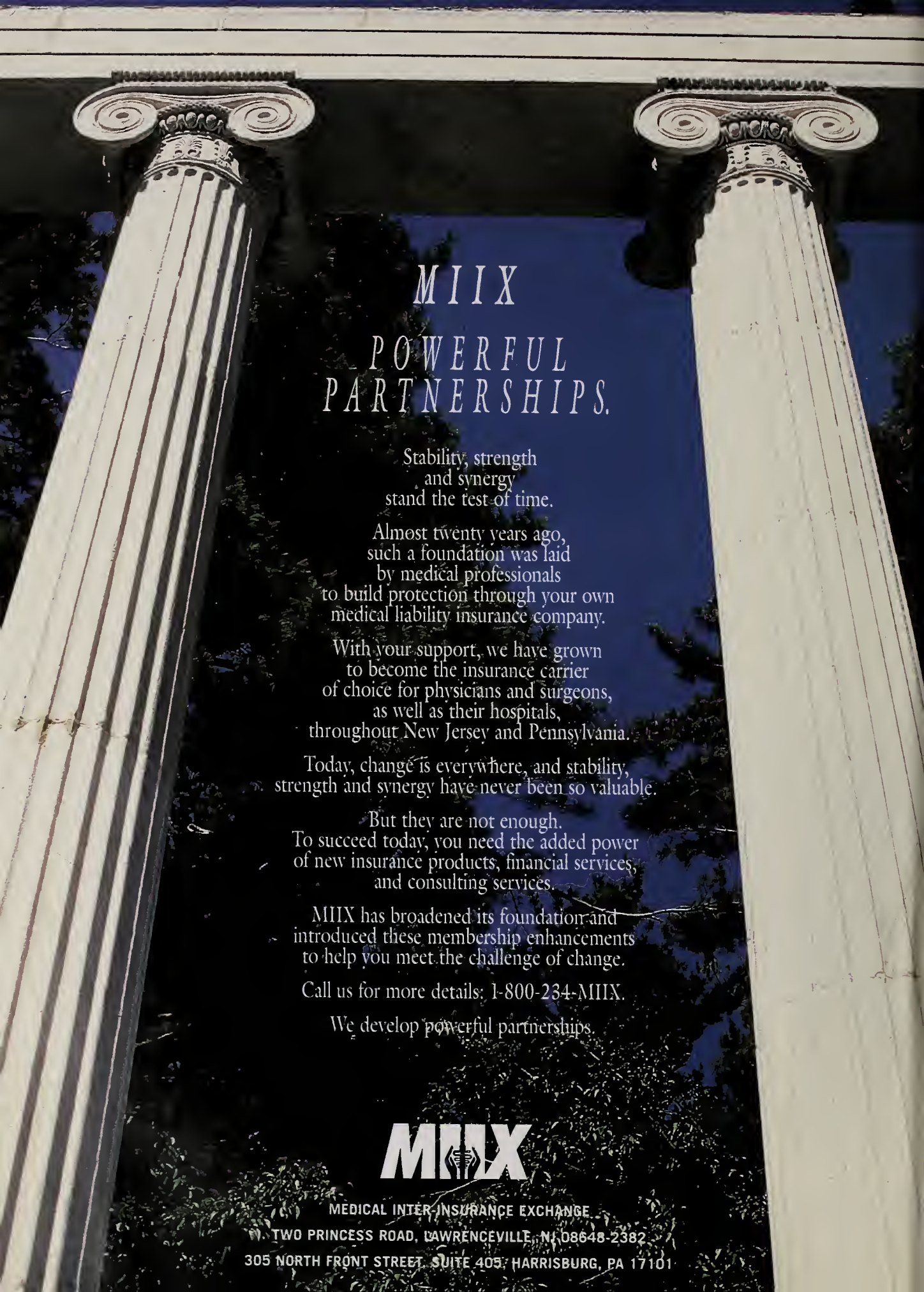
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SEPTEMBER 1995

September 6th

Pathogenesis of Non-Insulin-Dependent Diabetes Mellitus: A Group of Heterogeneous Disorders

Harold Lebovitz, M.D.

Professor of Medicine

Chief of Endocrinology, Metabolism, and Diabetes Director, Clinical Research Center State University of New York Health Science Center at Brooklyn, NY

September 13th

Drug-Induced Liver Disease

Eugene Schiff, M.D.

Professor of Medicine

University of Miami School of Medicine
Chief, Division of Hepatology, University of Miami Medical Center, Miami, FL

September 20th

Neuro-Humoral Pathways in Heart Failure: The Role of Beta Receptors

Michael Bristow, M.D., Ph.D.

Professor of Medicine

University of Colorado School of Medicine
Head, Division of Cardiology, University of Colorado Health Sciences Center
Denver, CO

Renin Angiotensin System in Congestive Heart Failure: A₂ Receptor Blockers vs. ACE Inhibitors

Donna M. Mancini, M.D.

Assistant Professor of Medicine, Columbia University School of Medicine, Division of Cardiology, Columbia-Presbyterian Medical Center, New York, NY

September 27th

Humoral Immunodeficiency for the General Internist

Jonathan Jaffe, M.D.

Assistant Professor of Medicine
Medical College of Pennsylvania and Hahnemann University
Director, Laboratory of Immunoregulation, Division of Allergy and Immunology
Hahnemann University Hospital

OCTOBER 1995

October 4th

Yom Kippur—No Grand Rounds

October 11th

Transbronchial Needle Aspiration in Staging of Lung Cancer

Ko Pen Wang, M.D.

Associate Professor of Medicine and Otolaryngy, Johns Hopkins School of Medicine

Director, Interventional Bronchology
Johns Hopkins Bayview Medical Center
Baltimore, MD

October 18th

Familial Cardiomyopathies

Reed E. Pyeritz, M.D.

Professor and Chair of Human Genetics, Professor of Medicine and Pediatrics
Medical College of Pennsylvania and Hahnemann University School of Medicine
Allegheny Singer Research Institute
Pittsburgh, PA

October 25th

Educating Health Care Professionals for the 21st Century

Eli Ginsburg, Ph.D.

Director, Eisenhower Center
Columbia University
New York, NY

NOVEMBER 1995

November 1st

Prostatic Disorders: BPH,

Prostatitis, Cancer

Steven Kaplan, M.D.

Department of Urology
Columbia-Presbyterian Medical Center
New York, NY

November 8th

Endocrine Abnormalities of HIV: Pituitary, Thyroid, Adrenal and Gonadal Deficiencies

Adrian S. Dobs, M.D., M.P.H.

Associate Professor of Medicine
Director, Endocrinology and Metabolism
Clinical Studies Unit, Johns Hopkins University
School of Medicine, Baltimore, MD

November 15th

The Fibromyalgia Patient: A Problem for All Physicians

Robert Bennett, M.D.

Professor of Medicine
Director, Division of Arthritis and Rheumatic Diseases
Oregon Health Sciences University
School of Medicine, Portland, OR

November 22nd

Thanksgiving Holiday—No Grand Rounds

November 29th

Urban Asthma: The Importance of Indoor Allergens

Thomas Platts-Mills, M.D.

Professor of Medicine
University of Virginia School of Medicine
Head, Division of Allergy and Clinical Immunology
University of Virginia Medical Center
Charlottesville, VA

DECEMBER 1995

December 6th

Cardiac Auscultation

Leonard S. Dreifus, M.D.

Professor of Medicine, Medical College of Pennsylvania and Hahnemann University
Division of Cardiovascular Diseases
Hahnemann University Hospital

December 13th

Women's Health Issues: Gender-Based Differences in Disease Progression and Pharmacodynamics

Jean Hamilton, M.D., M.P.H.

Betty A. Cohen Chair of Women's Health, Director, Institute for Women's Health
Medical College of Pennsylvania and Hahnemann University

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

SEPTEMBER 20, 1995

Congestive Heart Failure

Course Director:

Susan Brozena, MD

Visiting Professors: Michael R. Bristow, M.D., Ph.D.

Donna M. Mancini, M.D.

OCTOBER 11, 1995

Lung Cancer

Course Director:

Edward S. Schulman, M.D.

Visiting Professor:

Ko Pen Wang, M.D.

NOVEMBER 29, 1995

Advances in

Allergy/Immunology

Course Director: David M. Lang, M.D.

Visiting Professor:

Thomas Platts-Mills, M.D.

DECEMBER 6, 1995

Cardiac Auscultation

Course Directors: Leonard S. Dreifus, M.D., Daniel Mason, M.D., Gerald Scharf, D.O., John J. Ross, RCPT

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

Full Disclosure Statement: All faculty participants in continuing medical education programs sponsored by The Medical College of Pennsylvania and Hahnemann University are expected to disclose to the audience any real or apparent conflict(s) of interest related to the content of their presentation.

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This program is eligible for 1.0 credit hour for each hour of attendance in Category 2A of the American Osteopathic Association.

Fourth Annual Symposium by the Sea 1995

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October 20-22, 1995
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Rehoboth Beach, Delaware

Friday, October 20

H. Pylori and Peptic Ulcer Disease

Robert M. Strauss, MD
Assistant Professor of Medicine
Digestive Diseases
Emory University School of Medicine

Recent Advances in Abdominal Imaging

Frederick B. Murphy, MD
Associate Professor of Radiology
Emory University School of Medicine

Laparoscopic Surgery in 1995-

Panacea or Technology Run Amuck
Gene Branum, MD
Assistant Professor of Surgery
Division of Gastrointestinal Surgery
Emory University School of Medicine

Multispecialty Panel Case Presentations-

Gastroenterology, General Surgery, Radiology

Saturday, October 21

Infectious Diseases Update-Understanding the Impact of Antibiotic Resistance

Stephen Schwarzmann, MD
Associate Professor of Medicine
Chief of Infectious Disease
Emory University Hospital

Asthma Update-Current Diagnosis and Treatment

Jeffrey R. Pine, MD
Associate Professor of Medicine
Pulmonary and Critical Care

Hypertension 1995-

Part I: The Search for Secondary Causes
James A. Tumlin, MD
Assistant Professor of Medicine
Renal Division
Emory University School of Medicine

Multispecialty Panel Case Presentations-
**Infectious Diseases, Pulmonary Medicine,
Nephrology**

Sunday, October 22

Preoperative Medical Evaluation

Donald C. Davis, MD, PhD
Associate Professor of Medicine
General Internal Medicine
Emory University School of Medicine

Hypertension 1995-

**Part II: A Rational Approach to
Accelerated Hypertension**
James A. Tumlin, MD

Colonic Polyps and Colorectal Cancer: An Update

Robert M. Strauss, MD

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Philadelphia, PA 19141
215-456-7240
- **Northeast Psychiatric Associates**
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Penn State Scanticon

Primary Care for the Athlete

Friday & Saturday
September 22 & 23, 1995
Hershey Medical Center

Annual Cardiology Seminar

Wednesday
September 27, 1995

Update in Neurology

Wednesday
October 11, 1995

Expanding Horizons in OB/GYN

Thursday
October 12, 1995
Danville Days Inn

Primary Care Update (Central Region)

Wednesday
October 25, 1995

The Art of Caring

Thursday
October 26, 1995
Danville Days Inn

9th Annual Horizons in Cardiac Rehab

Thursday
November 2, 1995
Danville Days Inn

Breast Disease

Wednesday
November 8, 1995

Medical Economics, Politics and You

Wednesday
November 15, 1995

Update in Pediatrics

Thursday
November 16, 1995

Advanced Cardiac Life Support Renewal Course

Saturday
December 2, 1995

Advanced Trauma Life Support (ATLS)

Friday & Saturday
January 12 & 13, 1996

OR

March 8 & 9, 1996

Advanced Cardiac Life Support Renewal Course

Wednesday
January 31, 1996

OR

Wednesday
February 21, 1996

OR

Wednesday
May 15, 1996

21st Annual Concepts in Clinical Practice Course

Friday - Sunday
February 9-11, 1996
Danville Days Inn

14th Annual Winter CME Festival

Tuesday - Saturday
February 13-17, 1996
Park Ridge Convention Center,
Valley Forge

Multidisciplinary Management of Head and Neck Cancer

Wednesday
February 28, 1996

Contemporary Issues in Internal Medicine

Wednesday
March 6, 1996

Advanced Cardiac Life Support Provider Course

Friday & Saturday
March 15 & 16, 1996

Pediatric Advanced Life Support Renewal Course

Friday
March 22, 1996

OR

Friday
April 19, 1996

Advances in Dermatology

Wednesday
April 3, 1996

Update In Rheumatology

Wednesday
April 10, 1996

Pediatric Advanced Life Support Provider Course

Thursday & Friday
April 11 & 12, 1996

OR

May 2 & 3, 1996

Update in Infectious Diseases

Friday & Saturday
April 19 & 20, 1996
Penn State Scanticon

Family Practice Update '96

Wednesday
April 24, 1996
Danville Days Inn

10th Annual Sight Loss Support Group Meeting

Wednesday
May 1, 1996

Geisinger

As an organization accredited by the Pennsylvania Medical Society for its continuing medical education program, Geisinger designates these activities as meeting the criteria for Category I credit for the American Medical Association's Physician's Recognition Award and the Pennsylvania Medical Society membership requirement. Please refer to each individual program flyer for registration fees, starting times, and number of credit hours. For further information or for copies of individual programs, call Sharon Hanley, RMP, at 1-800-272-6692. There is a 24-hour answering service available. You may also write to her at 100 North Academy Avenue, Danville, PA 17822-1350.

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Cardiology Update

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Wednesday, September 6, 1995 3:30-5:30 PM

Office Cardiology: Bedside Diagnosis of the Cardiac Patient-Part I

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Bernard L. Segal, M.D.**

Patients will be presented with interesting clinical findings. Carotid and jugular venous pulsation will be analyzed. The precordium will be palpated to determine abnormal impulses. Heart sounds and murmurs will be interpreted in light of the patient's symptoms and the clinical findings. Stethophones will be available at each seat so that the audience will be able to hear and interpret these findings. Appropriate echocardiograms will be shown.

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The 1995 annual meeting of the House of Delegates of the Pennsylvania Medical Society will be called to order at the Hershey Lodge and Convention Center, Hershey, Pennsylvania, on Friday, October 27, at 10:00 a.m. The second session of the House is scheduled for Saturday, October 28, at 1:00 p.m., and the concluding session is Sunday, October 29, at 9:30 a.m.

ELECTIONS

In accordance with Chapter XII, Section 1 of the Bylaws of the Pennsylvania Medical Society, the following nominations and/or elections will be in order. Nominations for AMA delegates will be in order at the first session on Friday morning, October 27, 1995. Nominations for all other offices will be in order at the second session, Saturday afternoon, October 28, 1995, and elections will occur on Sunday morning, October 29, 1995. General officers to be elected are a vice president, a speaker of the House of Delegates, and a vice speaker of the House of Delegates.

In accordance with Chapter XIV, Section 5 of the Bylaws, elections will be in order for a trustee for the First District to succeed George R. Fisher III, MD, Philadelphia County, who is eligible for reelection; a trustee for the Third District to succeed John J. McAndrew, MD, Lackawanna County, who is eligible for reelection; a trustee for the Eighth District to succeed Robert L. Lasher, MD, Erie County, who is eligible for reelection; a trustee for the Ninth District to succeed John W. Mills, MD, Indiana County, who is eligible for reelection; a trustee for the Thirteenth District to succeed Carol E. Rose, MD, Allegheny County, who is eligible for reelection; a trustee for the Hospital Medical Staff Section to succeed Lee H. McCormick, MD, who is ineligible for reelection; a trustee for the Resident Physician Section to succeed Joyann A. Kroser, MD, who is eligible for reelection; a trustee for the Young Physicians Section to succeed Robert M. McNamara, MD, who is eligible for reelection; and a trustee for the Medical Student Section to succeed Stacy L. Krisher, who is eligible for reelection.

In accordance with Chapter X, Section 1 of the Bylaws, elections for delegates and alternate delegates to the American Medical Association are in order. In accordance with Standing

Rule Number 10 (adopted October 22, 1982; amended October 21, 1994), elections for delegates will be held on Saturday morning, October 28, 1995, and elections for alternate delegates will be held on Sunday morning, October 29, 1995.

Delegates whose terms expire December 31, 1995, are:

1. Donald C. Brown, MD (Westmoreland County)
2. Ronald J. Clearfield, MD (Westmoreland County)
3. James L. Cristol, MD (Philadelphia County)
4. Donald G. Ferguson, MD (Allegheny County)
5. George R. Fisher III, MD (Philadelphia County)
6. Robert L. Lasher, MD (Erie County)
7. William H. Mahood, MD (Montgomery County)
8. Robert N. Moyers, MD (Crawford County)
9. Lewis T. Patterson, MD (Dauphin County)
10. Michael J. Prendergast, MD (York County)
11. Robert D. Reinecke, MD (Philadelphia County)
12. Jonathan E. Rhoads Jr., MD (York County)

The Committee to Nominate Delegates and Alternate Delegates to the American Medical Association makes the following nominations for 12 delegates for two years commencing January 1, 1996, and expiring December 31, 1997:

1. Donald C. Brown, MD (Westmoreland County)
2. Ronald J. Clearfield, MD (Westmoreland County)
3. David L. Cohen, MD (York County)
4. James L. Cristol, MD (Philadelphia County)
5. Donald G. Ferguson, MD (Allegheny County)
6. George R. Fisher III, MD (Philadelphia County)
7. Robert L. Lasher, MD (Erie County)
8. William H. Mahood, MD (Montgomery County)
9. Robert N. Moyers, MD (Crawford County)
10. Lewis T. Patterson, MD (Dauphin County)
11. Michael J. Prendergast, MD (York County)
12. Robert D. Reinecke, MD (Philadelphia County)

13. Jonathan E. Rhoads Jr., MD (York County)

Alternate delegates whose terms expire December 31, 1995, are:

1. Richard T. Bell, MD (Berks County)
2. David L. Cohen, MD (York County)
3. William S. Frankl, MD (Philadelphia County)
4. Mary J. Hudak, MD (York County)
5. William W. Lander, MD (Montgomery County)
6. John D. Lane, MD (Bucks County)
7. John W. Lehman, MD (Beaver County)
8. James G. Pitcavage, MD (Allegheny County)
9. Carol E. Rose, MD (Allegheny County)
10. Kimberly W. Schlesinger (Allegheny County—slotted medical student position)
11. Stephen L. Schwartz, MD (Philadelphia County)
12. Jennifer E. Trotman, MD (Montgomery County—slotted resident physician position)
13. Vacancy

The Committee to Nominate Delegates and Alternate Delegates to the American Medical Association makes the following nominations for 11 alternate delegates for two years commencing January 1, 1996, and expiring December 31, 1997, and one alternate delegate for one year commencing January 1, 1996, and expiring December 31, 1996:

1. Sucha O. Asbell, MD (Philadelphia County)
2. Richard T. Bell, MD (Berks County)
3. Marc S. Berger, MD (Berks County)
4. Raphael J. Bonita, MD (Luzerne County)
5. Jeffrey H. Chaby, DO (Lancaster County)
6. Charles Cutler, MD (Montgomery County)
7. William S. Frankl, MD (Philadelphia County)
8. Jay L. Funkhouser, MD (Beaver County)
9. Walter L. Gerber, MD (Philadelphia County)
10. Stuart Gitlow, MD (Allegheny County)
11. Mary J. Hudak, MD (York County)

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Nathaniel Mayer, MD *Director, Drucker Brain Injury Center*

John Melvin, MD *Vice President for Medical Affairs*

Myrna Schwartz, PhD *Director and Investigator, Neuropsychology Laboratory; Associate Director, Research Institute*

Mary Segal, PhD *Investigator, Outcomes Research*

John Whyte, MD, PhD *Director and Investigator, Attention Laboratory; Director, Research Institute*

For more information, contact Len Umile at the Moss Rehabilitation Research Institute, telephone (215) 456-9901 ext. 9169; FAX (215) 456-9514. Space is limited, so early registration is suggested.

12. William W. Lander, MD
(Montgomery County)
13. John D. Lane, MD
(Bucks County)
14. John W. Lehman, MD
(Beaver County)
15. James G. Pitcavage, MD
(Allegheny County)
16. Carol E. Rose, MD
(Allegheny County)
17. Stephen L. Schwartz, MD
(Philadelphia County)
18. Paul G. Sipe, MD
(York County)

(Note: Should the House adopt Subject Four calling for deunification from the AMA, the Society would be entitled to two fewer delegates and alternate delegates.)

The Committee to Nominate Delegates and Alternate Delegates to the American Medical Association makes the following nomination for one slotted position for alternate delegate for a resident physician for a one-year term commencing January 1, 1996, and expiring December 31, 1996:

1. Jennifer E. Trotman, MD
(Montgomery County)

The Committee to Nominate Delegates and Alternate Delegates to the American Medical Association makes the following nomination for one slotted position for alternate delegate for a medical student for a one-year term commencing January 1, 1996, and expiring December 31, 1996:

1. Kimberly W. Schlesinger
(Allegheny County)

Also to be elected will be one member to serve on the Committee to Nominate Delegates and Alternate Delegates to the American Medical Association. The term of Wilma C. Light, MD (Westmoreland County), expires; she is not eligible for reelection.

In accordance with Chapter XVII, Section 2 of the Bylaws, the Board of Trustees nominates the following member for one vacancy on the Judicial Council:

For the office now held by Betty L. Cottle, MD (Blair County), who is eligible for reelection, the Board nominates Betty L. Cottle, MD.

Set forth below is the text of the proposed bylaws revisions. Deletions from existing bylaws are indicated by brackets; additions are italicized.

SUBJECT ONE

GENDER-NEUTRAL LANGUAGE REVISIONS

Set forth below are proposed gender-neutral language revisions.

Chapter I - Membership

Section 3 - Membership

Categories...d. Honorary Member - [A physician] *Physicians* who [is] *are* not [a] residents of Pennsylvania, but [is a] *are* members of [his] *their* own state or territorial medical association, may be elected to this category by the House of Delegates by a three-fourths vote at any annual meeting....

Chapter II - Component Societies

Section 8 - Membership Transfers -

A member in good standing of any component society may transfer to another county society in Pennsylvania upon recommendation by [his] *the original component* society for admission to membership in the component society into whose jurisdiction [he] *the member* moves without the delay attendant upon ordinary applications for membership.

Chapter II - Component Societies

Section 9 - Choice Of Membership -

A physician living near a county line or living in one county and maintaining an office in another county may hold membership in the component society most convenient on permission of the trustee of the district in which [he] *the member* resides. No person may concurrently hold membership in more than one component society, except that a member who has full membership in one county medical society in Pennsylvania may be eligible to hold affiliate membership in any other county medical society in the state.

Chapter XIV - The Board of Trustees

Section 16 - Liability of Board

Members and Officers - A Board member or officer of the Society shall not be personally liable for money damages as such for any action taken or failure to take action as a director or officer unless [his] *the member's or officer's* action constitutes self dealing, willful misconduct or recklessness, or unless liability is imposed pursuant to criminal statute or for payment of taxes. The Board of Trustees may provide for indemnification of Board members and officers to the extent allowed by law.

Chapter XVII - The Judicial Council

Section 7 - Original Jurisdiction -

(a) The Council shall have original jurisdiction in:

(1) all questions involving interpretations of the bylaws of this Society, or the Principles of Medical Ethics, but excluding cases in which a member has been convicted of an offense or committed to an institution under a charge for which [his] the member's medical license may be revoked, and all other controversies involving the discipline of a member unless heard pursuant to subsection (3) below;...

Chapter XVII - The Judicial Council

Section 8 - Appellate Jurisdiction -

...(b) Due Process - When the Judicial Council is required to make a legal determination, such as in an appeal, or determinations with respect to interpretation of bylaws, questions of medical ethics, and resolutions and rules of the Society, the following shall apply: [the] members [has] *have* the right to be represented by an attorney or by any other person of [his] *their* choice; [the] members may present any matter pertinent to [his] *their* defense....

Chapter XVIII - Disciplinary

Bodies/Proceedings and Appeals

Section 2 - General Rules -

a. Conflict of Interest - Any member of the Judicial Council or the district board of censors who is in economic competition with the member against whom charges have been brought, or has any other conflict of interest, shall [disqualify himself] *be disqualified* from participation in that particular case....

Chapter XVIII - Disciplinary

Bodies/Proceedings and Appeals

Section 6 - Effective Date of

Decisions of Component Societies,

District Boards of Censors and the

Judicial Council - ...All decisions of

the Judicial Council, whether in original proceedings or on appeals, shall become final upon the issuance thereof, except that any such decision involving a member of the American Medical Association shall not become effective until 30 days after the decision of the Judicial Council, and, if the member or the component society, if any, has given written notice to the Council on Ethical and Judicial Affairs of the American Medical Association during said 30-day period of [his or its intention] *an* →

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intent to appeal to that body and furnishes a copy of such notice to the Judicial Council of this Society, and, in the case of a member, to the secretary of [his] *the member's* component society, until the expiration of the appeal period and the final disposition by the Council on Ethical and Judicial Affairs of the American Medical Association.

Chapter XVIII - Disciplinary Bodies/Proceedings and Appeals Section 8 - Automatic Suspension -

...The county board of censors shall make due inquiry. If it finds that such member has, in fact, been so convicted, the county board of censors shall order a certified copy of the conviction from the court and upon receipt thereof shall file said copy with the member's records. The county board of censors shall thereupon notify the member that [he] *such member* will stand suspended from membership for an indefinite period, beginning 90 days following [his] *the member's* conviction by the court, or ten days following the notice if such notice is issued more than 90 days after the conviction, unless prior to the effective date of the suspension, the member certifies to the county board of censors that [he has filed] an appeal from the conviction *has been filed*.

If the member so convicted has so appealed, the suspension from membership shall be stayed until such time as the appeal has been finally disposed of by a court of last resort. Such suspension shall be completely nullified in the event the court reverses the member's conviction.

Chapter XVIII - Disciplinary Bodies/Proceedings and Appeals Section 9 - Other Suspensions of Membership -

A member shall be suspended from membership in this Society:
(a) on December 31 of any year if [he] *the member* is an active or associate member who has failed to qualify for the American Medical Association's Physician's Recognition Award provided the office of the executive vice president has given such member 60 days notice prior to December 31 that such suspension will be invoked unless such member shall submit sufficient supplemental records to fulfill such award requirements by December 31, and such suspension shall remain in force until such member submits

sufficient supplemental records to fulfill the award requirement;

(b) upon suspension of [his] membership in [his] *the member's* component society; and...

Chapter XVIII - Disciplinary Bodies/Proceedings and Appeals Section 11 - Termination of Membership -

The membership of a member of this Society shall terminate:...
(b) upon (i) termination of [his] membership in [his] *the member's* component society for any reason whatsoever, or (ii) failure to pay a delinquent assessment within 30 days after notice of such delinquency as provided in these bylaws, or (iii) three months after ceasing to be eligible for the class of membership in which [he] *such member* is a member as specified in these bylaws, unless at such time an application or certification for another class of membership for which the member will become immediately eligible is pending in the office of the executive vice president of this Society; and...

Chapter XVIII - Disciplinary Bodies/Proceedings and Appeals Section 12 - Reinstatement of Membership After Termination -

Any person whose membership has been terminated for failure to pay a delinquent assessment shall be reinstated to membership without any break in continuity of membership upon payment of the delinquent assessment in full before December 31 of the assessment year and reinstatement by [his] *the member's* component society. No such member under any circumstances shall be considered to be a member in good standing during the period between January 1 of the year for which assessment was delinquent and the date of reinstatement for the purposes of any section of these bylaws.

Any active dues-paying or associate member whose membership has been terminated for failing to meet the requirements for the American Medical Association's Physician's Recognition Award shall be reinstated to membership if, after meeting all the other requirements for reinstatement, [he] *such member* submits evidence [that he has met] of *meeting all the requirements for such award for a current period and [that] earning at least one-third of the*

required hours [were earned] during the previous 12 months....

Chapter XVIII - Disciplinary Bodies/Proceedings and Appeals Section 13 - Reinstatement of Membership After Automatic Suspension -

...Applications for reinstatement may be submitted not earlier than four months after the effective date of the suspension. Applications shall be in writing and shall set forth the reasons why the member [believes he is] *feels* entitled to reinstatement. They shall be filed with the county board of censors....

**Chapter XVIII - Disciplinary Bodies/Proceedings and Appeals
Section 14 - Expulsion of Unqualified Witness -** Any member of this Society who testifies as an expert witness without meeting the qualifications set forth in this section shall be subject to expulsion after a due process hearing as provided for in these bylaws. An expert witness must have basic educational and professional knowledge as a general foundation for [his] testimony, and in addition, have current personal experience and practical familiarity with the problems that are being considered and be actively engaged in the practice of the medical subject under discussion.

Chapter XIX - Special Sections Section 4 - Medical Staff Section -

Membership in this section shall consist of representatives of hospital medical staffs in Pennsylvania. Every hospital medical staff shall be entitled to one representative to this section provided that the representative establishes, to the satisfaction of the credentials committee, that [he] *the individual* was elected by the majority of the active physician voting members of the medical staff represented, that [he] *the individual* is a member of the Society, and that [he] *the individual* has clinical privileges granted by the medical staff represented....

**Chapter XIX - Special Sections
Section 6 - Interspecialty Section -**

...The section shall elect from among its members a chair and vice chair. When appropriate, the chair of the section or the chair's designee shall present to the Society's House of Delegates the names of one or more qualified nominees for election to the position of specialty trustee who shall be placed in nomination at the



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Society's House of Delegates by the chair of the section or [his] *the chair's* designee.

SUBJECT TWO

QUALIFICATION OF JUDICIAL COUNCIL MEMBERS

The Committee on Bylaws proposes the following amendments to the section of the bylaws regarding Judicial Council members' qualifications.

Chapter XVII - The Judicial Council Section 3 - Qualifications of Members

...Members elected to the Judicial Council shall resign all other positions held by them in the Pennsylvania Medical Society upon their election to the council. No members, while serving on the Judicial Council, shall be a delegate or an alternate delegate to the House of Delegates, or a general officer of the Society, or serve on any other council or committee, *or on a subsidiary board, or as a delegate or alternate delegate to the American Medical Association.*

SUBJECT THREE

SLOTTED POSITIONS FOR MEMBERS OF THE COMMITTEE TO NOMINATE DELEGATES AND ALTERNATE DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

The following bylaws revisions are offered to clarify the selection process for the Committee to Nominate Delegates and Alternate Delegates to the AMA.

Chapter XV - Committees, Administrative Councils and Commissions

Section 2 - Standing Committees - ...d. Committee to Nominate Delegates and Alternates to the American Medical Association

The Committee to Nominate Delegates and Alternate Delegates to the House of Delegates of the American Medical Association shall consist of five members elected by the House of Delegates to serve a term of three years. *At least one qualified person shall be nominated for each expiring term.* The immediate past president and the Chair of the Board of Trustees shall serve as ex officio members of the Committee without the right to vote. This committee shall select its own chair annually immediately upon adjournment of the annual meeting of the House of Delegates....

SUBJECT FOUR

DEUNIFICATION

The Board of Trustees, at its March 8, 1995, meeting, directed the Committee on Bylaws to develop and publish in the Official Call, language to deunify from the AMA. The proposed language is set forth below.

Restated Articles of Incorporation...Article VII.

Membership in the Corporation shall be limited exclusively to persons who are members in good standing of a county medical society duly affiliated with the Corporation, and the failure on the part of any such member to keep himself or herself in good standing in such affiliated county medical society [and the AMA] shall be sufficient cause for expelling the member from the Corporation, either by automatic termination of membership or otherwise as the Bylaws of the Corporation shall provide. Nothing herein shall be construed to prevent the Corporation from electing honorary members, medical students, or special members from among persons who are not members in good standing of affiliated county medical societies.

Chapter I - Membership

Section 2 - Admission to Membership

To be a member of this Society a physician must be a member of a component society. The term, physician, means a person who has received formal and recognized training in the art and science of medicine and is qualified to acquire an unlimited license to practice medicine and surgery in the Commonwealth of Pennsylvania. Once elected to a category of membership other than honorary, in a component society, the member is required to become a member of this Society [and the American Medical Association] within three months by paying any appropriate assessment and having the component society certify to the executive vice president of this Society that the member possesses the qualifications for the category as described in these bylaws.

Chapter I - Membership

Section 3 - Membership Categories

a. **Active Member:**...Medical students enrolled in a medical school approved by this Society are eligible for active membership in this Society. Such

students are not required to be members of a component county medical society[, but must become members of the American Medical Association]. They shall make application directly to this Society. Such students are entitled to all rights and privileges of membership....

SUBJECT FIVE

NAME CHANGE AND ROLE EXPANSION OF HOSPITAL MEDICAL STAFF SECTION

The Board of Trustees, at its May 10, 1995, meeting, directed the Committee on Bylaws to develop and publish in the Official Call, language to change the name of the Hospital Medical Staff Section (HMSS) to the Organized Medical Staff Section (OMSS) and expand the section's representation to include organized medical staffs of other health facilities and emerging delivery systems, such as physician hospital organizations (PHOs), managed care organizations (MCOs), independent practice associations (IPAs), physician organizations (POs), staff model HMOs, and preferred provider organizations (PPOs). The proposed bylaws revisions are set forth below.

Chapter VIII - House of Delegates Section 3 - Composition and Apportionment

The House of Delegates shall be composed of voting delegates and ex officio persons without the right to vote.

a. Voting delegates shall be:...

4. Eight delegates from the medical student section, ten delegates from the resident physician section, four delegates from the young physicians section, and one delegate each from the medical school section and the [hospital] organized medical staff section....

Chapter X - Nominations

Section 1 - Origin of Nomination

...Nominations for the [hospital] organized medical staff trustee shall be made by the seated delegate from the [hospital] organized medical staff section....

Chapter XIV - The Board of Trustees

Section 3 - Composition

The Board of Trustees shall consist of the president, the president elect, the vice president, the immediate past president, the speaker of the House of Delegates, the vice speaker of the House of Delegates, one trustee who is an active or associate member in good standing of this Society from



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Chapter XIV - The Board of Trustees
Section 5 - Nomination and Election of Trustees...Nominations for resident physician trustee, medical student trustee, [hospital] *organized* medical staff trustee, and young physicians trustee shall be made only by seated delegates from the resident physician, medical student, [hospital] *organized* medical staff, or young physicians section respectively. Election of all trustees by the House of Delegates is required.

Chapter XIX - Special Sections
Section 4 - Organized Medical Staff
Section - Membership in this section shall consist of [representatives of hospital] *physicians of* medical staffs in hospitals and other delivery systems in Pennsylvania. Every [hospital] *organized* medical staff shall be entitled to one representative to this section provided that the representative establishes, to the satisfaction of the credentials committee, that the individual was elected by the majority of the active physician voting members of the

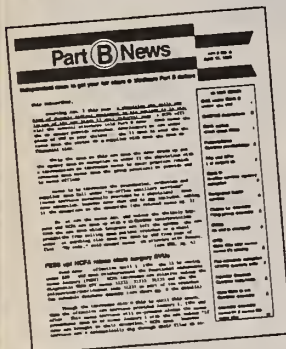
medical staff represented, that the individual is a member of the Society, and that the individual has clinical privileges granted by the medical staff represented.

The section shall elect (a) a governing council consisting of a chair, vice chair, secretary, delegate, and alternate delegate to the Society's House of Delegates and two members-at-large, and (b) one or more qualified nominees for the position of [hospital] *organized* medical staff trustee who shall be placed in nomination at the Society's House of Delegates by the delegate of the section. The offices of governing council member and delegate or alternate may be held simultaneously by a single member of the section as may the offices of governing council member and medical staff trustee. The offices of trustee and delegate or alternate may not be held simultaneously. The regular functions of this section shall include, but not be limited to, the conducting of a business meeting in conjunction with the Society's House of Delegates meeting.

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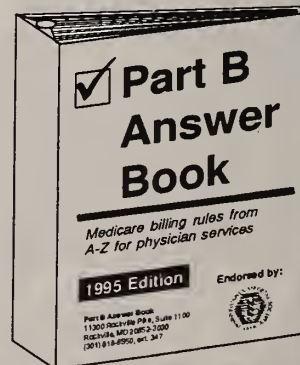
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SUBJECT SIX

TERMS OF MEMBERS OF COMMITTEE ON BYLAWS

The members of the Committee on Bylaws also serve as the members of Reference Committee A. The Committee on Bylaws believes it is important that the members' terms expire at the conclusion of the annual meeting, as do the terms of members of all other standing committees, rather than immediately prior to the annual meeting, and proposes the following amendment.

Chapter XV - Committees, Administrative Councils And Commissions

Section 2 - Standing Committees - a. Committee on Bylaws - The Committee on Bylaws shall consist of (1) five voting members of the House of Delegates appointed by the speaker of the House of Delegates, who shall also designate the chair, and (2) the speaker and vice speaker of the House of Delegates, the secretary, legal counsel, and the executive vice president as ex officio members without the right to vote. Three members of this committee shall be appointed on odd-numbered years for two-year terms, and two members of this committee shall be appointed on even-numbered years for two-year terms. No member shall serve more than two consecutive two-year terms. [The term of a member of this committee shall begin with the opening session of the annual meeting of the House of Delegates following the appointment and shall conclude immediately prior to the third annual meeting thereafter.] This committee shall constantly study the bylaws and recommend revisions and modifications necessitated by changing times, methods or conditions. This committee shall serve as the reference committee of the House of Delegates as provided in these bylaws.

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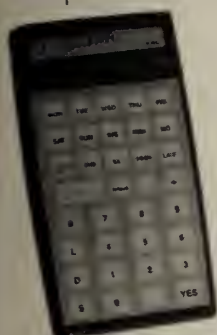
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RESOLUTION DEADLINE FOR SOCIETY'S ANNUAL MEETING

Deadline for submission of resolutions for consideration by the 1995 Pennsylvania Medical Society House of Delegates is September 27, 1995. Late submissions require a two-thirds vote to become House business.

Any member of the Society may write a resolution. However, resolutions must be introduced by a delegate. For assistance, contact your county medical society's delegates to the House.

Send resolutions to: Kay Barrett, Pennsylvania Medical Society, P.O. Box 8820, Harrisburg, PA 17105-8820; or fax to: (717) 558-7840.

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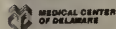
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8:45 am - 2:00 pm

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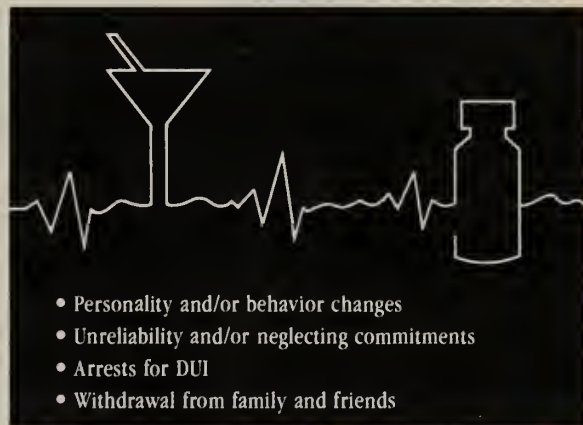
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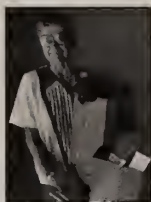
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Listings by County

MEDICAL SPECIALTY INFORMATION

The roster is coded with specialty information in the county society section. The abbreviation that appears to the right of the physician's name is the specialty code. *This specialty information was supplied from AMA records or by the physician personally and does not necessarily imply board certification in the specialty.* These codes and the specialties that they represent, along with the approximate number in each specialty, are as follows:

* Indicates membership in the Pennsylvania Medical Political Action Committee

ADL	Adolescent Medicine	2	OTO	Otolaryngology	338
AI	Allergy and Immunology	73	PTH	Pathology	311
AM	Aerospace Medicine	1	CLP	Pathology, Clinical	24
A	Allergy	50	FOP	Pathology, Forensic	1
AN	Anesthesiology	925	PD	Pediatrics	811
ATP	Anatomic Pathology	8	PDA	Pediatrics, Allergy	17
BE	Broncho-Esophagology	1	PDC	Pediatrics, Cardiology	13
BLB	Blood Banking	2	PDE	Pediatric Endocrinology	1
CCM	Critical Care Medicine	7	PHO	Pediatric Hematology-Oncology	1
CD	Cardiovascular Diseases	692	PNP	Pediatric Nephrology	1
D	Dermatology	260	PVD	Peripheral Vascular Disease	3
DMP	Dermatopathology	7	PA	Pharmacology, Clinical	12
DIA	Diabetes	18	PM	Physical Medicine/Rehabilitation	304
EM	Emergency Medicine	281	P	Psychiatry	644
END	Endocrinology	78	CHP	Psychiatry, Child	61
FP	Family Practice	1,738	PYA	Psychoanalysis	18
FPS	Facial Plastic Surgery, Otolaryngology	3	PH	Public Health	18
GE	Gastroenterology	270	PUD	Pulmonary Diseases	178
GO	Gynecological Oncology	7	RO	Radiation Oncology	59
GP	General Practice	771	R	Radiology	404
GPM	General Preventive Medicine	45	DR	Radiology, Diagnostic	471
GER	Geriatrics	48	PDR	Radiology, Pediatric	6
GYN	Gynecology	78	TR	Radiology, Therapeutic	60
HEM	Hematology	100	REN	Reproductive Endocrinology	10
IG	Immunology	3	RHU	Rheumatology	113
ID	Infectious Diseases	86	ABS	Surgery, Abdominal	6
IM	Internal Medicine	2,213	CDS	Surgery, Cardiovascular	101
LAR	Laryngology	1	CRS	Surgery, Colon and Rectal	67
LM	Legal Medicine	3	GS	Surgery, General	963
MFM	Maternal and Fetal Medicine	5	HS	Surgery, Hand	21
MFS	Maxillofacial Surgery	2	HNS	Surgery, Head and Neck	9
ND	Neoplastic Diseases	5	NS	Surgery, Neurological	191
NEP	Nephrology	134	ORS	Surgery, Orthopedic	725
N	Neurology	245	PDS	Surgery, Pediatric	17
NPM	Neonatal-Perinatal Medicine	24	PS	Surgery, Plastic	162
CHN	Neurology, Child	9	TS	Surgery, Thoracic	99
NA	Neuropathology	4	TRS	Surgery, Traumatic	13
NM	Nuclear Medicine	59	U	Surgery, Urological	357
NR	Nuclear Radiology	1	VS	Surgery, Vascular	46
NTR	Nutrition	4	OS/US	Other, i.e., physician designated a specialty other than those appearing above.	
OBS	Obstetrics	2		Unspecified.	298
OBG	Obstetrics/Gynecology	914	ST	Student	1,233
OM	Occupational Medicine	82			
ON	Oncology	149			
OPH	Ophthalmology	669			
OT	Otology	2			
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† Total excludes special non-physician membership categories.

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		1135 FOXHILL DR APT 212	
		MONROEVILLE PA 15146-1647	
		412-232-8112	
		AHMED, MD, JAMIL	GER
		601B HAY ST	
		PITTSBURGH PA 15221	
		AHUJA, MD, ARVIND	NS
		420 E NORTH AVE STE 302	
		PITTSBURGH PA 15212-4746	
		412-359-6200	
		AIKEN, MD, LUCILLE B	IM
		500 S AIKEN AVE STE 106	
		PITTSBURGH PA 15232-1505	
		412-682-2512	
		ALAYLI, MD, GHASSAN	IM
		800 PARK BLDG	
		PITTSBURGH PA 15222	
		412-281-1594	
		ALBERT, MD, JUDITH L	FP
		FERTILITY ASSOCS INC	
		MONROEVILLE PA 15146-2529	
		412-856-3130	
		ALBO, MD, VINCENT C	PD
		3520 5TH AVE STE 205	
		PITTSBURGH PA 15213-3313	
		412-681-9333	
		ALBRIGHT, MD, A LELAND	NS
		CHILDRENS HOSP	
		PITTSBURGH PA 15213-2524	
		412-692-8142	
		ALCOFF, MD, JOEL M	FP
		4215 MURRAY AVE	
		PITTSBURGH PA 15217-2903	
		412-422-1400	
		ALEXANDER, MD, GILBERT H	R
		1218 N HIGHLAND AVE	
		PITTSBURGH PA 15206	
		412-441-8899	
		ALLAMAN, MD, CHRISTEN	OPH
		6342 MARCHAND ST APT 2	
		PITTSBURGH PA 15206-4312	
		412-647-2205	
		ALLEN, MD, GREGG P	FP
		110 BREMAN LN	
		MC MURRAY PA 15317-3163	
		615-391-2440	
		ALLEN, MD, JAMES E	U
		1200 CENTRE AVE STE 450	
		PITTSBURGH PA 15219-3507	
		412-562-3171	
		ALLEN, MD, THOMAS E	OBG
		3433 BATES ST	
		PITTSBURGH PA 15213-3900	
		412-682-1917	
		ALLENBAUGH, LISA A	ST
		120 RUSKIN AVE #202	
		PITTSBURGH PA 15213	
		ALLISTER, MD, ROBERT J	P
		HEALTH AMERICA	
		PITTSBURGH PA 15235-4567	
		412-247-3046	
		ALONZO, MD, JAMES J	OBG
		6200 STEUBENVILLE PIKE	
		MCKEES ROCKS PA 15136-1342	
		412-788-4963	
		ALPERN, MD, A NATHAN	IM
		5048 5TH AVE APT 303	
		PITTSBURGH PA 15232-2134	
		ALPERT, MD, BARRY L	CD
		5140 LIBERTY AVE	
		PITTSBURGH PA 15224-2257	
		412-682-2100	
		ALTMAN, MD, LOUIS	P
		3300 NE 191ST ST APT 1002	
		MIAMI FL 33180-2444	
		ALTSCHULER, MD, ERIC M	NS
		1501 LOCUST ST	
		PITTSBURGH PA 15219-5128	
		412-471-4772	
		ALVI, MD, MUMTAZ A	GS
		2672 GROUSE DR	
		ELIZABETH PA 15037-2314	</

ALLEGHENY

ARNOLD, MD, LAURA S 412 RICHLAND LN PITTSBURGH PA 15208-2732	FP	BAFFONI JR, MD, ALBERT D WEST PENN HOSPITAL SURGERY PITTSBURGH PA 15224-1793	GS	BARATZ, MD, MARK E 127 ANDERSON ST STE 201 PITTSBURGH PA 15212-5801	ORS	BAZMI, MD, HASSAN PROFESSIONAL BLDG PITTSBURGH PA 15237-5818	GS	BERGMAN, MD, GARY R 4221 PENN AVE STE 406 PITTSBURGH PA 15224-1389	OBG
ARONSON, MD, MORTON L 161 N DITHRIDGE ST PITTSBURGH PA 15213-2646	P	BAGHAI-NAINI, MD, PARVIZ ALLEGHENY GEN HOSPITAL PITTSBURGH PA 15212-4746	NS	BARBER, MD, JAMES J RR 04 SEWICKLEY PA 15143-9804	PS	BAZMI, MD, NEPTUNE K 1 WINTERBERRY LN SEWICKLEY PA 15143-9340	AN	BERGREN, MD, ROBERT L 3501 FORBES AVE STE 500 PITTSBURGH PA 15213-1708	OPH
ARORA, ADITYA 5831 WALNUT ST # 22 PITTSBURGH PA 15232-2544	ST	BAHL, MD, MOHINDER M 10922 FRANKSTOWN RD PITTSBURGH PA 15235	FP	BARBER, MD, JOHN C 4401 PENN AVE # 1060 PITTSBURGH PA 15224-1342	OPH	BAZRON, MD, HERBERT 224 PENN AVE STE B PITTSBURGH PA 15221-2154	IM	BERHANE, MD, ELIZABETH 1115 FOX HILL DR MONROEVILLE PA 15146	IM
ARTIS, MD, CATHY J 954 LAKEMONT DR PITTSBURGH PA 15243-1816	GS	BAHL, MD, VIJAY K 104 WISE HILL RD PITTSBURGH PA 15238-2134	END	BARKEE, MD, KAREN J 5102 KARRINGTON DR GIBSONIA PA 15044-6005	DR	BEACHLER, MD, JOHN S 363 VANADIUM RD PITTSBURGH PA 15243-1497	ORS	BERK, MD, DAVID A 5900 CORPORATE DR # 150 PITTSBURGH PA 15237	OPH
ARTUSO, MD, FRANK B 2580 HAYMAKER RD STE 104 MONROEVILLE PA 15146-3500	PM	BAILES JR, MD, JULIAN E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	NS	BARMADA, MD, BICHER 4401 PENN AVE STE 1900 PITTSBURGH PA 15224-1342	TS	BEACHLEY, MD, MICHAEL C ST MARGARET MEM HOSP PITTSBURGH PA 15215-3399	* R	BERK, MD, H RONALD 3471 5TH AVE STE 810 PITTSBURGH PA 15213-3221	N
ASHOK, MD, PUDUCHERI S ASSOC IN GASTROENTEROLOGY PITTSBURGH PA 15212	GE	BAILEY, MD, STEPHEN R 2566 HAYMAKER RD MONROEVILLE PA 15146-3517	ORS	BARNES, MD, BARBARA E UNIV OF PITTSBURGH CME PITTSBURGH PA 15213	IM	BEAUDREAU, MD, DAVID G ALLEGHENY GEN HOSPITAL PITTSBURGH PA 15212-4772	AN	BERKEBILE, MD, PAUL E 106 SHANNON DR PITTSBURGH PA 15238-1714	* AN
ASHTON, MICHAEL R 5867 BEACON ST PITTSBURGH PA 15217	ST	BAILEY, MD, WILLIAM R 4148 ROCKWOOD DR PITTSBURGH PA 15227-2629	CD	BARNES, MD, WILLIAM J 395 NEWBURN DR PITTSBURGH PA 15216-1234	OPH	BECHICH, MD, MICHAEL J UPMC RM A610 2 PUH PITTSBURGH PA 15213-2582	ATP	BERKEY, MD, KENT E 5644 HEMPSTEAD ST APT C4 PITTSBURGH PA 15217-2230	N
ASMAN, MD, BARRY J 2550 MOSSIDE BLVD STE 202 MONROEVILLE PA 15146-3532	AI	BAILEY JR, DO, WILLIAM H 4018 CHELSTEAD WAY MURRYSVILLE PA 15668	IM	BARNETT, MD, ALAN J 2627 MURRAY AVE PITTSBURGH PA 15217-2418	IM	BECKMAN, DO, IRWIN 5607 HOWE ST PITTSBURGH PA 15232-2415	R	BERKEY, MD, RICHARD L PROFESSIONAL OFFICE BLDG PITTSBURGH PA 15243-1868	P
ASTHANA, MD, SHOUBHA 294 HAYS RD PITTSBURGH PA 15241-1813	PD	BAIR, MD, WILLIAM L 1921 ALLISON DR GLENSHAW PA 15116-1709	P	BARON, MD, JOHN 713 HASTINGS ST PITTSBURGH PA 15206-4533	U	BEGG, MD, FRANK R 490 E NORTH AVE STE 303 PITTSBURGH PA 15212-5325	CD	BERKMAN, MD, RONALD O 3471 5TH AVE PITTSBURGH PA 15213-3221	OPH
ASTRA, LOUIS I 5032 CENTRE AVE APT 409 PITTSBURGH PA 15213-1936	ST	BAIRD, MD, JAMES W MIFFLIN MANOR SHOPPING CTR WEST MIFFLIN PA 15122	IM	BARON, MD, SCOTT L 575 COAL VALLEY RD STE 107 CLAIRTON PA 15025-3723	PD	BEGG, MD, RICHARD J 490 E NORTH AVE STE 303 PITTSBURGH PA 15212	IM	BERKOWITZ, MD, MORTON I 401 SHADY AVE STE A103 PITTSBURGH PA 15206-4457	CHP
ATHANI, MD, VIJAY S 1200 CENTRE AVE STE 450 PITTSBURGH PA 15219-3507	U	BAKER, MD, CAROL C 21 YOST BLVD STE 305 PITTSBURGH PA 15221-5283	IM	BARONE, MD, SAMUEL F 222 BINGHAM DR PITTSBURGH PA 15241-3904	ORS	BEGG, MD, RICHARD J 490 E NORTH AVE STE 303 PITTSBURGH PA 15212	FP	BERKOWITZ, MD, PETER J 810 VALLEYVIEW RD PITTSBURGH PA 15243-1020	OPH
ATKIN, MD, DAVID H 163 WOODSHIRE DR PITTSBURGH PA 15215-1730	AN	BAKER, MD, KAREN S 22 KOHLEEN DR MCKEES ROCKS PA 15136-1059	OPH	BARR, MD, GARY A 6306 BEACON ST PITTSBURGH PA 15217-1802	FP	BEGUM, MD, DILWARA 202 HARROW DR PITTSBURGH PA 15238-2529	R	BERLIN, MD, CHARLES S 1226 BELLE ROCK ST PITTSBURGH PA 15217-1231	P
ATKINSON, MD, DONALD P 2 ALLEGHENY CTR STE 527 PITTSBURGH PA 15212-5404	GS	BAKER, MD, ROBERT L 1 FOX CHAPEL PLACE PITTSBURGH PA 15238-3102	NS	BARR, MD, GARY A 6306 BEACON ST PITTSBURGH PA 15217-1802	AN	BEHRENDT, MD, RICHARD P 525 NEWPORT DR PITTSBURGH PA 15221-3230	OBG	BERMAN, MD, MICHAEL A 1436 BEECHWOOD BLVD PITTSBURGH PA 15217-1327	PTH
ATWELL, MD, ROBERT B 5750 CENTRE AVE STE 370 PITTSBURGH PA 15206-3761	GS	BAKER, MD, WALTER J 713 WASHINGTON RD PITTSBURGH PA 15228-2001	OPH	BARRETT, MD, MARY L 136 ALLEN DR FENELTON PA 16034-9406	IM	BEHUN, MD, JOSEPH M 419 MAPLE LN SEWICKLEY PA 15143-1075	R	BERMAN, MD, PETER D 14 ROSEMONT LN PITTSBURGH PA 15217-3161	OTO
AUCHENBACH, MD, RALPH C 4727 BAYARD ST PITTSBURGH PA 15213-1707	IM	BAKER II, DO, ROBERT L 120 CHAPEL KNOLL DR PITTSBURGH PA 15238-1201	NS	BARRETT, MD, JOHN L 80 VILLAGE DR RIVERSIDE RI 02915	FP	BEITLE, MD, M DAVID 80 VILLAGE DR RIVERSIDE RI 02915	OBG	BERMAN, ROBERT M 14 N DITHRIDGE ST #408 PITTSBURGH PA 15213-2615	ST
AUDEN, MD, BRUCE N 710 THOMPSON AVE MCKEES ROCKS PA 15136	IM	BAKTH, MD, SHAMSHER PO BOX 81680 PITTSBURGH PA 15217-0480	CD	BARRETT, MD, WILLIAM A 121 HIBISCUS DR PITTSBURGH PA 15235-3124	U	BEKOE, MD, SETH 100 BROADWAY AVE CARNEGIE PA 15106-2472	CDS	BERNACKI, DO, BERNARD J 555 GREENFIELD AVE PITTSBURGH PA 15207-1093	FP
AUL, JEROME J 2500 WEDGEMERE ST PITTSBURGH PA 15226-1816	ST	BALACKO, MD, JOHN A 30 COLONY OAKS DR SHALER PA 15209-1240	CD	BARRETT, MD, WILLIAM A 121 HIBISCUS DR PITTSBURGH PA 15235-3124	ST	BENACK, MD, CARL A 121 2ND AVE ELIZABETH PA 15037-1549	OS	BERNE, MD, ELLEN S STERLING PLZ PITTSBURGH PA 15213-2619	IM
AURE, MD, HORACIO S 1433 FAWCETT AVE MCKEESPORT PA 15131-1507	CD	BALDWIN, HILARY J 5800 ELLSWORTH AVE APT 4 PITTSBURGH PA 15232	ST	BASS, MD, LEE W 3471 5TH AVE PITTSBURGH PA 15213	PD	BENCKART, MD, DANIEL H ALLEGHENY PROF BLDG PITTSBURGH PA 15212-4740	TS	BERNARD, MD, GEORGE M UNIV OF PITT PITTSBURGH PA 15261-0001	HEM
AURE, MD, ISABEL R 20 OLYMPIA ARCADE MCKEESPORT PA 15132-6110	PD	BALK, MD, JUDITH L 947 VALLEYVIEW RD PITTSBURGH PA 15243-1062	OBG	BASTIENS, MD, LEO J 847 MAC ARTHUR DR MT LEBANON PA 15228-1703	IM	BENDER, MD, RICHARD J 147 SHADOW RIDGE DR PITTSBURGH PA 15238-2141	FP	BERNS, MD, GREGORY S WPIC PITTSBURGH PA 15213	P
AUSTIN, MD, EDWARD M 6 PARKRIDGE LN PITTSBURGH PA 15228-1106	OBG	BALK, MD, PHILLIP 3500 5TH AVE PITTSBURGH PA 15213-3316	RHU	BATTISTELLA, DO, GENE M 6607 WOODWELL AVE PITTSBURGH PA 15217-1320	CHP	BENJAMIN, MD, JAMES K PRECISION MEDICAL SERVICES IRWIN PA 15642-0504	DR	BERNSTEIN, MD, ROBERT W 6699 KINSMAN RD PITTSBURGH PA 15217-1359	IM
AVERBACH, MD, DAVID H 6306 ALDERSON ST PITTSBURGH PA 15217	ST	BALOW, MD, CHRIST A 650 SMITHFIELD ST STE 1110 PITTSBURGH PA 15222-3907	OPH	BATTISTELLA, DO, GENE M 6607 WOODWELL AVE PITTSBURGH PA 15217-1320	IM	BENNETT, MD, NATHAN L HEALTH AMERICA W MIFFLIN PA 15122	FP	BERRY, MD, GEORGE J 409 OUAKEER RD SEWICKLEY PA 15143-1164	P
AWAN, MD, IHSAN H 1668 LINCOLN WAY MCKEESPORT PA 15131-1714	CD	BAMONTE, MD, EDWARD L 1074 DEVON RD PITTSBURGH PA 15213-3802	FP	BAUER, MD, FRANK L CHATHAM TOWER STE 20G PITTSBURGH PA 15219	IM	BENNETT, MD, ROBERT D 5200 CENTRE AVE STE 216 PITTSBURGH PA 15232-1300	TS	BERSCHLING, MD, CHESTER M 232 N CRAIG ST PITTSBURGH PA 15213-1508	CHP
AXELROD, MD, JANICE H WEST PENN HOSP OBG/GYN PITTSBURGH PA 15224-1793	GO	BANDARANAYAKE, MD, PICHING 5750 CENTRE AVE # 270 PITTSBURGH PA 15206-3761	A	BAUER, MD, WILLIAM F 4815 LIBERTY AVE PITTSBURGH PA 15224-2194	GS	BENNETT, MD, ROBERT D 5200 CENTRE AVE STE 216 PITTSBURGH PA 15232-1300	TS	BERTOCCHI, MD, DAVID A 400-102 CAMELOT CT PITTSBURGH PA 15220-2518	PD
AXELSON, MD, ALAN A 2575 BOYCE PLAZA RD PITTSBURGH PA 15241-3925	* CHP	BANSAL, MD, SURENDRA K MERCY HOSPITAL PITTSBURGH PA 15219-5166	DR	BAUM, MD, JEFFREY A 1350 LOCUST ST PITTSBURGH PA 15219-4738	ORS	BENNY, MD, JOSEPH J SOUTH HILLS RADIOLOGY ASSOC PITTSBURGH PA 15243-1899	DR	BERWICK, MD, EVELYN S 1605 LOWRIE ST PITTSBURGH PA 15212-4362	IM
AYASSO, MD, M SAMIR 5200 CENTRE AVE # 312 PITTSBURGH PA 15232-1300	IM	BANSAL, MD, VIJAYA MAGEE WOMENS HOSPITAL PITTSBURGH PA 15213-3180	OBG	BAUM, MD, JEFFREY A 1350 LOCUST ST PITTSBURGH PA 15219-4738	CD	BENZ JR, MD, GEORGE H 2566 HAYMAKER RD STE 105 MONROEVILLE PA 15146-3517	GS	BERYOZKIN, MD, GENNADY UNIV OF PITTSBURGH PITTSBURGH PA 15213	P
AZAR, MD, MICHAEL J EAST SUBURBAN OPHTHALMIC ASSC MONROEVILLE PA 15146	OPH	BARAD, MD, ROXANA F 77 WOODLAND RD PITTSBURGH PA 15232-2813	OPH	BAUMAN, MD, DOROTHY H WEST PENN HOSPITAL PITTSBURGH PA 15224-1793	R	BERG, MD, ALAN M DORIS PALINEC ARTHRITIS CTR PITTSBURGH PA 15215	RHU	BETTINGER, MD, ROBERT WEST PENN ANESTHESIA ASSOC PITTSBURGH PA 15224-2040	AN
AZIZ, MD, ABULRAB MONROEVILLE MEDICAL CTR MONROEVILLE PA 15146-2749	CD	BARAFF, MD, ROBERT 5718 MUNIHALL RD PITTSBURGH PA 15217-2010	N	BAUMANN, MD, THOMAS W BOX 595 ALLISON PARK PA 15101-0595	R	BERG, MD, JAMES H 151 HIGHWAY 1077 MADISONVILLE LA 70447-9665	FP	BETTS, MD, CHARLES R MERCY HOSPITAL PITTSBURGH PA 15219-5166	NEP
BABE, CHARISSA B 134 FAIRFAX RD PITTSBURGH PA 15221-4616	ST	BARAN, MD, JAMES J 1200 CENTRE AVE STE 456 PITTSBURGH PA 15219	CRS	BAUMGARTEL, MD, IRA E 231 3 DEGREE RD MARS PA 16046	IM	BERG, MD, SAUL R 110 WOODLAND FARMS RD PITTSBURGH PA 15238-2022	OBG	BEZIER, MD, JEFFREY L 409 BROAD ST STE 270 SEWICKLEY PA 15143-1518	OPH
BADWAY, MD, DAVID M 328 OLDE CHAPEL TRL PITTSBURGH PA 15238-1228	OBG	BARAN, MD, JAMES J 1200 CENTRE AVE STE 456 PITTSBURGH PA 15219	CRS	BAUMWELL, MD, IVAN A 527 BROAD ST SEWICKLEY PA 15143-1780	OPH	BERGER, MD, LISA R 261 SHADY AVE APT 11 PITTSBURGH PA 15206-4336	N	BHAGWANANI, MD, DRUPADI G WEST PENN HOSPITAL PITTSBURGH PA 15224-1793	DR
BAENS, MD, MARIA P C HEALTHAMERICA PENN HILLS H C PITTSBURGH PA 15235	IM	BARATZ, MD, MARK E 127 ANDERSON ST STE 201 PITTSBURGH PA 15212-5801	ORS	BAUMWELL, MD, IVAN A 527 BROAD ST SEWICKLEY PA 15143-1780	OPH	BERGER, MD, MALCOLM P UNION AND PENN AVE BRACKENRIDGE PA 15014	N	412-578-1781	
412-731-4569				412-741-4610		412-224-2083			

BHATIA, MD, INDUMEEET 161 OAKVILLE DR APT 2A PITTSBURGH PA 15220 412-232-7667	IM	BLOOMENTHAL, MD, ROBERT A 126 GLADSTONE RD PITTSBURGH PA 15217-1100 412-622-7709	FP	BORIK, DO, ANNE 823 BELLAIRE AVE PITTSBURGH PA 15226-1841 412-359-3131	IM	BREEN, MD, GREGORY 500 TRIPOLI ST APT 403 PITTSBURGH PA 15212-4887 412-359-3131	IM	BROWN, MD, WYNNE R E 6820 PENHAM PL PITTSBURGH PA 15208-2635 BROWN JR, MD, JAMES T 3433 BATES ST PITTSBURGH PA 15213-3900 412-682-1917	OBG
BHUTTA, MD, OMAR I 1501 LOCUST ST STE 306 PITTSBURGH PA 15219-5128 412-391-0765	P	BLOUGH, MD, LELAND S 958 PERRY HWY PITTSBURGH PA 15237-2107 412-364-7545	ORS	BORON, MD, RONALD L 6083 BOXER DR BETHEL PARK PA 15102-3204 412-261-7163	GS	BREITFELD, MD, VOLKER NORTH HILLS PASSAVANT HOSP PITTSBURGH PA 15237 412-367-6666	PTH	BRUNGO, MD, JAMES J 132 LOCUST CT PITTSBURGH PA 15237-2628 412-231-6400	OBG
BICKEL, MD, REBECCA L 1500 OXFORD BLVD STE 010 BETHEL PARK PA 15102 412-831-1114	PD	BLUESTEIN, MD, DAVID D 1110 FIRWOOD DR PITTSBURGH PA 15243-1825 412-221-8412	PD	BORUS, MD, HARRY E 7 N PEMBROKE AVE MARGATE CITY NJ 08402-1315 BOSSE, MD, MILTON D 3871 HENLEY DR PITTSBURGH PA 15235-5075 412-372-4400	IM	BRENES, MD, GILBERT 924 GUYASUTA AVE PITTSBURGH PA 15215-1626 412-781-5700	PM	BRUNGO, MD, JOHN A 139 CHERRINGTON DR PITTSBURGH PA 15237-3916 412-366-5550	FP
BIDULA, MD, LEO P 118 OAK GLEN DR OAKMONT PA 15139-1264 412-681-3900	RHU	BLUME, MD, ROBERT P 1400 LOCUST ST PITTSBURGH PA 15219-5166 BLUMENFELD, MD, LOUIS C 825 N 29TH ST # 2-I PHILADELPHIA PA 19130-1147	N	BOTKIN, MD, LESTER H 2309 SURRY LN MCKEESPORT PA 15135-3213 412-751-8200	GP	BRENT, MD, BRADLEY H 4115 STONECLIFFE DR MONROEVILLE PA 15146 BRENT, MD, LAWRENCE B ALLEGHENY PROF BLDG PITTSBURGH PA 15212-4740 412-322-2622	PD	BRUNGO, MD, JOHN D 2068 ALDERGROVE DR ALLISON PARK PA 15101-3310 412-232-8362	PD
BIDULA, MD, MAUREEN M 118 OAK GLEN DR OAKMONT PA 15139-1264 412-838-2348	R	BLYTH, BRIAN J 6009 WALNUT ST #22 PITTSBURGH PA 15206-4256 BOBBY, DO, JOHN L 110 FORT COUCH RD PITTSBURGH PA 15241-1030 412-746-8826	OPH	BOWEN, MD, A'DELBERT CHILDRENS HOSPITAL PITTSBURGH PA 15213-2583 412-692-5212	CD	BRESS, MD, ALAN N 220 MEYRAN AVE PITTSBURGH PA 15213-3311 412-621-9117	IM	BRUNNO, MD, CARMEN S 118 PHEASANT DR PITTSBURGH PA 15238-2250 412-766-2613	IM
BIGLAN, MD, ALBERT W 3518 5TH AVE PITTSBURGH PA 15213-3387 412-682-6300	OPH	BODE JR, MD, FREDERICK W 35 HOLLAND RD PITTSBURGH PA 15235-5045 BODEK, MD, ALVIN M 2218 HOMESTEAD DUQUESNE RD W MIFFLIN PA 15122-3512 412-469-0440	OTO	BOWERS, MD, RICHARD A 527 BROAD ST SEWICKLEY PA 15143-1739 412-741-4610	FP	BRETHAUER JR, MD, EDWARD A 4601 5TH AVE STE 220 PITTSBURGH PA 15213-3651 412-621-0974	ON	BRUNN JR, MD, HENRY M 97 WARWICK DR PITTSBURGH PA 15241-2105 BRUNO, MD, CARMEN S 118 PHEASANT DR PITTSBURGH PA 15238-2250 412-766-4801	AN
BLAJ, GREGORY J 5867 BEACON ST PITTSBURGH PA 15217 BIKOWSKI, MD, JOSEPH B 701 BROAD ST SEWICKLEY PA 15143-1652 412-741-2810	ST	BOEYER, MD, ANTONIA M 412-831-1114 BOEYER, MD, ANTONIA M 412-831-1114 BOEYER, MD, ANTONIA M 412-831-1114	FP	BOYMAN, MD, MICHAEL W 5820 CENTRE AVE PITTSBURGH PA 15206-3753 412-661-5500	OPH	BRILLMAN, MD, DAVID A 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-621-1566	CD	BRUNO, MD, STEPHEN C 8282 BRITANNY PL PITTSBURGH PA 15237-6359 BRUNSKILL, MD, DENNIS E 1400 LOCUST ST PITTSBURGH PA 15219-5131 412-281-2552	R
BILBAO, MD, ANGEL ST FRANCIS MED CTR PITTSBURGH PA 15201 412-622-4313	PM	BOEHME, MD, KEVIN G 103 CEDARBROOK CT MCMURRAY PA 15317-3512 412-228-2488	IM	BOYLAN JR, MD, RAYMOND J PITTSBURGH ANESTHESIA ASSOC PITTSBURGH PA 15219-5166 412-232-8006	AN	BRILLMAN, MD, JON ALLEGHENY PROF BLDG PITTSBURGH PA 15212-4746 412-321-2162	IM	BUBENHEIM, MD, DANIEL M 1236 OAK PARK CT PITTSBURGH PA 15241-3600 412-777-4350	ON
BILLER, MD, AIMEE B 603 WASHINGTON RD PITTSBURGH PA 15228-1902 412-563-6151	PD	BOETTCHER, MD, ANNA M 5927 WALNUT ST APT 8 PITTSBURGH PA 15232 BOGDIEWICZ, MD, THOMAS A 800 COMMERCE DR CORAOPLIS PA 15108-4732 412-264-1918	FP	BOYLE, MD, EILEEN M 6023 HARVARD ST PITTSBURGH PA 15206 412-661-2802	IM	BRINDIS, MD, CHARLES 798 SCRUBGRASS RD PITTSBURGH PA 15243-1124 412-648-6073	N	BUCHAR, MD, JOHN R PO BOX 61 PITCAIRN PA 15140-0061 412-829-0676	FP
BINAKONSKY, MD, HARRY S 198 BEALL DR PITTSBURGH PA 15236-2143 BINSTOCK, MD, HAROLD 307 S DITHRIDGE ST APT 612 PITTSBURGH PA 15213-3519 412-256-1842	IM	BOEYER, MD, ANTONIA M 412-831-1114 BOEYER, MD, ANTONIA M 412-831-1114 BOEYER, MD, ANTONIA M 412-831-1114	OM	BOYLE, MD, JAMES W 201 KALKIRK DR PITTSBURGH PA 15238-1045 412-922-6060	IM	BRINKMEYER, DO, SCOTT D 122 ROCKWOOD DR PITTSBURGH PA 15238-2345 412-578-5330	AN	BUCH BARKER, MD, DIANE M MERCY HOSP DEPT IM PITTSBURGH PA 15219-5166 BUCHDAHL, MD, ALICE J 401 SHADY AVE STE D103 PITTSBURGH PA 15206-4460 412-361-2800	OS
BIRK, MD, CATHERINE M HARMARVILLE REHAB CTR PITTSBURGH PA 15238 412-828-1300	PM	BOHME, MD, MARCELA WEST PENN HOSPITAL PITTSBURGH PA 15224-1793 412-578-5157	P	BOYLE, MD, MARY C 2342 SADDLE DR ALLISON PARK PA 15101-2924 412-330-4030	PD	BROCKMEYER, MD, THOMAS F 575 COAL VALLEY RD CLAIRTON PA 15025 412-276-7022	PD	BUCHANAN, MD, ROBERT R 575 COAL VALLEY RD STE 308 CLAIRTON PA 15025-3725 412-469-1733	IM
BIRRELL, MD, DONALD G 828 12TH ST OAKMONT PA 15139-1151 BIRSIC, MD, WILLIAM I 1543 HOLLY HILL DR BETHEL PARK PA 15102-3507 412-469-3400	OBG	BOHNER, MD, MARY F HEALTH AMERICA PITTSBURGH PA 15235-4567 412-731-4569	R	BRADFIELD, MD, HAROLD A 616 DECATUR AVE PITTSBURGH PA 15221-4310 BRADFORD, MD, BRADLEY J 729 CRYSTAL DR PITTSBURGH PA 15228-2444 412-232-7388	EM	BROCCOUM, MD, CONSTANTINE P 6371 MONITOR ST PITTSBURGH PA 15217-2719 412-648-3101	FP	BUCHSBAUM, MD, ROY 3833 BUCKINGHAM DR MURRYSVILLE PA 15668-1063 412-641-4600	ON
BISCHOF, DO, LEE R 1076 GREENLAWN DR PITTSBURGH PA 15220-3102 412-578-5323	AN	BOKHARI, MD, SAMINA 150 NORTHSOUTH DR PITTSBURGH PA 15237 412-664-2167	FP	BRADLEY, MD, BETTY H 1017 RUTLEDGE DR PITTSBURGH PA 15241-3916 BRADLEY, DO, BRUCE A 406 LORENZO DR IRWIN PA 15642-9500 412-681-1616	R	BRODSKY, MD, ROBERT L 2550 MOSSIDE BLVD MONROEVILLE PA 15146-3540 412-372-6120	GE	BUCK, MD, ANN L 1433 FAWCETT AVE MCKEESPORT PA 15131-1507 412-672-9759	TR
BLACK, MD, JUDITH E 352 HUNT RD PITTSBURGH PA 15238-2228 412-784-5050	IM	BOLAND, MICHAEL V 245 MELWOOD AVE APT 108 PITTSBURGH PA 15213-1618 BOLANOVICH, MD, LESTER J 4416 PENN AVE PITTSBURGH PA 15224-1312 412-681-2211	ST	BRADLEY, MD, BETTY H 1017 RUTLEDGE DR PITTSBURGH PA 15241-3916 BRADLEY, DO, BRUCE A 406 LORENZO DR IRWIN PA 15642-9500 412-681-1616	PD	BROOKS, MD, DANIEL H COUNTRY CLUB RD SEWICKLEY PA 15143-9402 412-741-8862	FP	BUCK, MD, DAVID S 1433 FAWCETT ST MCKEESPORT PA 15131 412-672-9759	R
BLACK, MD, MILTON H 352 HUNT RD PITTSBURGH PA 15238-2228 412-675-7410	OM	BOLDEN, MD, MARY C 124 CROFTON DR PITTSBURGH PA 15238-2504 412-276-1300	P	BRADLEY, DO, BRUCE A 406 LORENZO DR IRWIN PA 15642-9500 412-681-1616	IM	BROOKS III, MD, JAMES L RTE 51 PO BOX 510 BEGEE VERNON PA 15012 412-929-3130	PD	BUCK, MD, RUDOLPH L 1433 FAWCETT ST MCKEESPORT PA 15131-1507 412-672-9781	DR
BLACK JR, MD, HARRY A 14 WINTHROP RD CARNEGIE PA 15106-1039 412-276-1300	GP	BONAVENTURA, MD, MARGUERITE GALLEY WOMENS HOSP PITTSBURGH PA 15213 412-641-4274	AN	BRADLEY JR, MD, WILLIAM P 426 RANDALL CT DU BOIS PA 15801-3240 BRAGDON, MD, ROBERT W 4815 LIBERTY AVE STE 235 PITTSBURGH PA 15224-2194 412-681-5995	GE	BROSTOFF, MD, LEON M 665 RODI RD STE 2 PITTSBURGH PA 15235-4566 412-731-4569	ORS	BUCKNER, MD, SCOTT C 7121 MCPHERSON ST PITTSBURGH PA 15208-2426 BUDWAY, MD, RAYE J WESTERN PENNSYLVANIA HOSP PITTSBURGH PA 15224-1722	CD
BLAIR, MD, ALBERT J 242 BOMBAY AVE LAUDERDALE SEA FL 33308 BLAKE, MD, KARL E ALLEGHENY PROF BLDG PITTSBURGH PA 15212-4740 412-321-2205	OM	BONDI, MD, RICHARD P MCKEESPORT SURGICAL ASSOC MCKEESPORT PA 15132-2017 412-672-3422	GS	BRAMBLETT, GREGORY T 120 RUSKIN AVE # 423 PITTSBURGH PA 15213-2634 BRAMOWITZ, MD, ALAN D JEFFERSON MEDICAL BLDG PITTSBURGH PA 15236 412-469-1500	US	BROSTOFF, MD, PHILIP 580 S AIKEN AVE STE 300 PITTSBURGH PA 15232-1531 412-687-5100	PD	BUERGER, MD, DANIEL E 14 GREENS WAY BLACKWOLF NJ 08012 215-928-3000	GS
BLEICHER, MD, RICHARD J 1100 LIBERTY AVE APT 311 PITTSBURGH PA 15222-4241 412-384-5213	GS	BONESSI, MD, JAMES V 1048 LINCOLN WAY MCKEESPORT PA 15132-1453 412-678-4610	IM	BRAND, MD, CAROL E HEALTH AMERICA MONROEVILLE PA 15146-3540 412-372-6120	ST	BROUDY, MD, ARNOLD S SHADYSIDE MEDICAL CENTER PITTSBURGH PA 15232-1300 412-373-1600	HS	BUERGER, MD, DANIEL E 14 GREENS WAY BLACKWOLF NJ 08012 215-928-3000	US
BLOCK, MD, KIRK S 421 ABBEYVILLE RD PITTSBURGH PA 15228-1753 412-831-5364	IM	BONIFACE, MD, DOLORES J 3903 SAW MILL RUN BLVD PITTSBURGH PA 15227-2605 412-884-9400	OPH	BRANDSTETTER, MD, LOUIS H 1699 WASHINGTON RD STE 403 PITTSBURGH PA 15228-1629 412-835-8844	CD	BROUSSARD, MD, ELSIE R 201 LYTTON AVE PITTSBURGH PA 15213-1409 412-624-3108	PD	BUERGER JR, MD, GEORGE F 3471 5TH AVE STE 1115 PITTSBURGH PA 15213-3221 412-681-4220	OPH
BLINN, MD, DAVID L 1190 BEECHWOOD BLVD PITTSBURGH PA 15206-4546 412-761-4043	END	BONONI, MD, PATRICIA L 5140 LIBERTY AVE GRND FL PITTSBURGH PA 15224-2194 412-683-4550	FP	BRANDY, MD, DOMINIC A 601 CLEARVIEW AVE PITTSBURGH PA 15205-3223 412-429-1151	U	BROWN, MD, ANDREW J 102 E BRUCETON RD PITTSBURGH PA 15236-4412 BROWN, MD, CHARLES R 105 2ND ST ELIZABETH PA 15037-1549 412-384-8885	GS	BULKLEY, MD, TIMOTHY H 521 E END AVE PITTSBURGH PA 15211-3260 412-621-5500	FP
BLISSMAN, GREGORY C 140 UNIVERSITY MANOR E HERSHEY PA 17033 BLOCK, MD, MARIAN R WEST PENN HOSP PITTSBURGH PA 15224-1793 412-578-7227	ST	BONNETT, MD, CHARLES C 1324 WORTHINGTON CLAIRTON PA 15025-2720 BORETSKY, MD, HARRY 156 BEACONVIEW RD PITTSBURGH PA 15237-3635 412-486-2434	FP	BRANDT, LAURENT 5830 5TH AVE UNIT 4 APT 10 PITTSBURGH PA 15232-2740 BRAVEMAN, MD, BERNARD L 17900 GULF BLVD APT 18-C REDINGTON SHORES FL 33708-1102 BRECK, MD, H JANE M 3471 5TH AVE PITTSBURGH PA 15213 412-621-2432	FPS	BROWN, MD, DANA K 356 S EVALINE ST # 2 PITTSBURGH PA 15224-2239 412-784-4232	PD	BURGER, MD, REGIS F 107 MORRISON DR PITTSBURGH PA 15216-1142 BURGO, MD, ALFRED J STE 305 TWIN TOWERS PITTSBURGH PA 15205-9604 412-788-4484	GS
BLOCK, MD, ROBERT C 506 WHITE BIRCH CT PITTSBURGH PA 15238-1324 814-948-7171	PTH	BORGIA, MD, FRANK A MEDICAL ARTS BLDG NATRONA HEIGHTS PA 15065-2134 412-224-4600	AN	BRECK, MD, H JANE M 3471 5TH AVE PITTSBURGH PA 15213 412-621-2432	ST	BROWN, MD, ROBERT R 918 BELLEFONTE ST PITTSBURGH PA 15232-2204 412-578-4810	PD		

ALLEGHENY

BURKE III, MD, CHARLES J ALLEGHENY GEN HOSPITAL PITTSBURGH PA 15212-4746 412-321-0511	ORS	CAMERON, MD, JULIE F HEALTH AMERICA PITTSBURGH PA 15222	IM	CARROLL, MD, NANCY E 4725 MCKNIGHT RD PITTSBURGH PA 15237-3414 412-367-1188	IM	CHALELA, MD, JULIO A MCKEESPORT HOSP MCKEESPORT PA 15132-2483 412-664-2000	IM	CHENG, MD, KENNETH P 2213 HASSINGER LN GLENSHAW PA 15116-3042 412-682-6300	OPH
BURKEY, MD, DAVID J 363 VANADIUM RD PITTSBURGH PA 15243-1497 412-429-8840	CD	CAMPAGNA, MD, JAMES T 605 SCENERY DR ELIZABETH PA 15037-2000 412-751-0200	FP	CARROLL, MD, ROBERT J 4725 MCKNIGHT RD PITTSBURGH PA 15237-3414 412-367-1188	* IM	CHALFANT, MD, RICHARD S 9000 BROOKTREE RD STE 400 WEXFORD PA 15090-9288 412-934-1600	OBG	CHENGAPPA, MD, PALECANDA P 1933 E CARSON ST PITTSBURGH PA 15203-1835 412-381-2620	CD
BURKEY, MD, FRED J 1773 SEEGAR CIR PITTSBURGH PA 15241-2000	GP	CAMPANELLA, MD, STEPHEN D 4815 LIBERTY AVE STE M52 PITTSBURGH PA 15224-2194 412-682-3566	U	CARSON, MD, PAUL A 230 BEAM WAY PITTSBURGH PA 15211-1518	US	CHAMOVITZ, MD, JEROME 4742 CENTRE AVE APT 705 PITTSBURGH PA 15213-1735 412-741-4114	IM	CHEPONIS, MD, GEORGE B 1155 MERCHANT ST AMBRIDGE PA 15003-2372 412-266-0707	IM
BURKHOLDER, MD, JOHN A ALLEGHENY PROF BLDG PITTSBURGH PA 15212 412-323-0363	TS	CAMPBELL, MD, JEFFREY W 37 HARTFORD ST PITTSBURGH PA 15203-1306	NS	CARTER, MD, DANIEL J 4318 NORTHERN PIKE STE 205 MONROEVILLE PA 15146-2823 412-856-0770	FP	CHAMOVITZ, MD, ROBERT 220 MEYRAN AVE STE 101 PITTSBURGH PA 15213-3311 412-621-4488	GE	CHERUP, MD, E DAVID 148 WARWICK DR PITTSBURGH PA 15241-2145	GP
BURNETT, SHERRI-ANN M 120 RUSKIN AVE APT 626 PITTSBURGH PA 15213-2636	ST	CAMPBELL, MD, THOMAS P WEST PENN HOSP EMERG PITTSBURGH PA 15238 412-578-5442	EM	CARTUN, MD, STEVEN M HEALTH AMERICA PITTSBURGH PA 15213 412-622-7400	P	CHAN, SIDNEY 120 RUSKIN AVE APT 514 PITTSBURGH PA 15213-2635	ST	CHERUP, MD, LORI L 180 FT COUCH RD STE 450 PITTSBURGH PA 15241 412-833-1117	PS
BURSICK, MD, DANIEL M 1501 LOCUST ST STE 224 PITTSBURGH PA 15219 412-471-4772	NS	CAMPBELL, MD, WILLIAM L UNIV OF PITTSBURGH PITTSBURGH PA 15213 412-647-3550	DR	CASEY, MD, MICHAEL P 5820 CENTRE AVE PITTSBURGH PA 15206-3753 412-661-5500	ORS	CHANDRA, MD, RAMESH R 152 BELLA VISTA DR MURRYSVILLE PA 15668-2622 412-823-3309	CD	CHESEK, MD, LORRAINE M 1418 GREYSTONE DR PITTSBURGH PA 15206-1158	PD
BURSTEIN, MD, STUART S 1050 BOWER HILL RD PITTSBURGH PA 15243-1868 412-561-2332	P	CAMPBELL II, JOHN T 120 RUSKIN AVE APT 704 PITTSBURGH PA 15213-2637	ST	CASS, MD, STEPHEN P THE EYE & EAR INST STE 500 PITTSBURGH PA 15213-2588 412-647-5280	OTO	CHANDRA, MD, SEETHALAKSHMI 152 BELLA VISTA DR MURRYSVILLE PA 15668-2622 412-823-3309	IM	CHESIN, MD, CAROLE M 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-621-1818	OBG
BUSHKOFF, MD, STANLEY H 5200 CENTRE AVE STE 415 PITTSBURGH PA 15232-1300 412-683-6222	ORS	CAMPSEY, MD, D MICHAEL 53 SHADY DR W MT LEBANON PA 15228-1428 412-359-3131	IM	CASOFF, MD, RICHARD G 1155 MERCHANT ST AMBRIDGE PA 15003-2372 412-266-0707	IM	CHANDRASEKARAN, MD, RAMAMURTI 1709 BLVD OF ALLIES PITTSBURGH PA 15219-5947 412-391-2216	GE	CHICO, MD, LAURO V PGH PLANT PO BOX 158 MCKEESPORT PA 15134 412-881-9222	OM
BUSHMAN, MD, KARL E 1430 MILAN AVE PITTSBURGH PA 15226-1949 412-561-1484	IM	CANDELARIA, MD, JOSEFINA M 102 MARK TWAIN DR GLENSHAW PA 15116-2710 412-821-2818	OBG	CASTIGLIONE, MD, ANGELO 2490 MOSSIDE BLVD MONROEVILLE PA 15146-4236 412-372-2035	IM	CHANG, MD, ALEXANDER C S 1145 BOWER HILL RD STE 305 PITTSBURGH PA 15243-1348 412-429-2020	OPH	CHIESA, MD, NICOLETTE E STERLING PLZ PITTSBURGH PA 15212-2610 412-622-7400	EM
BUSIS, MD, NEIL A PITTSBURGH NEUROLOGY GP PITTSBURGH PA 15213-3311 412-681-2000	N	CANFIELD, MD, PATRICIA H 6619 KINSMAN RD PITTSBURGH PA 15217-1310 412-795-2710	PM	CASSTILLO, MD, MANUEL M 1806 N VILLA DR GIBSONIA PA 15044-7444 412-881-4220	GS	CHANG, MD, CHING-YEN J 6330 DARLINGTON RD PITTSBURGH PA 15217-1836 412-647-2110	OTO	CHING, MD, DANILO D 4608 PENN AVE PITTSBURGH PA 15224-1315 412-622-4100	P
BUSIS, MD, SIDNEY N 146 HARTWOOD DR PITTSBURGH PA 15208-2702 412-681-7755	OTO	CANO, MD, ELMER R UNIV OF PITTSBURGH PITTSBURGH PA 15213 412-647-3600	TR	CASTILLO, MD, WILLIAM M 117 CIDER LANE MCMURRAY PA 15317-3436 412-881-4220	GS	CHANG, SYLVIA S 120 RUSKIN AVE APT 315 PITTSBURGH PA 15213-2633	ST	CHISMER, MD, MICHAEL E 4975 SUMMIT DR ALLEGHENY PARK PA 15101-1086 412-784-4232	FP
BUTELA, MD, SHAWN T 335 S ATLANTIC AVE APT 1 PITTSBURGH PA 15224	ST	CANOSE, MD, JEFFREY L WEST PENN ANESTHESIA ASSOC PITTSBURGH PA 15224-2040 412-578-5323	AN	CASTLE, MD, WILLIAM N 701 BROAD ST SEWICKLEY PA 15143-1652 412-741-8025	U	CHANTZ, MD, DANIEL J 100 DELAFIELD RD # 313 PITTSBURGH PA 15215 412-781-0400	FP	CHOI, MD, SEAN H 1705 FAWCETT AVE E MCKEESPORT PA 15131-1811 412-624-4015	IM
BUTERBAUGH, MD, GLENN A TIMBER CT PITTSBURGH PA 15212-5801 412-321-1051	ORS	CANTEES, MD, KIMBERLY K 1348 HIGH OAK CT PITTSBURGH PA 15241-3500 412-647-6717	AN	CASTRO, MD, ARTURO F 127 LARCHFIELD DR MCKEESPORT PA 15135-3119 412-664-1210	R	CHAPMAN, MD, WILLIAM L RR 2 PO BOX 119 PUNXSUTAWNEY PA 15767 814-938-7118	IM	CHOLAPRANEE, MD, REWAT 135 CUMBERLAND RD STE 204 PITTSBURGH PA 15237-5447 412-367-3077	CD
BUTLER, MD, CHRISTOPHER L 225 W SWISSVALE AVE PITTSBURGH PA 15218-1632 412-733-5151	FP	CAPELLE, MD, SUSAN C 944 BRINTELL ST PITTSBURGH PA 15201 412-641-1000	OBG	CASTRO, MD, AUGUSTO D BRADDOCK MEDICAL CTR BRADDOCK PA 15104-1599 412-636-5289	PTH	CHAPPANO, MD, PAUL J 155 JUNIPER AVE CARLSBAD CA 92008	GS	CHORAZY, MD, ANNA J 131 WASHINGTON RD PITTSBURGH PA 15221-4437 412-521-9000	PD
BUTTERFIELD, MD, SPENCER L R AND B ORTHOPEDIC ASSOC PC PITTSBURGH PA 15212-4746 412-321-0511	ORS	CAPLAN, MD, PAUL S 3500 5TH AVE PITTSBURGH PA 15213-3316 412-682-2434	IM	CATALANE, MD, DAVID B OHIO VALLEY GEN HOSPITAL MCKEES ROCKS PA 15136 412-777-4393	GS	CHARLEY, MD, JOHN A 1340 OLD FREEPORT RD PITTSBURGH PA 15238-4101 412-967-9505	OPH	CHOUGH, MD, ANDREW C B 1668 LINCOLN WAY MCKEESPORT PA 15131-1714 412-664-4124	CD
BUZZELLI, MD, PHILIP B 810 PENN AVE PITTSBURGH PA 15222-3614 412-281-8506	OPH	CAPONE JR, MD, RAYMOND A 5727 CENTRE AVE PITTSBURGH PA 15206-3717 412-363-6626	PS	CATINO, MD, MICHAEL A 156 VALLEY VIEW DR LAWRENCE PA 15055-1001 412-648-9900	GS	CHARLEY, MD, MICHAEL R 530 SOUAW RUN E PITTSBURGH PA 15238-1922 412-731-4569	D	CHOUGH, MD, DENISE M ALMAR RADIOLOGY PITTSBURGH PA 15235 412-829-7288	DR
BYERS, MD, JOHN A 496 WINNERWOOD RD PITTSBURGH PA 15237-5648	GS	CARBONETTA MAYER, CATHERINE ST 332 HAILMAN ST PITTSBURGH PA 15206-4310	CD	CECCARELLI, MD, AMERIGO N 701 BROAD ST SEWICKLEY PA 15143-1652 412-741-8700	PD	CHARLSON, MD, MURRAY T 401 SHADY AVE STE D105 PITTSBURGH PA 15206-4460 412-362-8188	P	CHREKY, MD, EMILE H 238 SHERYL LN PITTSBURGH PA 15221-3769	EM
CABALLE, MD, JOSE B 2000 WEST ST MUNHALL PA 15120-2598 412-462-2177	IM	CARDAMONE, MD, RALPH A 609 THOMPSON ST CLEARFIELD PA 16830-1227	FP	CECIN, MD, SCOTT E 4034 TALL TIMBER DR ALLISON PARK PA 15101-3042 412-321-1810	OTO	CHARRON, MD, MARTIN CHLDRENS HOSP OF PGH PITTSBURGH PA 15213-2524 412-692-5032	NM	CHRISTIAN II, MD, HORACE D PO BOX 63 WEXFORD PA 15090-0063 412-366-2727	GS
CABANERO, MD, JUAN J A 5090 WARWICK TERR PITTSBURGH PA 15213-3836 412-623-2121	IM	CARDONE, MD, ANITA L 50 E VALINE ST PITTSBURGH PA 15224-2816 412-869-6002	TS	CELKO, MD, DAVID A 1050 BOWER HILL RD STE 306 PITTSBURGH PA 15243-1870 412-572-6168	IM	CHAUDHARI, MD, SUNITA N 809 SMOKEYWOOD DR PITTSBURGH PA 15218-2737 412-681-2200	PD	CHRISTIE, MD, KARL B 958 OSAGE RD PITTSBURGH PA 15243-1012 412-921-2222	FP
CABRAL, MD, AMADEO H 5812 5TH AVE APT X102 PITTSBURGH PA 15232-2754 412-578-6880	GS	CAREY, MD, EVA S 6 HOLLAND RD PITTSBURGH PA 15235-5043 412-661-0814	R	CERONE, DO, DAVID J 1701 HATHAWAY LN PITTSBURGH PA 15241-2705 412-488-5706	EM	CHAUDHARY, MD, SAFDAR I 100 BELLAIRE DR MONROEVILLE PA 15146-4930 412-856-8770	P	CHRISTIE, MD, WILLIAM C 4401 PENN AVE STE 1560 PITTSBURGH PA 15224-1342 412-687-1414	OPH
CAINE, MD, MARK E WEST PENN HOSP PITTSBURGH PA 15224-1793 412-578-5872	OBG	CARL, MD, GARY H 701 BROAD ST SEWICKLEY PA 15143-1652 412-741-8025	U	CERONE, MD, RONALD G MERCY PROF OFFICE BLDG PITTSBURGH PA 15219-4738 412-281-6646	GS	CHAUDHRY, MD, MEHBOOB K 1321 5TH AVE MCKEESPORT PA 15132-2424 412-672-9240	PUD	CHRISTOPHERSON, MD, WAYNE A 4305 BIGELOW BLVD PITTSBURGH PA 15213-2602 412-621-6464	GO
CALABRESE, MD, JAMIE 2550 MOSSIDE BLVD # 208 MONROEVILLE PA 15146 412-372-1331	PD	CARLIN, MD, GERALD J 420 MORRISON DR PITTSBURGH PA 15216-1206	GYN	CERRI, MD, HUGO J M 1501 LOCUST ST STE 1010 PITTSBURGH PA 15219-5128 412-381-6625	OPH	CHAUDHRY, MD, RAHAT M 1321 5TH AVE MCKEESPORT PA 15132-2424 412-672-9240	PUD	CHRISTY, MD, MICHAEL G 1008 N HIGHLAND AVE PITTSBURGH PA 15206-1620	GP
CALDWELL, MD, MATTHEW W 112 SHANGRI LA DR MONROEVILLE PA 15146-2049 412-647-2260	AN	CARLINI, MD, CHARLES J 1000 BOWER HILL RD # 213 PITTSBURGH PA 15243 412-561-4722	OBG	CERTO, MD, LOUIS M 4117 PENN AVE PITTSBURGH PA 15224-1305 412-682-7110	GS	CHAUHAN, MD, AMBARAM V 515 BROAD AVE BELLE VERNON PA 15012 412-466-5502	IM	CHUENSUMRAN, MD, ONGART 9102 BABCOCK BLVD STE LL-1 PITTSBURGH PA 15237-5819 412-367-5020	PUD
CALIGUIRI, MD, JOSEPH V SHERWOOD OAKS BOX 358 MARS PA 16046-8207	OBG	CARMEN, MD, THOMAS F WEXFORD PROF BLDG # 1 WEXFORD PA 15090-8755 412-934-1900	FP	CERTO, MD, SALVATORE A 4117 PENN AVE PITTSBURGH PA 15224-1305 412-682-7110	GS	CHEEVER, MD, FRANCIS S 30 POND RD WELLESLEY MA 02181-5706 617-726-2120	GPM	CHUENSUMRAN, MD, RAJANI S 10025 GRUBBS RD WEXFORD PA 15090-9647 412-734-6160	AN
CALIGUIRI, MD, LAWRENCE A 3801 MCKNIGHT E DR PITTSBURGH PA 15237-6437 412-367-7788	A	CARNIVALE, MD, SCOTT P BRENTWOOD MEDICAL GROUP PITTSBURGH PA 15227-2402 412-882-9455	IM	CERUL, MD, MAURICE S 401 SHADY AVE STE B104 PITTSBURGH PA 15206-4409 412-361-4144	ST	CHEN, MD, ALEX S J 5150 BEELER ST PITTSBURGH PA 15217-1002 412-641-4600	RO	CHUGHTAL, MD, ARSHAD I 4815 LIBERTY AVE STE 154 PITTSBURGH PA 15224 412-578-4405	IM
CALLAWAY, MD, CLIFTON W 16 FORBES TERRACE PITTSBURGH PA 15217-1413 412-578-3180	EM	CARPATIOS, MD, MICHAEL P 3004 ALDEN DR PITTSBURGH PA 15220-1020 412-232-8112	IM	CESSNA, MD, GERALD H WALDORF APARTMENTS PITTSBURGH PA 15237 412-361-4144	OBG	CHEN, MD, ANNE 109 LAKEVIEW DR MCKEES ROCKS PA 15136-1261 412-787-7766	PD	CHUGHTAL, MD, MUBASHAR S 424 W GRANT AVE DUQUESNE PA 15110-1011 412-469-4100	IM
CALVANESE, MD, NICHOLAS A 2525 GREENSBURG PIKE # 101 PITTSBURGH PA 15221-3685	GS	CARR, MD, JAMES V 1300 BROADWAY ST MCKEES ROCKS PA 15136-2236 412-331-4488	GP	CESSNA, WAYNE G 8824 MAPLE ST ALLISON PARK PA 15101-2729	ST	CHEN, MD, ROBERT F 532 S AIKEN AVE STE 400 PITTSBURGH PA 15232-1521 412-682-8200	TS	CHUNG, MD, KI Y 4881 DARGATE DR MURRYSVILLE PA 15668-9470 412-527-6651	IM
CALVELO, MD, MANUEL G 3755 LIBRARY RD PITTSBURGH PA 15234-2266 412-232-7979	CD	CARRAU, MD, RICARDO L UNIV OF PITT SCH OF MED OTO PITTSBURGH PA 15213 412-647-8075	OTO	CESTELLO, MD, ROBERT J 144 S 20TH ST PITTSBURGH PA 15203-2052 412-381-2588	IM	CHEN, MD, TAI-WEN 420 CRAIGFIELD RD NEW KENSINGTON PA 15068-3015	IM	CHUNG, MD, KWANG H 4881 DARGATE DR MURRYSVILLE PA 15668-9470 412-357-7121	IM
CAMBIER, MD, DAVID W 311 OLDE CHAPEL TRL PITTSBURGH PA 15238-1255 412-623-2167	AN	CARRELL, MD, ROBERT L 413 N AVE PITTSBURGH PA 15209-2333 412-821-2277	FP	CHABRA, MD, MOHAN L 9104 BABCOCK BLVD STE 5114 PITTSBURGH PA 15237-5818 412-366-2010	CD	CHENG, MD, CHUN-PIN OHIO VALLEY GEN HOSPITAL MCKEES ROCKS PA 15136 412-777-6491	AN	CIACCHIELLA, MD, SEBASTIAN J 3821 BROWNSVILLE RD PITTSBURGH PA 15227 412-648-3240	US
CAMERON, MD, DONALD Y 812 WHITE OAK CR PITTSBURGH PA 15228	IM								

CAIO, MD, CAROLE-JAY 208 HILLENDALE RD PITTSBURGH PA 15237-1804	IM	COHEN, MD, LARRY K 2571 MOSSIDE BLVD STE 1 MONROEVILLE PA 15146-3510	D	CONTRAFATTO, MD, DANIEL S 4221 PENN AVE STE 401 PITTSBURGH PA 15224	IM	CRIBBINS III, A JOSEPH 813 IVY ST APT 1 PITTSBURGH PA 15232-2440	ST	DANKO, MD, EUGENE T 503 VALHALLA DR SEWICKLEY PA 15143	DR
CIAMBOTTI, MD, GARY F 302 FOX CHAPEL RD # 308 PITTSBURGH PA 15238-2336	GE	COHEN, MD, LEONARD M 4934 PARKVUE DR PITTSBURGH PA 15236-2021	FP	412-372-2770 COOK, MD, DAVID R CHILDRENS HOSPITAL PITTSBURGH PA 15213-2583	AN	CRICHLAW, MD, AMRIL G 4706 WALNUT ST NORTH VERSAILLES PA 15132-6235	IM	412-378-9500 DANOFF, MD, MIKE 1290 CHESS ST MONONGAHELA PA 15063-2716	CD
CICCARIELLI, MD, HAROLD E MERCY HOSPITAL PITTSBURGH PA 15219-5166	AN	COHEN, MD, NORMAN F 6300 DARLINGTON RD PITTSBURGH PA 15217-1836	IM	412-692-5260 COOK, MD, WILLIAM R 143 CARICA RD NAPLES FL 33963	CD	CRISPINO, MD, CHARLES M 5750 CENTRE AVE STE 510 PITTSBURGH PA 15206-3761	CD	412-661-6770 DARRELL, MD, JOHN C 100 BROADWAY AVE CARNEGIE PA 15106-2472	TS
CICCARIELLI, MD, JILL 316 E 11TH AVE HOMESTEAD PA 15120-1631	FP	COHEN, MD, PETER Z 1 ELLSWORTH PL PITTSBURGH PA 15232-1425	ORS	412-521-4546 COHEN, MD, RICHARD L 6825 REYNOLDS ST PITTSBURGH PA 15208-2615	P	412-683-6222 COOPER, MD, JEANNE A 300 FOX CHAPEL RD UNIT 217 PITTSBURGH PA 15238-2325	ST	DASH-MODI, MD, ANITA 416 BRYANT DR PITTSBURGH PA 15235-4632	OPH
CICCHINO, MD, FRANK E 4223 COLONIAL PARK DR PITTSBURGH PA 15227-2639	U	COHEN, MD, RICHARD L 6825 REYNOLDS ST PITTSBURGH PA 15208-2615	P	412-647-7158 COHEN, DO, ROBERT A 125 DAUGHTERY DR 2ND FLR MONROEVILLE PA 15146-2749	FP	412-623-4550 COOPER, MD, WILLIAM M SHADYSIDE HOSP PITTSBURGH PA 15232-1381	CD	DASTUR, MD, KHURSHED J MERCY HOSPITAL RADIOLOGY PITTSBURGH PA 15219-5166	DR
CICHON, MD, PHILIP J 153 HILL RD WEXFORD PA 15090-8821	IM	COHEN, DO, ROBERT A 125 DAUGHTERY DR 2ND FLR MONROEVILLE PA 15146-2749	FP	412-271-1780 COLAIACOVU, MD, LYNN A 181 GRANT AVE APT 1 PITTSBURGH PA 15202-3864	IM	412-623-2518 COPELAND, MD, CHARLES E MERCY HOSPITAL PITTSBURGH PA 15219	ORS	412-232-3555 DAVID, MD, ARTHUR 10 MEADOW VIEW CT PITTSBURGH PA 15239-2351	ST
CIGANIC, MD, RATIMIR R SUBURBAN GEN HOSPITAL PITTSBURGH PA 15202	DR	COLAJA, DO, DOMINIC J 4564 PENN AVE PITTSBURGH PA 15224-1314	NEP	412-623-7560 COLATRELLA, MD, ANTHONY M 125 FIELD GATE DR PITTSBURGH PA 15241	*IM	412-772-3300 CORCORAN, MD, ALBERT W 4221 PENN AVE STE 406 PITTSBURGH PA 15224-1389	OBG	DAVIDS, MD, KYRIAKOS C WHITE OAK MEDICAL BLDG WHITE OAK PA 15131-1602	OBG
CIGNETTI, MD, FRANKLIN E 2545 MOSSIDE BLVD MONROEVILLE PA 15146-3510	OPH	COLLA, DO, DOMINIC J 4564 PENN AVE PITTSBURGH PA 15224-1314	NEP	412-232-8104 COLE, MD, DANIEL J 4721 MCKNIGHT RD # 208N PITTSBURGH PA 15237-3415	U	412-621-8292 CORDEIRO, MD, EDGAR C 603 BURNING TREE CT MCKEESPORT PA 15135-2111	TS	DAVIS, MD, EARLE R 109 WOODSHIRE DR PITTSBURGH PA 15215-1713	PTH
CINCALA, DO, ROBERT P 25 THORNBRIDGE DR PITTSBURGH PA 15202-1027	GE	COLLA, DO, DOMINIC J 4564 PENN AVE PITTSBURGH PA 15224-1314	NEP	412-367-7717 COLL, DAVID A 120 RUSKIN AVE # 423 PITTSBURGH PA 15213-2634	ST	412-379-7250 COREY, MD, STEPHEN H 237 THORNBERRY DR PITTSBURGH PA 15235-5063	GS	DAVIS, MD, JOHN S 3518 5TH AVE PITTSBURGH PA 15213-3310	OPH
CIOTTI, DO, ANNETTE A 1030 HILLGATE PL APT 1C PITTSBURGH PA 15220-1935	FP	COLLIER, MD, PAUL E 301 OHIO RIVER BLVD STE 200 SEWICKLEY PA 15143-1300	GS	412-741-8862 COLLINS, MD, LAWRENCE A 4721 MCKNIGHT RD # 208N PITTSBURGH PA 15237-3415	U	412-941-7144 COROSO, MD, JOSEPH G 5769 SALTSBURG RD VERONA PA 15147-3211	OBG	DAVIS, MD, MARJORIE F 4222 SALINE ST PITTSBURGH PA 15217-2910	DR
CITRONE, MD, PETER J 510 DORSEYVILLE DR PITTSBURGH PA 15238-1656	GS	COLLINS, MD, LAWRENCE A 4721 MCKNIGHT RD # 208N PITTSBURGH PA 15237-3415	U	412-367-7717 COLLINS JR, MD, RICHARD F 575 COAL VALLEY RD STE 314 CLAIRTON PA 15025-3725	ORS	412-793-8870 CORPUZ JR, MD, MARCELO B 1200 CENTRE AVE STE 225 PITTSBURGH PA 15219-3507	IM	412-682-6300 DAVIS, MD, PETER L PRESBY-UNIV HOSP RADIOLOGY PITTSBURGH PA 15213-2582	R
CIVITARESE, MD, LOUIS R 104 GREENBRIAR DR PITTSBURGH PA 15220-1817	GS	COLODNY, MD, STEPHEN M PGH INFECTIOUS DISEASES LTD PITTSBURGH PA 15219-4738	IM	412-232-7398 CONAWAY, MD, BRUCE E 500 BLAZIER DR WEXFORD PA 15090-9528	FP	412-228-1414 CORSELO, MD, GUY R 2342 GOLFVIEW DR PITTSBURGH PA 15241-3308	NS	412-647-6674 DAVIAKOS, MD, GEORGE 100 BROADWAY AVE CARNEGIE PA 15106	TS
CLAIR, MD, PAMELA J 10190 WOODBURY DR WEXFORD PA 15090-9580	PD	CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-622-4343 CONDON, MD, GARRY P ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4746	OPH	412-366-8377 COSTA, EMILY J 120 RUSKIN AVE APT 621 PITTSBURGH PA 15213-2636	ST	412-276-7340 DAWSON, MD, REESE E 7815 E OAK SHORE DR SCOTTSDALE AZ 85258	OBG
CLARE, MD, DAVID W 577 BRIAR CLIFF RD PITTSBURGH PA 15221-3218	GS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, KEVIN D 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	OPH	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-366-8377 COSTA, EMILY J 120 RUSKIN AVE APT 621 PITTSBURGH PA 15213-2636	ST	412-321-8316 DE VRIES, MD, EGBERT J 4815 LIBERTY AVE STE 239 PITTSBURGH PA 15224	OTO
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-687-1111 DEAN, MD, ROBERT J 754 LECHNER LN PITTSBURGH PA 15227-4310	IM
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870	CD	412-344-4767 CONDIT, MD, BRIAN E 538 HITE RD CHESWICK PA 15024-1028	PM	412-261-2020 COSGROVE, MD, JAMES L 4466 MIDDLE RD ALLISON PARK PA 15101-1110	PM	412-922-8490 D'ANTONIO, MD, JAMES A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	ORS
CLARK, MD, RICHARD E ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TS	CONCULIS, MD, FRANK 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870							

ALLEGHENY

DEMARIO, MD, DAVID P 20 CEDAR BLVD STE 208 PITTSBURGH PA 15228-1330 412-563-3590	OTO	DILLINGER, MD, ELLEN M 5600 MUNHALL RD APT 607 PITTSBURGH PA 15217-2039 412-622-7456	IM	DOSHI, MD, NALINI N WEST PENN HOSP PITTSBURGH PA 15224 412-578-7120	CLP	EBERZ, MD, DENNIS A 1501 LOCUST ST PITTSBURGH PA 15219-5128 412-391-3261	CO	ENRIQUEZ, MD, DANILO L GUYS RUN RD PITTSBURGH PA 15238-0460 412-828-1300	PM
DEMEDIO, MD, GABRIEL A 1111 MCKINLEY DR CLAIRTON PA 15025-1149 412-233-3700	GP	DILLON, MD, DANIEL J 28 WOODLAND DR PITTSBURGH PA 15228-1714	GS	DOSHI, MD, NARENDRA S ST FRANCIS CENTRAL HOSP PITTSBURGH PA 15219 412-562-3352	OBG	EDELMANN, MD, CHRISTINE A 40 ST CLAIR DR PITTSBURGH PA 15228-1831 412-359-3155	AN	EPPIINGER, MD, MARY ANN 3811 O'HARA ST PITTSBURGH PA 15213-2593 412-624-3550	CHP
DEMOS, MD, JACK 2 ALLEGHENY CTR STE 530 PITTSBURGH PA 15212-5493 412-231-0200	PS	DILLON, DO, MARY C 1264 NORBERRY CT APT 11 CRANBERRY TOWNSHIP PA 16066-8502 412-935-0665	FP	DOUDS, MD, HOWARD N 733 WASHINGTON RD PITTSBURGH PA 15228-2093 412-531-3883	IM	EDELSTEIN, MD, NORMAN L 1605 LINCOLN WAY MCKEESPORT PA 15131-1713 412-673-2525	OPH	ERBAY, MD, CELAL G 5552 COVODE ST APT 5 PITTSBURGH PA 15217 ERICKSON, MD, ELMER W 804 N GRANDVIEW AVE MCKEESPORT PA 15132-1602 412-673-4477	IM
DEOCAMPO, MD, JOSE L 4748 FRIENDSHIP AVE APT 2 PITTSBURGH PA 15224-1750 412-578-6929	IM	DIMARCO, MD, ROSS F 100 BROADWAY AVE CARNEGIE PA 15106-2472 412-276-7340	TS	DOUGHERTY, MD, RALPH N 298 MOHAWK DR MCKEESPORT PA 15135-3124	GS	EDMUNDOWICZ, MD, DANIEL 102 RIDGEVIEW CIR GLENSHAW PA 15116-2665 412-647-2323	OTO	ERNSTOFF, MD, BRIAN M 221 PENN AVE STE 1300 PITTSBURGH PA 15221-2101 412-731-8180	GS
DEORAS, MD, KIRAN S 11855 FRIEDA DR N HUNTINGDON PA 15642-2349 412-622-4100	P	DIMAURO, MD, CYNTHIA L 301 OHIO RIVER BLVD STE 306 SEWICKLEY PA 15143-1300 412-741-3852	PM	DOUGLAS, MD, RICHARD A 420 E NORTH AVE PITTSBURGH PA 15212-4746 412-359-6200	NS	EDWARDS, MD, ANITA HEALTH AMERICA WEST MIFLIN PA 15122-2461 412-655-8650	IM	ERSOZ, MD, CLARA J 2139 CLAIRMONT DR PITTSBURGH PA 15241-3241 412-221-3571	PM
DERISO, MD, BARBARA M 244 LYTTON AVE PITTSBURGH PA 15213-1410 412-647-3262	AN	DIMITRI 382 NEWCASTLE RD ROCHESTER NY 14610-1334 412-664-5000	AN	DOWLING, ROBERT F 119 BAYBERRY LN EVANS CITY PA 16033-8129	ST	EDWARDS, MD, MARY D 6652 RIDGEVILLE ST PITTSBURGH PA 15217-1315 412-355-5755	OS	ERUKHIMOV, MD, JEFFREY A 6325 MONITOR ST 2ND FLR PITTSBURGH PA 15217-2719 412-623-2121	OS
DEROSS, ANTHONY L 120 RUSKIN AVE APT 608 PITTSBURGH PA 15213	ST	DIMUSAPULOS, MD, DIMITRI 3 ALLEGHENY CTR # 712 PITTSBURGH PA 15212-5320	OBG	DOYLE, MD, ALFRED P 701 BROAD ST SEWICKLEY PA 15143-1652 412-749-7144	ON	EDWARDS, MD, WILLIAM M 6910 MEADE ST PITTSBURGH PA 15208-2402 412-361-5897	EM	ERWIN, MD, KATE M 3811 O'HARA ST PITTSBURGH PA 15213-2593 412-624-2100	IM
DESAI, MD, JITENDRA M 1 ALLEGHENY SO STE 460 PITTSBURGH PA 15212-5325 412-323-9213	U	DISCHMAN, MD, ELAINE C WEXFORD PROF BLDG 1 STE 1201 WEXFORD PA 15090	FP	DOYLE, MD, JOHN J 401 S 1ST ST STE 912 MINNEAPOLIS MN 55401	N	EELKEMA, MD, ELIZABETH A 16A N MEADOWCROFT AVE PITTSBURGH PA 15216-1504 412-343-0843	R	ESHELMAN, DO, JOSEPH K ST FRANCIS MEDICAL CENTER PITTSBURGH PA 15201 412-622-4305	CHP
DESAI, MD, SARYU J 1 ALLEGHENY SO STE 240 PITTSBURGH PA 15212-5323 412-321-1221	AN	DISCHMAN, MD, GREGORY D 500 BLAZIER DR WEXFORD PA 15090-9528 412-935-6975	IM	DREW, MD, FRANCES L 5023 FREW ST PITTSBURGH PA 15213-3826	P	EIBLING, MD, DAVID E 5502 POCUSETT ST PITTSBURGH PA 15217-1913 412-647-2110	AN	ESMAN, MD, JUDITH H 2774 BEECHWOOD BLVD PITTSBURGH PA 15217-2766	PM
DETRÉ, MD, THOMAS WESTERN PSYCH INST AND CLINIC PITTSBURGH PA 15213-2593 412-624-2396	P	DISHART, MD, MICHAEL K 844 NEVIN AVE SEWICKLEY PA 15143-1661 412-647-6459	AN	DUBNER, MD, PAUL F 161 N DITHRIDGE ST PITTSBURGH PA 15213-2646 412-621-6540	PD	EICHMILLER, MD, JOHN P 427 BAILEY AVE PITTSBURGH PA 15211-1709	OTO	ESPOSITO, MD, FRANCIS A 715 N HIGHLAND AVE PITTSBURGH PA 15206-2563 412-441-2000	PD
DEUTSCH, MD, MELVIN 200 LOTHROP ST PITTSBURGH PA 15213-2525 412-647-3600	TR	DISHART, MD, PAUL W ST MARGARET MEMORIAL HOSP PITTSBURGH PA 15215 412-784-4063	FP	DUBROVSKY, MD, OLGA CARNEGIE OFFICE PARK VI CARNEGIE PA 15106 412-279-5300	PM	EILER, MD, WILLIAM A 346 SHADOW LAWN AVE PITTSBURGH PA 15216 EISEN, MD, HOWARD B 7382 BEACON HILL DR PITTSBURGH PA 15221-2569 412-692-3430	IM	ESSIG, MD, MICHAEL J MERCY HOSPITAL PITTSBURGH PA 15219-5166 412-232-8158	FP
DEVRYER, MD, JOHANNA M 278 ASHLAND AVE PITTSBURGH PA 15228-2212 412-929-3130	IM	DITOPPA, DO, LOUIS A 1978 LINCOLN WAY WHITE OAK PA 15131-2416 412-664-0720	FP	DUCA, MD, MARK A 28 FOSTER SO PITTSBURGH PA 15212-5219 412-359-3131	ST	EISENBEIS JR, MD, CARL H 355 5TH AVE STE 800 PITTSBURGH PA 15222-2407 412-281-1594	R	ESTOLANO, MD, MARIO G 148 SPRUCE VALLEY DRIVE PITTSBURGH PA 15229-3000 412-527-9300	IM
DEYE, MD, GREGORY A 731 S NEGLAY AVE PITTSBURGH PA 15232	IM	DIVEN, MD, JUDITH C 520 WASHINGTON RD STE 203 PITTSBURGH PA 15228-2816 412-563-5777	P	DUCLOS, MD, MARTIN A 5927 WALNUT ST APT 8 PITTSBURGH PA 15232	IM	ELATTAR, MD, ANAS A 864 LOCHLIN DR PITTSBURGH PA 15243-1634	RHU	ETZEL, MD, KATHLEEN D 108 RATHBONE TER MARIETTA OH 45750-1442	DR
DHAWAN, MD, MANISH 6208 MONITOR ST PITTSBURGH PA 15217 412-648-6576	HEM	DIXIT, MD, VAISHALI N 5 BAYARD RD #606 PITTSBURGH PA 15213-1906	GS	DUERKEN, MD, ROGER L 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-621-2656	OTO	ELES, DO, GUSTAV R 995 BEAVER GRADE RD CORAOPLIS PA 15108 412-741-2700	CD	EVANS, MD, CYNTHIA K 489 MADISON ST PITTSBURGH PA 15237-4431 412-681-4401	HEM
DHAWAN, MD, RAJNISH 6208 MONITOR ST PITTSBURGH PA 15217-2712 412-578-5000	IM	DOBKN, MD, LARRY A 3755 LIBRARY RD PITTSBURGH PA 15234-2266 412-563-5560	IM	DUGGAN, MD, JAMES H 2580 HAYMAKER RD STE 201 MONROEVILLE PA 15146-3517 412-856-7500	OBG	ELIAS, MD, AFIF 606 SOLES ST 2ND FL MCKEESPORT PA 15132-2023 412-664-2131	FP	EVANS, MD, DONALD E 500 WOOD ST STE 1616 PITTSBURGH PA 15222-2414 412-391-3272	OPH
DHAWAN, MD, RAM L 575 LINCOLN AVE STE 201 PITTSBURGH PA 15202-3550 412-761-4700	IM	DOBNER, MD, JAMES C 939 COAST BLVD LA JOLLA CA 92037-4111	GP	DUKER, MD, DANIEL G 9781 WOODLAND RD PITTSBURGH PA 15237-4360 412-366-4888	IM	ELIAS, MD, STANTON B 9104 BABCOCK BLVD STE 3114 PITTSBURGH PA 15237-5818 412-364-1754	OM	EVANS, MD, STEVEN 5200 CENTRE AVE STE 609 PITTSBURGH PA 15232-1336 412-681-4989	PDS
DI GIOVINE, MD, NICK M 5820 CENTRE AVE PITTSBURGH PA 15206-3710 412-661-5500	ORS	DOBSON, MD, MICHAEL E 200 CHURCHILL RD VENETIA PA 15367-1137 412-833-2500	ID	DUNCAN, MD, JAMES R 1004 ELMHURST RD PITTSBURGH PA 15215-1820	GS	ELIGATOR, MD, JULIAN 6588 BEACON ST PITTSBURGH PA 15217-1843 412-339-6641	OPH	EVANS, MD, THOMAS M 744 VALLEYVIEW RD PITTSBURGH PA 15243-1018	OPH
DI MARCO, MD, DAVID B 4815 LIBERTY AVE # 437 PITTSBURGH PA 15224 412-682-3665	CDS	DOBLER, MD, ROBERT W 701 BROAD ST SEWICKLEY PA 15143-1652 412-741-8025	U	DUNHAM, DO, DOUGLAS A 127 E LINCOLN AVE MCDONALD PA 15057-1459 412-926-2106	AN	ELLER, MD, ANDREW W THE EYE AND EAR INST PITTSBURGH PA 15213-2588 412-647-2233	IM	EVERETT, MD, WILLIAM G 302 FOX CHAPEL RD APT 603 PITTSBURGH PA 15238-2338	OS
DIAMOND, MD, DANIEL L 110 CRESCENT DR PITTSBURGH PA 15228-1050 412-359-4068	GS	DOBLER, MD, ROBERT W 701 BROAD ST SEWICKLEY PA 15143-1652 412-741-8025	OPH	DUNN, MD, JEANETTE C 1340 PINWOOD DR PITTSBURGH PA 15243-1814	PTH	ELLIS, MD, KRIS L 1000 BOWER HILL RD PITTSBURGH PA 15243 412-343-0843	OPH	EVRON, MD, WAYNE A 5140 LIBERTY AVE PITTSBURGH PA 15224-2215 412-683-4550	END
DIAMOND, MD, HERBERT S 4800 FRIENDSHIP AVE PITTSBURGH PA 15224-1722 412-578-6928	IM	DOFOT, MD, BERNARD H 3501 FORBES AVE STE 500 PITTSBURGH PA 15213-3306 412-683-5300	CD	DUNN, MD, ROBERT T ST MARGARET MEMORIAL HOSP PITTSBURGH PA 15215 412-784-4232	FP	ELLIS, MD, LAWRENCE D 3471 5TH AVE STE 1111 PITTSBURGH PA 15213-3221 412-687-1210	DR	EWEDMI, OLUFUNKE O 5640 HOBART ST APT 10 PITTSBURGH PA 15217-2137	ST
DIAMOND, MD, MARK 4120 BROWNSVILLE RD PITTSBURGH PA 15227-9998 412-882-7747	PD	DOMAT, MD, IMAD SHADYSIDE MED CTR PITTSBURGH PA 15232-1300 412-687-8300	CD	DURKAN JR, MD, GERALD 2566 HAYMAKER RD #1-206 MONROEVILLE PA 15146-3517 412-795-9243	N	ELLIS, MD, LAWRENCE D 3471 5TH AVE STE 1111 PITTSBURGH PA 15213-3221 412-687-1210	ND	FACKOVEC, MD, MICHAEL SMITHFIELD MEDICAL PITTSBURGH PA 15222-2207 412-471-2111	* FP
DICENZO, DO, FRANK D 701 BROAD STREET SEWICKLEY PA 15143-1652 412-741-8045	OBG	DONALDSON, MD, WILLIAM F CHILDRENS HOSP OF PITTS PITTSBURGH PA 15213-2583 412-692-5061	ORS	DURNING, MD, ROBERT P 3 PPG PL PITTSBURGH PA 15222-5403 412-471-6100	ORS	ELLIS, MD, PETER G 200 DELAFIELD RD STE 2030 PITTSBURGH PA 15215 412-231-5400	ON	FAILLA, MD, JACK P 5900 CORPORATE DR STE 200 PITTSBURGH PA 15237 412-369-4000	ORS
DICENZO, MD, VALENTINA E 2351 FAIRHILL PLAYGROUND RD SEWICKLEY PA 15143-9150	PD	DONALDSON III, MD, WILLIAM F UNIVERSITY ORTHOPAEDICS INC PITTSBURGH PA 15213-3221 412-687-3900	ORS	DUTT, MD, VANDANA 129 COLLINGWOOD CT CRANBERRY TWP PA 16066-4217 412-578-5000	US	ELSAWY, MD, MAGDY M 1140 DOWNLOOK AVE PITTSBURGH PA 15201-2141 412-648-6575	HEM	FAITH, DONALD J 48 MAINSGATE ST PITTSBURGH PA 15205-2246	ST
DICKINSON, MD, PETER A 100 BROADWAY ST CARNEGIE PA 15106-2472 412-279-8940	IM	DONATELLI, MD, JOHN M 5715 KING OF ARMS DR GIBSONIA PA 15044-9717 412-443-7231	FP	DUTTA, MD, TARIT K 105 PROVAN PL PITTSBURGH PA 15229-1217 412-728-2225	R	ENCKE, MD, TED K MEDICAL OFFICE BLDG CLAIRTON PA 15025-3725 412-469-1660	ST	FALBO III, RALPH A 5628 FORBES AVE APT 4 PITTSBURGH PA 15217-1547	ST
DICOLA, MD, NANCY M 10 ROCHESTER RD PITTSBURGH PA 15229-1132 412-931-1647	PD	DONLEY JR, MD, CHARLES M 18 WILSON DR PITTSBURGH PA 15202-1322 412-672-9759	DR	DWYER, MD, JOHN H 855 THORN ST SEWICKLEY PA 15143-1831 412-321-6995	CHP	ENGLE, MD, DAVID J 109 MCCONNELL MILL LN PITTSBURGH PA 15228-1080 412-471-4772	ORS	FALCON, DO, CARLA T 4075 MONROEVILLE BLVD STE 125 MONROEVILLE PA 15146 412-373-1717	PD
DIEDERICH, MD, CHARLES F 2508 BANKSVILLE RD PITTSBURGH PA 15216-2810 412-341-6650	IM	DONNELLY, MD, BRIAN W NORTH HILLS PEDIATRICS PITTSBURGH PA 15237 412-364-5834	PD	EARLE, MD, MARTIN F MEDICAL ONCOLOGY ASSOC PITTSBURGH PA 15232-1337 412-621-7778	ON	ENGLISH, MD, DENNIS H 1 BIGELOW SO STE 729 PITTSBURGH PA 15219 412-261-0888	NS	FALCON JR, MD, JOSEPH R 2913 FREEPORT RD NATRONA HEIGHTS PA 15065-1907 412-226-3900	PS
DIEGEL, MD, JOAN E STERLING PLZ PITTSBURGH PA 15213-2610 412-622-7400	IM	DONOFIO, MD, ROBERT J 1284 GREYSTONE DR PITTSBURGH PA 15241-3256 412-429-0880	ORS	EASLER, MD, RICHARD E WEST PENN HOSPITAL PITTSBURGH PA 15224-1793 412-578-7120	PTH	ENGLISH, ROBERT F 4601 BAYARD ST APT 3A3 PITTSBURGH PA 15213-2722	OBG	FALIK, MD, RUTH 2550 MOSSIDE BLVD MONROEVILLE PA 15146 412-372-6120	IM
DIETLY, MD, ROBIN Z 130 N BELLEFIELD AVE PITTSBURGH PA 15213-2610 412-622-7456	IM	DONOVAN, MD, FRANCIS C 733 WASHINGTON RD STE 302 PITTSBURGH PA 15228-2022 412-343-2455	P	EASTMAN, MD, LAURA B 102 OLD CLAIRTON RD PITTSBURGH PA 15236-3903 412-653-5567	GP	ENNIS, MD, MICHAEL F 5200 CENTRE AVE # 312 PITTSBURGH PA 15232-1300 412-621-7777	ST	FALLERT, MD, MICHAEL A PITTSBURGH CARDIOLOGY ASSOC PITTSBURGH PA 15219-2504 412-456-0300	IM
DIEZ, MD, CHARLES M 248 TECH RD PITTSBURGH PA 15205-1737 412-771-0222	OBG	DONOVAN, MD, ROBERT J 2555B PHEASANT RUN RD WEXFORD PA 15090-7999	IM	EATON, MD, ELIZABETH A 220 ELYSIAN ST PITTSBURGH PA 15206-4416 412-561-4900	EM		GE	FANOUS, MD, MAHER M THE EYE AND EAR INSTITUTE PITTSBURGH PA 15213 412-647-2259	OPH

FARAH, MD, TONY G 9919 LE GRAND DR WEXFORD PA 15090-7012 412-359-3047	CD	FERRARO, MD, FRANCIS T 5750 CENTRE AVE STE 400 PITTSBURGH PA 15206-3761 412-363-5900	NS	FISHER, MD, DON L 320 E NORTH AVE PITTSBURGH PA 15212-4772 412-359-3045	*CD	FOWLER, MD, DAVID P 2566 HAYMAKER RD STE 311 MONROEVILLE PA 15146-3517 412-373-0880	ORS	FURGIUELE-IRACKI, MD, NATALIE 110 FT COUCH RD PITTSBURGH PA 15241-1030 412-833-9722	GS
FARKAS, MD, BARRY L 5417 PLAINFIELD ST PITTSBURGH PA 15217-1145 412-672-3633	FP	FERRER, MD, ARTHUR F 522 PARK ST MCKEESPORT PA 15132-2142	IM	FISHER, MD, GAIL 130 N BELLEFIELD AVE PITTSBURGH PA 15213-2610 412-622-7400	RHU	FRAC, MD, MICHAEL J 2594 CHAPELWOOD DR PITTSBURGH PA 15241-2849 412-831-1114	PD	FURMAN, MD, JOSEPH M EYE AND EAR INST PITTSBURGH PA 15213-2588 412-647-2117	N
FARLEY, TRACI L 4601 BAYARD ST APT 802 PITTSBURGH PA 15213-2722	ST	FERRERO, MD, BRUCE R 206 ROLLING HILLS DR SEWICKLEY PA 15143-8939 412-741-2398	AN	FISHER, MD, SCOTT R 171 JAMISON LN MONROEVILLE PA 15146-2315 412-523-4100	DR	FRAGOLA, MD, JORGE A 824 CALIFORNIA AVE PITTSBURGH PA 15202-2706 412-766-3232	N	FUSCO, MD, ROBERT D 701 BROAD ST SEWICKLEY PA 15143-1652 412-741-2700	GE
FARMER, MD, LENORE 282 JEAN DR PITTSBURGH PA 15236-2510 412-221-3302	P	FERRIS, MD, JAMES V 104 WOOD HOLLOW DR SEWICKLEY PA 15143-8963 412-648-3101	DR	FISHER, MD, STEPHEN N 1750 ST CHARLES AVE APT 235 NEW ORLEANS LA 70130-5244	R	FRAKER, MD, ANN E 601 CLYDE ST APT 204 PITTSBURGH PA 15213-2926	IM	FUSIA, MD, JOSEPH F 5802 VERONA RD VERONA PA 15147-3139 412-793-8200	GP
FARNEY, MD, ESTHER S 6112 ALDER ST APT B2 PITTSBURGH PA 15206-4228	D	FETCHKO, MD, ALEXANDER M 416 4TH AVE TARENTUM PA 15084-1810 412-224-7075	OBG	FITTING JR, MD, GEORGE M 164 OAK PARK PL PITTSBURGH PA 15243-1146	AN	FRANCIS, MD, GEORGE J 4424 PENN AVE PITTSBURGH PA 15224-1340 412-683-5211	D	FUTRELL, MD, J WILLIAM UNIV OF PITT PLASTIC SURG PITTSBURGH PA 15261-2006 412-648-9675	PS
FARRELL, MD, EDWARD L 197 KENT DR PITTSBURGH PA 15241-2133	FP	FETTEROLF, MD, DONALD E PO BOX 307 MCDONALD PA 15057-0307	IM	FITZ, MD, RALPH W 734 PINDAK RD PITTSBURGH PA 15243-1153 412-682-0300	CDS	FRANK, MD, LESLIE A 1880 SHAW AVE PITTSBURGH PA 15217-1709 412-761-1190	PD	GABOS, MD, CHARLES W 108 HEIDCREST DR PITTSBURGH PA 15237-2281 412-761-6733	GP
FARRELL, MD, MICHAEL J 2940 W LIBERTY AVE 2ND FL PITTSBURGH PA 15216-2526	IM	FIALKOV, JONATHAN 5715 ELLSWORTH AVE # D3 PITTSBURGH PA 15232-1754	ST	FLAHERTY, MD, MORGAN F 4815 LIBERTY AVE STE 222 PITTSBURGH PA 15224-2194 412-687-7200	AI	FRANKENSTEIN, MD, HERBERT 6951 LENNOX AVE VAN NUYS CA 91405-4002	GS	GABOS, MD, PAUL 4185 LIBERTY AVE PITTSBURGH PA 15224-2194 412-621-7482	REN
FATUR, MD, LEO M 247 HOODRIDGE DR PITTSBURGH PA 15234-1251 412-221-1900	IM	FIEDLER, MD, ROY W 195 MT LEBANON BLVD APT 412 PITTSBURGH PA 15228-1877	IM	FLANIGAN, MD, ROBERT E 1350 LOCUST ST STE 306 PITTSBURGH PA 15219-4738 412-765-1551	GE	FRANKLIN, MD, JOHN W B ST MARGARET MEM HOSP PITTSBURGH PA 15215-3301 412-784-4000	DR	GAFFNEY, MD, MICHAEL B 5750 CENTRE AVE STE 300 PITTSBURGH PA 15206-3766 412-363-2663	ORS
FAWCETT, MD, JAMES L ELM RD BRADFORDWOODS PA 15015 412-367-8840	U	FIEHLER, MD, PAUL C 405 JAMESBOROUGH DR PITTSBURGH PA 15238-1605 412-687-5573	PUD	FLEMING, MD, ARTHUR W 2020 ARDMORE BLVD STE 105 PITTSBURGH PA 15221-4637 412-271-2400	OPH	FRANZ, MD, JOHN P 580 S AIKEN AVE PITTSBURGH PA 15232-1531 412-621-8260	U	GAFFNEY, MD, PAUL C 5540 ELGIN AVE PITTSBURGH PA 15206-1433 412-692-5135	PD
FECZKO, MD, WILLIAM A IMAGING CTR PITTSBURGH PA 15224-1389 412-621-9720	R	FIERRO, MD, RONALD F 110 FORT COUCH RD PITTSBURGH PA 15241-1030 412-831-1320	ON	FLOCKINGER, MD, JOHN C RADIATION ONCOLOGY PITTSBURGH PA 15213-2546 412-647-3600	R	FRANZ, MD, THOMAS A 3913 LAUREL OAK DR MURRYSVILLE PA 15668-8500 412-828-1300	PM	GAGANIAS, MD, PETER J 118 BROOKDALE CIR MCMURRAY PA 15317-3306 412-469-7010	FP
FEDER, MD, GINA M 5231 KARRINGTON DR GIBSONIA PA 15044-6010 412-578-5330	AN	FIGURA, MD, JUDITH H WEST PENN HOSP PITTSBURGH PA 15224 412-578-1923	TR	FLIT, MD, FRANK J 701 HEATHERGATE DR PITTSBURGH PA 15238-1029 412-664-2245	PM	FRAZIER II, MD, JOHN E 420 E NORTH AVE STE 202 PITTSBURGH PA 15212-4740 412-321-7500	CD	GAISFORD, MD, JOHN C 910 WALDHEIM RD W PITTSBURGH PA 15215-1839 412-681-5266	PS
FEDERLE, MD, MICHAEL P UNIV OF PITT RADIOLOGY PITTSBURGH PA 15261 412-647-5788	*R	FILKINS, MD, KAREN WEST PENN HOSP PITTSBURGH PA 15224-1793 412-578-7355	OBG	FLOM, MD, DAVID M 3457 WARD ST PITTSBURGH PA 15213-4346 412-681-1095	GP	FREITAG, MD, WARREN B 2422 MARBURY RD PITTSBURGH PA 15221-3672	DR	GALDUN, MD, JOHN P 1020 OLD ORCHARD DR GIBSONIA PA 15044-6080	AN
FEDEROFF, MD, SUSAN T FRANKLIN PARK CORPORATE CTR WEXFORD PA 15090 412-935-4700	FP	FINE, MD, ARTHUR P 609 HIDDEN OAK DR JEFFERSON BORO PA 15025-3852 412-469-7035	GS	FLOM, MD, LYNDA L 6850 REYNOLDS ST PITTSBURGH PA 15208-2616 412-578-5000	GS	FRIBERG, MD, THOMAS R 203 LOTHROP ST STE 824 PITTSBURGH PA 15213-2588 412-647-2214	OPH	GALLIS, MD, CHRISTINE M 1105 ST MARTIN ST PITTSBURGH PA 15203-1417	OBG
FEDUSKA, MD, RICHARD G 1478 DOMINION CT PITTSBURGH PA 15241-3122 412-623-2167	AN	FINE, MD, DANIEL 171 MCLAUGHLIN DR NEW KENSINGTON PA 15068-4961 412-339-6641	IM	FLOOD, MD, KATHERINE M 2504 HOLLYWOOD DR PITTSBURGH PA 15235-4918 412-692-3370	PM	FRIDAY, MD, JOHN R 300 FOX CHAPEL RD APT 603 PITTSBURGH PA 15238-2327 412-661-9600	CD	GALLO, MD, RICHARD A 5018 W GROVE LN GIBSONIA PA 15044-6053 412-622-7400	OTO
FEIST, MD, JOHN H 200 LOTHROP ST PITTSBURGH PA 15213 412-847-3557	*DR	FINEGOLD, MD, AARON N 3471 5TH AVE PITTSBURGH PA 15213-3221 412-681-5200	U	FLORIAN, MD, FREDERICK M 500 BLAZIER DR WEXFORD PA 15090-9528 412-935-6975	FP	FRIDAY, MD, RUPERT H 1622 POWERS RUN RD PITTSBURGH PA 15238-2438	GYN	GALLOWAY, MD, GLORIA M 1000 FREEDOM RD CRANBERY TWP PA 16066-4802 412-752-0081	N
FELDER, MD, HERMAN 3447 FORBES AVE PITTSBURGH PA 15213-3212 412-681-2300	OTO	FINEGOLD, MD, RICHARD A PROFESSIONAL PLZ BLDG STE 104 NORTH CHARLEROI PA 15022 412-483-3225	U	FLOYD, MD, SUSAN L LITTLE SEWICKLEY CREEK RD SEWICKLEY PA 15143 412-741-6530	OBG	FRIDAY JR, MD, GILBERT A CHILDRENS HOSP PITTSBURGH PA 15213-2583 412-692-7885	PD	GALOS, MD, RICHARD S RR 2 BOX 117 CANONSBURG PA 15317-9620 412-942-3502	OTO
FELDMAN, ROBERT P 650 1/2 MOREWOOD AVE PITTSBURGH PA 15213-2910	ST	FINEGOLD, MD, WILFRED J 4940 BAYARD ST PITTSBURGH PA 15213-1802 412-621-0282	GYN	FOGEL, MD, STEWART R 3501 FORBES AVE STE 650 PITTSBURGH PA 15213-3306 412-621-1161	DR	FRIEDMAN, MD, ABRAHAM W 347 S LINDEN AVE PITTSBURGH PA 15208-2648	CD	GANDHI, MD, ANANT J 304 HARVESTER CIR PITTSBURGH PA 15241-2032 412-239-4700	IM
FELDMAN, MD, STEWART L PROFESSIONAL OFFICE BLDG # 2 MONROEVILLE PA 15146-3500 412-372-6330	U	FINESTONE, MD, STEPHEN C 15 PATRICE CT PITTSBURGH PA 15221-3619	AN	FOLB, MD, HENRY A HEALTHAMERICA MONROEVILLE PA 15146 412-655-8650	IM	FROIX, ANTHONY J 4600 BAYARD ST APT 311 PITTSBURGH PA 15213-2748	ST	GANNON, MD, MARK P 820 WAINWRIGHT DR PITTSBURGH PA 15228-1710 412-462-7666	GS
FELICE, MD, CIVIE D HEALTH AMERICA WEST MIFFLIN PA 15122-2461 412-655-8650	PD	FINIKIOTIS, MD, MICHAEL W 5830 ELLSWORTH AVE STE 202 PITTSBURGH PA 15232-1778 412-361-4001	IM	FONG, MD, JOHN K CENTURY 111 HEALTH CTR W MIFFLIN PA 15122-2461 412-647-1111	OBG	FRONDTI, MD, ROBERT L 772 SCRUBGRASS RD PITTSBURGH PA 15243-1124 412-281-6631	OBG	GANNON, MD, ROBERT P OLIVER BLDG STE 2320 PITTSBURGH PA 15222 412-281-7313	OBG
FELTWELL JR, MD, PETER M 26 WOODLAND RD SEWICKLEY PA 15143-1123	R	FINLAY, MD, JAMES W 400 PENN CTR BLVD RM 230 PITTSBURGH PA 15235-5602 412-824-1300	OPH	FONOROFF, MD, DAVID L 154 N BELLEFIELD AVE PITTSBURGH PA 15213-2655	GS	FRONDTI, MD, ROBERT L 772 SCRUBGRASS RD PITTSBURGH PA 15243-1124 412-281-6631	GS	GANTI, MD, MURTY S HEALTH AMERICA WEST MIFFLIN PA 15122-2461 412-655-8650	IM
FERENCE, ANDREA J 136 CEDARCOVE ST PITTSBURGH PA 15227-2518	ST	FINO, MD, MARSHA J 713 DUNCAN AVE APT 610 PITTSBURGH PA 15237-5029 412-359-3131	IM	FONTANA, MD, ARMAND L 2410 JAMES ST MCKEESPORT PA 15132-1829	GYN	FUCHS, MD, HANS J 3 SYCAMORE SPUR LEIGHTS DALE PA 15056-1212 412-582-4100	ORS	GANTZ, MD, GARY A 304 WAITMAN ST MORGANTOWN WV 26505 412-225-1505	D
FERGUSON, MD, BERRYLYN J 20 FAIRVIEW MANOR PITTSBURGH PA 15238-1935 412-647-2112	OTO	FIORAVANTI, MD, FRED K 120 WETZEL RD CABOT PA 16023-9509 412-652-4448	FP	FONTANA, MD, FRANK L 326 CHURCHILL RD PITTSBURGH PA 15235-5305 412-673-1211	GS	FUGE, MD, L H 1601 PENN AVE STE 5300 PITTSBURGH PA 15221-2697 412-241-2336	FP	GARDNER, MD, MORRIS Z 3018 HARTSWOOD DR ALLISON PARK PA 15101-3121 412-427-1031	P
FERGUSON, MD, DONALD G ST CLAIR HOSP PITTSBURGH PA 15243-1899 412-343-0843	*R	FIORINI, MD, CYNTHIA M 120 KINVARA CT PITTSBURGH PA 15237-3922 412-885-2000	PD	FORBES, MD, J DEXTER MILES INC PITTSBURGH PA 15205-9741 412-777-2248	OM	FUHRER, MD, RUSSELL S 200 LOTHROP ST PITTSBURGH PA 15213 412-647-3600	TR	GARCIA, MD, BYRON 5701 CENTRE AVE APT 1504 PITTSBURGH PA 15206-3707 412-624-6291	P
FERGUSON, MD, GARY M ALLEG PROF BLDG PITTSBURGH PA 15212 412-321-3968	ORS	FIREMAN, MD, PHILIP CHILDRENS HOSP PITTSBURGH PA 15213-2524 412-692-6850	PDA	FORD, CHRISTINE E 5153 5TH AVE PITTSBURGH PA 15232-2110	ST	FUHRER, MD, CARL R PRESBY UNIV HOSP RADIOLOGY PITTSBURGH PA 15213-2525 412-647-3512	DR	GARCIA, MD, DIOSDADO A 500 LEWIS RUN RD PITTSBURGH PA 15236 412-466-7787	IM
FERGUSON, MD, ROGER J 5900 CORPORATE DR STE 200 PITTSBURGH PA 15237 412-369-4000	ORS	FISCH, MD, JOHN M 2566 HAYMAKER RD STE 314 MONROEVILLE PA 15146-3555 412-372-0645	OBG	FORD, MD, ROBERT W 2721 OAK HILL DR ALLISON PARK PA 15101-2627 412-366-1322	OBG	FUKUI, MD, MELANIE B 155 FAIRFAX RD PITTSBURGH PA 15221-4615 412-641-4700	R	GARDNER, MD, ROBERT S CARDIAC SURGEONS INC PITTSBURGH PA 15224 412-682-3665	DR
FERGUSON, MD, THOMAS G 223 VILSACK RD GLENSHAW PA 15116-2016	US	FISCHER, MD, GARY S 5860 HOBART ST PITTSBURGH PA 15217-2110 412-648-2157	IM	FORMAN, MD, STEVEN D VAMC PITTSBURGH PA 15206-1297	P	FULLER, SUZANNE J 3955 BIGELOW BLVD APT 915 PITTSBURGH PA 15213-1238	ST	GARDNER, MD, WILLIAM J 411 FIELDING DR PITTSBURGH PA 15235-2021 412-371-4244	CDS
FERGUSON JR, MD, ALBERT B 300 FOX CHAPEL RD PITTSBURGH PA 15238-2331	ORS	FISCHL, MD, EDWIN C 640 LINCOLN AVE PITTSBURGH PA 15202-3420 412-761-7700	US	FORTUNATO, MD, JAMES J 4414 PENN AVE PITTSBURGH PA 15224-1312 412-622-4448	EM	FULTZ, SHAWN L 120 RUSKIN AVE APT 712 PITTSBURGH PA 15213-2637	ST	GARFINKEL, MD, MARC E 401 SHADY AVE STE A206 PITTSBURGH PA 15206-4409 412-661-4663	CHP
FERLAN, MD, LAWRENCE 158 OAK MANOR DR NATRONA HEIGHTS PA 15065-1945 412-226-2900	GP	FISH, MD, LARRY A EVERETT AND HURITE OPH ASSOC PITTSBURGH PA 15219 412-288-0885	OPH	FOSTER, MD, HOWARD K 401 SHADY AVE STE C202 PITTSBURGH PA 15206-4459 412-362-2777	P	FUNT, MD, LOREN 750 WASHINGTON RD STE 8 PITTSBURGH PA 15228-2051 412-531-2663	GS	GARNER, MD, WILLIAM J 411 FIELDING DR PITTSBURGH PA 15235-2021 412-371-4244	*FP
FERNAU, MD, JAMES L 105 FITZRANDOLPH DR CORAPOLIS PA 15108-2930 412-741-1978	PS	FISHER, MD, CURTIS K 10004 VALLEY VIEW CT WEXFORD PA 15090-7101 412-322-2622	CD	FOSTER, MD, RICHARD G 1372 ROYAL OAK DR WEXFORD PA 15090-8770 412-578-7412	DR		D	GAROFOLI, MD, CAESAR A 12 WOODLAND DR PITTSBURGH PA 15228-1714	FP

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GAROFALO JR, MD, EDWARD J 582 FIREHORN DR MONROEVILLE PA 15146-1617 412-858-2760	FP	GERARD, MD, JOSEPH A 9380 MCKNIGHT RD STE 201 PITTSBURGH PA 15237-5954 412-367-8202	CD	GLUCK, MD, JULIE L 534 GUYASUTA RD PITTSBURGH PA 15215-1653 412-621-1818	OBG	GOODMAN, MD, MARK A SHADYSIDE MEDICAL CENTER PITTSBURGH PA 15232-1300 412-682-8144	ORS	GRAY JR, MD, GEORGE H 133 WARWICK DR PITTSBURGH PA 15241-2106 412-561-7856	NS
GARRETT, MD, JEFFREY S WEST PENN CARDIOLOGY ASSOC PITTSBURGH PA 15224-2257 412-682-2100	IM	GERBER, MD, LAWRENCE D 261 SHADY AVE APT 12 PITTSBURGH PA 15206-4336	IM	GLUCKMAN, MD, ROBERT J 816 MIDDLE ST PITTSBURGH PA 15212-4915 412-231-5400	HEM	GOODMAN, MD, RICHARD A 532 S AIKEN AVE STE 302 PITTSBURGH PA 15232-1521 412-621-3388	AN	GREALISH, MD, ROBERT J 2566 HAYMAKER RD MONROEVILLE PA 15146-3517 412-858-2768	FP
GARRETT, MD, KEVIN O 402 CLINTON AVE OAKDALE PA 15071 412-648-9900	GS	GERBER, MD, MICHAEL L 42 WHISPER DR WORCESTER MA 01609-1150	PS	GNEG, MD, RICHARD 1006 TALL TREES DR PITTSBURGH PA 15241-3535 412-258-1050	DR	GOODWORTH, MD, JOHN H 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-621-2450	GS	GREATHOUSE, MD, MARK K 756 OSAGE RD PITTSBURGH PA 15243-1040 412-359-4478	CD
GARRETT JR, MD, WILLIAM S 405 E WALDHEIM RD PITTSBURGH PA 15215-1936	PS	GERNETH, MD, GEORGE J 2400 ARDMORE BLVD STE 202 PITTSBURGH PA 15221-5299 412-351-3062	OPH	GOOLA, MD, GREGORY J 255 TROTWOOD DR PITTSBURGH PA 15241-2244 412-232-8009	AN	GOPAL, MD, KRISHNAN A JEFFERSON MEDICAL BLDG CLAIRTON PA 15025-3729 412-466-7450	CRS	GREEN, MD, MAYER A GATEWAY TOWERS PITTSBURGH PA 15222-1102 412-471-3818	AI
GARRISON, MD, JUDIE L 220 SCHENLEY RD PITTSBURGH PA 15217-1171 412-648-9670	PS	GHATNEKAR, MD, JAI V 91 MERGANSER DR PITTSBURGH PA 15238 412-367-7167	GS	GOESSLER, MD, MARY C 446 LINCOLN AVE PITTSBURGH PA 15202-3631 412-761-1190	GS	GOPALANI, MD, AZIZ A 700 STONEGATE DR OAKDALE PA 15071-9416 412-257-6492	P	GREEN, MD, RICHARD L STE 380 GATEWAY TOWERS PITTSBURGH PA 15222 412-692-5530	A
GARSON, MD, WARFIELD 49 ROCKLYNN PL PITTSBURGH PA 15228-1828	OM	GHATNEKAR, MD, REVATI JAI 91 MERGANSER DR PITTSBURGH PA 15238-1148 412-367-7167	CD	GOESSLER, MD, MARY C 446 LINCOLN AVE PITTSBURGH PA 15202-3631 412-761-1190	PD	GORALCZYK JR, MD, EDWARD J 2420 GREENOCK BUENA VISTA RD MCKEESPORT PA 15135-3141 412-751-4661	FP	GREEN, MD, ROBERT M 306 BEVERLY RD PITTSBURGH PA 15216-1542 412-531-9705	FP
GARVER, MD, JAMES J 1103 LACLAIR ST PITTSBURGH PA 15218-1203 412-621-1818	OBG	GHOSHHAJRA, MD, KALYANMAY 516 COLOUITT DR PITTSBURGH PA 15238-2444 412-224-1840	DR	GOGAL, MD, HELEN MILDRED FOSTER PLZ 5 651 HOLIDAY DR PITTSBURGH PA 15220 412-922-8490	PD	GORDON, MD, ADAM J 5415 KENTUCKY AVE PITTSBURGH PA 15232 412-647-2211	ST	GREEN JR, MD, WILLIAM T CHILDRENS HOSP PITTSBURGH PA 15213-2524 412-692-5530	ORS
GARVER, MD, KENNETH L 101 STEPHENS LN VERONA PA 15147-3035	PD	GIBSON, MD, WILLIAM S 1929 MT ROYAL BLVD GLENSHAW PA 15116-2118	D	GOITZ, MD, ROBERT J 169 GORDON ST PITTSBURGH PA 15218-1661 412-647-2323	ORS	GORDON, MD, JEROLD S EYE AND EAR INST PITTSBURGH PA 15213-2588 412-647-2211	OPH	GREENBERG, MD, JAMES A CHOP DEPT OF ANES PITTSBURGH PA 15213-2583 412-692-5260	* AN
GARZARELLI, MD, DAVID M 9 GRAYHURST DR PITTSBURGH PA 15235-5300 412-672-9781	FP	GIBSON JR, MD, ROY L 166 N DITHRIDGE ST PITTSBURGH PA 15213-2647 412-624-6922	OM	GOLANI, MD, UMESH A 206 FOXHURST DR PITTSBURGH PA 15238-1818 412-682-5993	IM	GORDON, MD, MURRAY B 150 WESTLAND DR PITTSBURGH PA 15217-2539 412-359-3426	IM	GREENBERG, MD, WAYNE V 603 EDGEWOOD RD BRADFORDWOODS PA 15015-1235	NM
GASTINEAU, MD, ROBERT M 231 REXFORD DR PITTSBURGH PA 15241-3321	OM	GIGA, MD, JUDITH P 1910 COCHRAN RD PITTSBURGH PA 15220-1203 412-341-8181	PD	GOLDBERG, MD, ANDREW L 320 E NORTH AVE PITTSBURGH PA 15212-4772 412-359-3432	DR	GORDON, PAULA J 6939 PENN AVE PITTSBURGH PA 15208-2405 412-647-2211	ST	GREENBERGER, MD, JOEL S 749 CHESTNUT RD SEWICKLEY PA 15143-1143 412-647-3600	RO
GAUDIO JR, MD, RALPH 9102 BABCOCK BLVD STE LL1 PITTSBURGH PA 15237-5819 412-367-5020	CCM	GIGER, DO, DARCY J 300 OAK AVE ELIZABETH PA 15037-1630	FP	GOLDBERG, MD, LISA A 215 1ST AVE TARENTUM PA 15084-1703 412-226-2222	D	GORDON, MD, RODNEY G 5200 CENTRE AVE STE G-5 PITTSBURGH PA 15232-1300 412-623-3902	ST	GREENE, MD, ROBERT F 413 HEIGHTS DR GIBSONIA PA 15044-6032	US
GAUNTNER, MD, WALLACE C 824 CALIFORNIA AVE PITTSBURGH PA 15202-2706 412-766-3232	NEP	GILBERTI, MD, FRANK F 441 CYPRESS HILL DR PITTSBURGH PA 15235-2618	AN	GOLDBLUM, MD, ABRAHAM D 307 S DITHRIDGE ST APT 611 PITTSBURGH PA 15213-3519 412-681-4774	US	GORDON, MD, TOM J 2853 FREEPORT RD NATRONA HEIGHTS PA 15065-1905 412-224-4240	ORS	GREENER, MD, DANIEL P SEWICKLEY VALLEY HOSP SEWICKLEY PA 15143 412-647-3600	DR
GAUSS, MD, WILLIAM F 725 MARYLAND AVE PITTSBURGH PA 15232-2549 412-624-3155	OM	GILBERTI, MD, MICHAEL V 201 HILLCREST RD PITTSBURGH PA 15238-2307	GS	GOLDBLUM, MD, LEE J 7135 ROYCREST PL PITTSBURGH PA 15208-2737 412-621-0111	OBG	GORMLEY, MD, ROBERT A 1639 BLACKBURN HEIGHTS DR SEWICKLEY PA 15143-8627 412-553-7576	OPH	GREGG, MD, GRACE S 110 MILLVIEW DR PITTSBURGH PA 15238-1626 412-687-1800	PD
GAY, MD, THOMAS C ALLEGHENY PROF BLDG PITTSBURGH PA 15212 412-321-0680	CD	GILMAN, MD, EDWARD 248 MERION DR PITTSBURGH PA 15228-2349 412-664-7250	DR	GOLDBLUM, MD, ORIN M 20 CEDAR BLVD STE 410 PITTSBURGH PA 15228-1330 412-563-4120	D	GORIN, MD, MICHAEL B EYE AND EAR INSTITUTE PITTSBURGH PA 15213-2588 412-647-2211	OPH	GREGG, MD, JOHN S 4221 PENN AVE STE 507 PITTSBURGH PA 15224-1389 412-687-1800	CD
GEDDIS, MD, AMY E 1407 WIGHTMAN ST APT 1 PITTSBURGH PA 15217-1202	PD	GILMORE, MD, GEORGE H 620 BERKSHIRE DR PITTSBURGH PA 15215-1502 412-784-0304	ORS	GOLDBLUM, MD, RAYMOND W 3471 5TH AVE STE 202 PITTSBURGH PA 15213-3221 412-621-7526	D	GORMLEY, MD, ROBERT A 1639 BLACKBURN HEIGHTS DR SEWICKLEY PA 15143-8627 412-553-7576	IM	GREGORY, MD, ROBERT E 8233 C CORTEZ DR SCOTSDALE AZ 85260-5669	ABS
GEHL, MD, LEONARD G 363 VANADIUM RD PITTSBURGH PA 15243-1497 412-429-8840	CD	GILMORE, MD, JAMES OLIVER BLDG STE 2320 PITTSBURGH PA 15222 412-281-7313	OBG	GOLDBLUM, MD, RAYMOND W 3471 5TH AVE STE 202 PITTSBURGH PA 15213-3221 412-621-7526	D	GOTKIEWICZ, MD, EDWARD M 3817 WICK PL WEXFORD PA 15090-9665 412-647-2211	PD	GRECCO, MD, CHARLES C GUYS RUN RD PITTSBURGH PA 15238-0460 412-781-5700	PM
GEHL, MD, RICHARD S 1200 CENTRE AVE STE 131 PITTSBURGH PA 15219-3507 412-562-3098	ORS	GINSBURG, MD, MICHAEL J 2280 ELMHILL RD PITTSBURGH PA 15221-3664	EM	GOLDFARB, MD, I WILLIAM 4815 LIBERTY AVE STE 340 PITTSBURGH PA 15224-2194 412-681-5788	GS	GOTTLEB, MD, MICHAEL A 3447 FORBES AVE PITTSBURGH PA 15213-3212 412-681-2300	OTO	GRIKIB, MD, MICHAEL MERCY HOSP PITTSBURGH PA 15219-5166 412-232-8062	NEP
GELB, MD, RICHARD I 363 VANADIUM RD PITTSBURGH PA 15243 412-429-8840	CD	GIPSON, MD, LAWRENCE L PO BOX 212 CHARLEROI PA 15022-0212 412-483-8065	OPH	GOLDING, MD, IRVIN M 540 N NEVILLE ST STE 406 PITTSBURGH PA 15213-2838 412-681-2266	P	GOULD, DAVID A 154 BRIARWOOD DR PITTSBURGH PA 15235-4301 412-655-8775	ST	GRIEGO, MD, CAROLE B 5147 5TH AVE PITTSBURGH PA 15232 412-856-9696	PD
GELBLUM, MD, DAPHNA Y 5817 DARLINGTON RD APT 1 PITTSBURGH PA 15217-1642	US	GIRDANY, MD, BERTRAM R 8855 WILD DUNES DR SARASOTA FL 34241	PDR	GOLDMAN, MD, IRVING S 5 BAYARD RD APT 902-3 PITTSBURGH PA 15213-1955 412-621-4346	OPH	GOURASH, MD, LEONA 134 OLD CLAIRTON RD PITTSBURGH PA 15236-3903 412-655-8775	PD	GRILL, MD, HOWARD P 5456 NORTHUMBERLAND ST PITTSBURGH PA 15217-1129 412-456-0300	CD
GELET, MD, THEODORE R 2341 MARBURY RD PITTSBURGH PA 15221-3675 412-279-8940	CD	GIRDANY, MD, DAVID S 1189 ST VINCENT DR MONROEVILLE PA 15146-4317 412-373-0880	ORS	GOLDSTEIN, AMY C 5639 MARLBOROUGH RD PITTSBURGH PA 15217-1404 412-621-6540	ST	GOURASH, MD, LINDA M 6922 ROSEWOOD ST PITTSBURGH PA 15208-2639 412-621-6540	PD	GRIMM, MD, JAMES T BOX 72 67TH EVAC HOSP APO NY 09801-3565	CHP
GELETKA, MD, SUSAN M 1120 FOX HILL DR APT 202 MONROEVILLE PA 15146-1658	DR	GITLOW, MD, STUART 4 CANAL PARK APT 612 CAMBRIDGE MA 02141 617-726-2712	P	GOLDSTEIN, MD, DAVID M 332 NATICK CT WEXFORD PA 15090-9574 412-647-2211	PM	GOVI, MD, MICHAEL J 102 CANDLEWYCK DR GLENSHAW PA 15116-2702 412-784-4232	FP	GROFF, MD, HENRY C 1501 LOCUST ST PITTSBURGH PA 15219-5128 412-391-0765	P
GELLER, MD, MARK J MELLON PAVILION PITTSBURGH PA 15224-2194 412-681-2790	CD	GITTINGS, MD, PAUL E 243 CORNWALL DR PITTSBURGH PA 15238-2642	OBG	GOLDSTEIN, MD, KEITH S 35 HIGHLAND RD APT 4304 BETHEL PARK PA 15102-1876	EM	GRAFF, MD, DANIEL M 701 BROAD ST SEWICKLEY PA 15143-1652 412-741-8700	PD	GRONCZOWSKI, MD, PETER M 2339 PARKLYN ST PITTSBURGH PA 15234-2930 412-221-4740	END
GEMMELL, MD, TRACY J 71 LOCUST RIDGE DR APT 3A PITTSBURGH PA 15209-2070	OBG	GIVONETTI, MD, LORI A 719 DUNCAN AVE APT 912 PITTSBURGH PA 15237-5042	EM	GOLDSTEIN, MITCHELL J 6236 5TH AVE APT 303-B PITTSBURGH PA 15232 412-766-7709	ST	GRAHAM, MD, THOMAS R 755 FLEMING LN SEWICKLEY PA 15143-1185 412-766-7709	IM	GROSS, MD, PAUL 28 MAUI CR NAPLES FL 33962-3722	PTH
GENDELL, MD, HOWARD M 5750 CENTRE AVE STE 400 PITTSBURGH PA 15206-3761 412-363-5900	NS	GLASSO, MD, LOUIS C 3000 BROWNSVILLE RD PITTSBURGH PA 15227 412-884-2733	ORS	GOLDSTEIN, MD, MORTON L 5200 CENTRE AVE STE 409 PITTSBURGH PA 15232-1300 412-621-2334	GE	GRANATO, MD, JEROME E 2210 ONE MELLON BANK CTR PITTSBURGH PA 15219-2502 412-456-0300	CD	GROSSMAN, MD, STANLEY J 8008 BAYARD CT PITTSBURGH PA 15237-6365 412-578-5155	NM
GENNAULA, MD, CHARLES P 203 CASSIA DR CLAIRTON PA 15025-3404 412-578-5000	N	GLEASON, MD, JAMES A 1789 S BRADDOCK AVE STE 110 PITTSBURGH PA 15218-1868 412-244-8760	IM	GOLLA, MD, SARASWATHI K SUBURBAN GEN HOSP PITTSBURGH PA 15202 412-734-6017	R	GRANDIS, MD, DONALD J 5845 CENTRE AVE PITTSBURGH PA 15206 412-647-5280	IM	GROVER, MD, SUKHDEV S ST FRANCIS MED CTR PITTSBURGH PA 15201 412-681-7771	PUD
GENTILE, MD, ANTHONY F 4880 LIBRARY RD BETHEL PARK PA 15102-2962 412-831-8335	OBG	GLEDITSCH, MD, SCOTT D 1254 GREYSTONE DR PITTSBURGH PA 15241-3214 412-833-7181	P	GOMBERG, BRUCE F C 5920 DOUGLAS ST PITTSBURGH PA 15217-2108	ST	GRANDIS, MD, JENNIFER R 203 LOTHROP ST # 500 EEB PITTSBURGH PA 15213 412-647-5280	OTO	GRUBBS, MD, ROBERT M 3506 RIDGEWOOD DR PITTSBURGH PA 15235-5230 412-823-6992	GP
GEORGE, MD, JOHN J 1108 FOLKSTONE DR PITTSBURGH PA 15243-1924 412-488-5799	AN	GLEESON, MD, GEORGE H ST FRANCIS MED CTR PITTSBURGH PA 15201 412-622-4443	IM	GOMEZ, MD, SOPHIE 4951 CROWFOOT RD MURRYSVILLE PA 15668-9413 412-431-3601	IM	GRANOWITZ, MD, SAMUEL P 3471 5TH AVE STE 1010 PITTSBURGH PA 15213-3230 412-687-3900	ORS	GRUEN, MD, GARY S 3471 5TH AVE STE 1010 PITTSBURGH PA 15213-3230 412-687-3900	ORS
GEORGE, MD, JOHN M CLINICAL CARDIOLOGY PITTSBURGH PA 15215-3234 412-681-9855	CD	GLICK, MD, HAROLD M 5173 LIBERTY AVE PITTSBURGH PA 15224-2254 412-681-2200	PD	GONZALEZ, MD, ALEJANDRO R 5140 LIBERTY AVE PITTSBURGH PA 15224-2215 412-683-4550	NEP	GRANT, MD, KATHLEEN J 100 BROADWAY AVE CARNegie PA 15106-2472 412-276-7340	TS	GRUMET, MD, BERNARD A 5830 ELLSWORTH AVE STE 202 PITTSBURGH PA 15232-1779 412-361-4001	IM
GEORGE, MD, ROBERT A 105 SPRINGHOUSE DR CLAIRTON PA 15025-3365 412-469-3430	GS	GLICK, MD, KENNETH A 4815 LIBERTY AVE STE 222 PITTSBURGH PA 15224 412-545-7300	GE	GONZALEZ, MD, RENE M 1336 PRINCETON PL WEXFORD PA 15090-8706 412-647-2253	AN	GRAY, MD, CYNTHIA A 106 GLENHAVEN LN PITTSBURGH PA 15238-2204 412-621-1177	OBG	GUEHL JR, DO, JOHN J 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-621-7038	OPH
GEORGEVICH, MD, PHILIP G 1614 BLACKBURN HEIGHTS RD SEWICKLEY PA 15143-8626 412-777-4393	GS	GLICK, MD, RONALD M 700 PINETREE RD PITTSBURGH PA 15243-1044 412-648-6978	PM	GOODMAN, MD, GEORGE B 701 BROAD ST SEWICKLEY PA 15143 412-741-0985	PUD	GRAY III, MD, SAMUEL 320 3RD AVE TARENTUM PA 15084-1840 412-224-0700	CD	GUEHL SR, MD, JOHN J PO BOX 10447 PITTSBURGH PA 15234-0447	P

GUINTO, MD, JOSE C 653 SIMPSON HOWELL RD ELIZABETH PA 15037-2819 412-664-2644	R	HAN, MD, DALSOO 620 FOXHURST RD PITTSBURGH PA 15238-1826 412-664-2644	DR	HARRIS, MD, MALCOLM S 128 N CRAIG ST PITTSBURGH PA 15213-2758 412-681-3200	FP	HECK, MD, HARRY J 1203 DUTLH RD APT 3 MARS PA 16046-8505 412-231-2957	GP	HERTZOG, MD, JAMES E 400 LOCUST AVE WASHINGTON PA 15301-3329 412-222-9300	OM
GUIRGUES, ASHRAF F 120 RUSKIN AVE APT 803 PITTSBURGH PA 15213-2638	ST	HAN, MD, PAUL K J HEALTHAMERICA FOSTER PLZ 5 PITTSBURGH PA 15220-2740 412-922-8490	IM	HARRIS, MD, RICHARD N 5750 CENTRE AVE STE 380 PITTSBURGH PA 15206-3761 412-363-0611	IM	HECK III, MD, HARRY J 444 PERRY HWY PITTSBURGH PA 15229 412-231-2957	IM	HETRICK, MD, WILLIAM D 8258 BRITTANY PL PITTSBURGH PA 15237-6359 412-232-8005	* AN
GUMERMAN, MD, LEWIS W 28 UNGER LN PITTSBURGH PA 15217-1019 412-647-7291	NM	HAN, MD, YOONG O ST FRANCIS MED CTR PITTSBURGH PA 15201 412-622-4195	OBG	HARRISON, MD, ANTHONY M ULIANE S KAUFMANN BLDG PITTSBURGH PA 15213-3221 412-692-2850	GS	HECKLER, MD, FREDERICK R ALLEGHENY GENERAL HOSP PITTSBURGH PA 15212-4772 412-359-4352	PS	HEYL, MD, LOUIS W 1020 CENTER AVE PITTSBURGH PA 15229-1724 412-931-3066	FP
GUMP, MD, ROBERT B 1702 YORKTOWN PL PITTSBURGH PA 15235-4926 412-371-2121	GP	HANCHETT, MD, JAMES E 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-681-4181	NEP	HART, MD, NEIL J EAST WING OFFICE BLDG PITTSBURGH PA 15212-4746 412-321-7500	IM	HEFFLIN, MD, BROCKTON 11430 WATERBURY WAY GERMANTOWN MD 20876 HEFFLIN, MD, CHARLES M 5559 HAMPTON ST PITTSBURGH PA 15206-1434 412-371-4833	US	HEYMACH III, MD, GEORGE J 5750 CENTRE AVE STE 260 PITTSBURGH PA 15206-3761 412-362-0122	PUD
GUP, MD, DANIEL I UROLOGIC ASSOC INC PITTSBURGH PA 15224-2194 412-621-8260	U	HANCOCK, MD, REGINALD A 919 VALLEYVIEW RD PITTSBURGH PA 15243-1021 412-621-8260	U	HARTMAN JR, MD, H KING 305 DOGWOOD DR BELLE VERNON PA 15012-9466 412-622-4436	OPH	HEGARTY, MD, FRANCIS A 500 ROUTE 909 APT 227 VERONA PA 15147 HEIDENREICH, MD, FRED P 320 3RD AVE TARENTUM PA 15084-1840 412-224-0700	D	HILAL, MD, ELIAS Y 1305 LOCUST ST STE 307 PITTSBURGH PA 15219-4738 412-566-1515	OTO
GUPTA, MD, SANJAY K 5326 POCUSSETT ST APT 3 PITTSBURGH PA 15217-1968	IM	HANDELSMAN, MD, GORDON L 3212 MAIN ST MUNHALL PA 15120-3327 412-462-7700	FP	HARTMANN, MD, DAVID B 575 COAL VALLEY RD PITTSBURGH PA 15236-0229 412-469-3016	* ORS	HEIL, BRIAN V 120 RUSKIN AVE APT 512 PITTSBURGH PA 15213-2635 HEILBRUNN, MD, STEVEN M 100 ST MARGARET MED ARTS BLD PITTSBURGH PA 15215 412-784-5400	ON	HILBERG, MD, ROBERT W 1400 LOCUST ST PITTSBURGH PA 15219-5131 412-281-2552	
GURGUN, MD, MELIH 6 CARLETON DR PITTSBURGH PA 15243-1314	R	HANDELSMAN, MD, OLIVER FOREST HILLS PLZ PITTSBURGH PA 15221-5214 412-825-0500	FP	HARTNEY-BAUCOM, MD, ANNE T 5508 HOBART ST PITTSBURGH PA 15217-1923 HARTSOCK, MD, ROBERT J ALLEGHENY GEN HOSP LAB PITTSBURGH PA 15212-4772 412-359-4914	AN	HEILBRUNN, MD, STEVEN M 100 ST MARGARET MED ARTS BLD PITTSBURGH PA 15215 412-784-5400	CD	HILDEBRANDT, MD, CARL A HEALTH AMERICA PITTSBURGH PA 15213-2610 412-622-7400	PD
GURSON, MD, HELEN W 2320 E CARSON ST PITTSBURGH PA 15203-2110 412-381-3874	FP	HANDLER, MD, HARLAN B HEALTH AMERICA PITTSBURGH PA 15213 412-622-7484	P	HARTZ-SOLOFF, MD, CYNTHIA H WASHINGTON SQ PITTSBURGH PA 15228-2051 412-341-4520	PTH	HEILMAN, MD, J DANIEL 320 3RD AVE TARENTUM PA 15084-1840 412-224-0700	ST	HILL, MD, JOHN B 465 WOODLAND HILLS DR PITTSBURGH PA 15235-5065 412-622-1200	ON
GUY, MD, MARK W 1000 WESTVIEW PARK DR STE 2 PITTSBURGH PA 15229 412-939-3090	FP	HANKEY, MD, JOHN C 223 TROTWOOD DR PITTSBURGH PA 15241-2227 412-561-4900	IM	HARVEY, MD, WILLIAM J 103 GADSHILL PL PITTSBURGH PA 15237-2341 412-931-2969	P	HELMAN, MD, J DANIEL 320 3RD AVE TARENTUM PA 15084-1840 412-224-0700	PUD	HILLER JR, MD, WALTER W 574 DORSEYVILLE DR PITTSBURGH PA 15238-1531 412-367-7761	P
HAAN, MD, CONSTANCE K ST FRANCIS MEDICAL COMPLEX PITTSBURGH PA 15224-1342 412-683-2200	COS	HANKINS, MD, CHRISTOPHER L 19 NORTH CT APT 153 PITTSBURGH PA 15237 HANLON, MD, JAMES T MCKEESPORT SURGICAL ASSOC MCKEESPORT PA 15132-2017 412-672-3422	GS	HARWICK, MD, JEAN C 2400 ARMORE BLVD STE 200 PITTSBURGH PA 15221-5299 412-351-3062	GP	HEISE, MD, MICHAEL J 329 RIDGE POINT CIR APT 31 BRIDGEVILLE PA 15017-1572 412-941-7144	IM	HILLWIG, MD, ROBERT J 119 LAUREL CT PITTSBURGH PA 15202-1158 412-622-7255	CLP
HABER, KRISTIN E 6227 5TH AVE PITTSBURGH PA 15232-2902	ST	HANLON, MD, JAMES T MCKEESPORT SURGICAL ASSOC MCKEESPORT PA 15132-2017 412-672-3422	GS	HASBACH, MD, THOMAS J 363 VANADIUM RD PITTSBURGH PA 15243-1497 412-429-0880	OPH	HELLERSTEDT, BETH A 5 BAYARD RD APT 816 PITTSBURGH PA 15213-1907 HEMPHILL, MD, RICHARD W 126 CROFTON DR PITTSBURGH PA 15238-2504	ST	HILTON, MD, ALEXANDER E 1424 LINCOLN WAY MCKEESPORT PA 15131-1600 412-678-8740	GP
HAEUSSNER, MD, CHARLES F 100 DELAFIELD RD STE 301 PITTSBURGH PA 15215-3247 412-784-1900	GS	HANNA, MD, DWIGHT C LONGWOOD AT OAKMONT VERONA PA 15147 HANNA, DO, MARK J 201 SHOREHAM RD ALLISON PARK PA 15101-4244 412-359-3131	PS	HASBACH, MD, THOMAS J 363 VANADIUM RD PITTSBURGH PA 15243-1497 412-429-0880	ORS	HENDERSON, DO, MARYANNE J 119 9TH ST APT 1 PITTSBURGH PA 15215 412-622-4343	OBG	HIMOT, MD, LINDA J 1424 BEECHWOOD BLVD PITTSBURGH PA 15217-1327 412-687-2004	P
HAGBERG, MD, MARGARET M 336 OLDE CHAPEL TRL PITTSBURGH PA 15238-1228	OBG	HANNA, DO, MARK J 201 SHOREHAM RD ALLISON PARK PA 15101-4244 412-359-3131	EM	HASER, MD, HEYWOOD A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056 412-741-9226	ORS	HENDRICK, MD, STANLEY G 2015 WILLIAM PENN HWY PITTSBURGH PA 15221-2529 HENNESSEY, MD, DAVID H 701 BROAD ST SEWICKLEY PA 15143-1652 412-741-8700	IM	HINCHLIFFE, MD, JOSEPH G 401 SHADY AVE STE 1080 PITTSBURGH PA 15206-4409 412-661-8816	IM
HAGBERG, MD, WILLIAM C 336 OLDE CHAPEL TRL PITTSBURGH PA 15238-1228 412-321-1260	ORS	HANRAHAN, MD, JAMES B WEST PENN HOSP PITTSBURGH PA 15224-1793 412-578-7120	PTH	HASHIDA, MD, YOSHIE CHILDRENS HOSP PITTSBURGH PA 15213-2583 412-692-5643	PTH	HENDRY, MD, STANLEY G 2015 WILLIAM PENN HWY PITTSBURGH PA 15221-2529 HENNESSEY, MD, DAVID H 701 BROAD ST SEWICKLEY PA 15143-1652 412-741-8700	IM	HINKENS, MD, GEORGE F 3 JOHN STARK HWY NEWPORT NH 03773 603-863-4100	
HAHN, MD, ADAM W 11 CAMDEN DR PITTSBURGH PA 15215-1409	P	HAPPEL, MD, JOHN L 2100 JANE ST PITTSBURGH PA 15203-2053 412-381-8820	GS	HASHMI, MD, MAJID A 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-683-4141	CD	HENNON, MD, DON L ALLEGHENY PROF BLDG PITTSBURGH PA 15212-4791 412-231-1811	PD	HIRSCH, MD, BARRY E EYE AND EAR INST PITTSBURGH PA 15213-2588 412-647-2107	OTO
HAIRSTON JR, MD, JOHN C 6605 STANTON AVE PITTSBURGH PA 15206-1765 412-242-1084	GP	HAPPEL JR, MD, JOHN L 2100 JANE ST PITTSBURGH PA 15203-2053 412-381-8820	US	HASLEY, MD, STEPHEN K 535 SMITHFIELD ST STE 2320 PITTSBURGH PA 15222-2306 412-281-7313	OBG	HENNON, MD, ROBERT P 662 SHADE AVE PITTSBURGH PA 15202-3015 412-359-3131	GS	HIRSCH, MD, STANLEY A 580 S AIKEN AVE STE 200 PITTSBURGH PA 15232-1531 412-621-8668	GS
HAKALA, MD, THOMAS R 3471 5TH AVE STE 700 PITTSBURGH PA 15213-3221 412-692-4092	U	HAO, MD, SYED N 545 S AIKEN AVE APT 26 PITTSBURGH PA 15232-1519 HARADIN, MD, ANTHONY R 1050 BOWER HILL RD STE 106 PITTSBURGH PA 15243-1866 412-343-3348	IM	HASSOURI, MD, HASSAN 1 ALLEGHENY SQ STE 206 PITTSBURGH PA 15212-5323 412-321-4603	N	HENRY JR, MD, EDGAR S 329 MEADOW LN SEWICKLEY PA 15143-1063 HENRY JR, MD, LELAND T 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-683-0034	GS	HIRSCH, MD, STUART D 401 SHADY AVE STE C203 PITTSBURGH PA 15206-4459 412-363-0811	P
HAKAM, MD, ARDESHIR 401 SHADY AVE APT B604 PITTSBURGH PA 15206 412-647-0857	PTH	HAO, MD, SYED N 545 S AIKEN AVE APT 26 PITTSBURGH PA 15232-1519 HARADIN, MD, ANTHONY R 1050 BOWER HILL RD STE 106 PITTSBURGH PA 15243-1866 412-343-3348	ON	HAUS, MD, WILLIAM 5432 BARTLETT ST PITTSBURGH PA 15217-1528 HAUT, MD, MITCHELL 816 MIDDLE ST PITTSBURGH PA 15212-4915 412-321-5400	GP	HENRY JR, MD, EDGAR S 329 MEADOW LN SEWICKLEY PA 15143-1063 HENRY JR, MD, LELAND T 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-683-0034	OPH	HIRSH, MD, MICHAEL P 320 E NORTH AVE RITTSBURGH PA 15212 412-359-6866	PDS
HAKAS, MD, JOSEPH F 1767 HELEN DR PITTSBURGH PA 15216-1155 412-481-7200	FP	HARDAN, MD, ANTONIO V 600 P12 CHATHAM PK DR PITTSBURGH PA 15220 412-624-0208	CHP	HAUT, MD, MITCHELL 816 MIDDLE ST PITTSBURGH PA 15212-4915 412-321-5400	IM	HENRY JR, MD, LELAND T 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-683-0034	IM	HIRSHBERG, MD, RICHARD W 1260 HIGHLAND CT APT 303 BETHEL PARK PA 15102 HITCHCOCK, MD, JOHN 128 N CRAIG ST STE 217 PITTSBURGH PA 15213-2758 412-681-8772	GP
HAKAS JR, MD, JOSEPH F 1501 LOCUST ST STE 1070 PITTSBURGH PA 15219-5128 412-391-3261	IM	HARIKA, MD, JOPINDAR P 321 RED OAK CT MONROEVILLE PA 15146-3107 HARINSTEIN, MD, DAVID A 210 SPRINGHOUSE LN PITTSBURGH PA 15238-2510 412-672-1000	P	HAYAG-BARIN, MD, JULIETA 515 S AIKEN AVE APT 706 PITTSBURGH PA 15232-1523 HAYASHI, MD, T TERRY MAGEE WOMENS HOSP PITTSBURGH PA 15213-3180 412-647-4210	DR	HEPLER-SMITH, MD, MICHAEL 9370 MCKNIGHT RD STE 406 PITTSBURGH PA 15237-5953 412-366-7337	PD	HIRSH, MD, RICHARD W 1260 HIGHLAND CT APT 303 BETHEL PARK PA 15102 HITCHCOCK, MD, JOHN 128 N CRAIG ST STE 217 PITTSBURGH PA 15213-2758 412-681-8772	PYA
HAKIM, MD, CHRISTIANE M 604 MAPLEWOOD CT PITTSBURGH PA 15237-3332 412-681-8399	DR	HARIKA, MD, JOPINDAR P 321 RED OAK CT MONROEVILLE PA 15146-3107 HARINSTEIN, MD, DAVID A 210 SPRINGHOUSE LN PITTSBURGH PA 15238-2510 412-672-1000	IM	HAWARD, MARLYSE F 300 N DITHRIDGE ST APT 210 PITTSBURGH PA 15213 HAWK, MD, BRAINARD O 151 IRWIN AVE PITTSBURGH PA 15202-1939 412-766-8131	ST	HEPLER-SMITH, MD, MICHAEL 9370 MCKNIGHT RD STE 406 PITTSBURGH PA 15237-5953 412-366-7337	CD	HOBBS II, WILLIAM E 120 RUSKIN AVE APT 812 PITTSBURGH PA 15213 HOCH, MD, CARL W 6500 SMITHFIELD ST MCKEESPORT PA 15135-1030 HOCKENBERRY, MD, SHERRY L 119 WILDWOOD RD MIDLAND PA 15059	GP
HALASZYSKI, MD, LORI M 318 HIGH ST ELIZABETH PA 15037-2538	IM	HARKINS, MD, PATRICIA M 148 MARSHALL DR PITTSBURGH PA 15228-1728 412-531-3068	PD	HAWK, MD, BRAINARD O 151 IRWIN AVE PITTSBURGH PA 15202-1939 412-766-8131	OBG	HEPPNER, MD, BRADLEY T 5140 LIBERTY AVE PITTSBURGH PA 15224-2257 412-682-2100	CD	HOBBS II, WILLIAM E 120 RUSKIN AVE APT 812 PITTSBURGH PA 15213 HOCH, MD, CARL W 6500 SMITHFIELD ST MCKEESPORT PA 15135-1030 HOCKENBERRY, MD, SHERRY L 119 WILDWOOD RD MIDLAND PA 15059	ST
HALE, MD, EDWARD H 5 BAYARD RD # 612 PITTSBURGH PA 15213-1906 412-363-4900	IM	HARLEY, MD, BARBARA M 312 ELM CT PITTSBURGH PA 15237-2616 412-364-2761	PD	HAWKINS, MD, JAMES G 9104 BABCOCK BLVD STE 2111 PITTSBURGH PA 15237-5818 412-364-5834	PD	HEPPNER, MD, RICHARD L 76 WOODLAND RD PITTSBURGH PA 15232-2814 412-682-2100	CD	HOBBS II, WILLIAM E 120 RUSKIN AVE APT 812 PITTSBURGH PA 15213 HOCH, MD, CARL W 6500 SMITHFIELD ST MCKEESPORT PA 15135-1030 HOCKENBERRY, MD, SHERRY L 119 WILDWOOD RD MIDLAND PA 15059	OTO
HALEND, MD, GREGORY SUBURBAN UROLOGIC ASSOC MONROEVILLE PA 15146 412-372-6330	U	HARINIST, MD, KIMBERLY S 1145 BOWER HILL RD STE 205 PITTSBURGH PA 15243-1347 412-429-0429	DR	HAYAG-BARIN, MD, JULIETA 515 S AIKEN AVE APT 706 PITTSBURGH PA 15232-1523 HAYASHI, MD, T TERRY MAGEE WOMENS HOSP PITTSBURGH PA 15213-3180 412-647-4210	IM	HERBERT, MD, VICKI L 575 COAL VALLEY RD STE 507 JEFFERSON BORO PA 15025-3729 412-261-2110	END	HODGSON, MD, JOHN P 64 FOX POINTE PL PITTSBURGH PA 15238-1537 412-664-4124	EM
HALL, MD, DAVID G 6023 HARVARD ST PITTSBURGH PA 15206-3026 412-661-2802	FP	HARPER, MD, JOHN J FORBES HEALTH SYSTEM MONROEVILLE PA 15146-3513 412-858-2837	PD	HAYAG-BARIN, MD, JULIETA 515 S AIKEN AVE APT 706 PITTSBURGH PA 15232-1523 HAYASHI, MD, T TERRY MAGEE WOMENS HOSP PITTSBURGH PA 15213-3180 412-647-4210	GYN	HERLICH, MD, ANDREW 203 LOTHROP ST PITTSBURGH PA 15213-2546 412-647-2260	AN	HODGSON, MD, JOHN P 64 FOX POINTE PL PITTSBURGH PA 15238-1537 412-664-4124	IM
HALLMARK, MD, KAREN H 4815 LIBERTY AVE STE 456 PITTSBURGH PA 15224-2194 412-683-2679	OBG	HARPER, MD, JOHN J FORBES HEALTH SYSTEM MONROEVILLE PA 15146-3513 412-858-2837	PD	HAZEL, MD, ELIZABETH W OAKLAND OB-GYN ASSOC PITTSBURGH PA 15213-3125 412-621-7575	IM	HERMAN, MD, JAY B 7322 BEACON HILL DR PITTSBURGH PA 15221-2551 412-681-5433	U	HOFF, MD, JEANNE GREENTREE HEALTH CENTER PITTSBURGH PA 15220-2740 412-922-3085	P
HALPERN, AUDREY L 5635 HEMPSTEAD ST APT 8 PITTSBURGH PA 15217-2226	ST	HARRIS, MD, ANNE E PAIN EVALUATION & TREATMENT PITTSBURGH PA 15213 412-578-3100	AN	HAYES, MD, JAMES C 105 CROFTON DR PITTSBURGH PA 15238-2503 412-683-0034	IM	HERNDON, MD, JAMES H UNIV ORTHOPAEDICS PITTSBURGH PA 15213-3230 412-687-3900	ORS	HOFFMAN, MD, CHAROLETTE 125 WADE ST PITTSBURGH PA 15211-1854 412-359-8188	P
HAMILTON, MD, ROBERT W 408 MIDDLESEX RD MCKEESPORT PA 15135-3327 412-675-8021	GP	HARRIS, MD, BARRY C SHADYSIDE PLACE STE 325 PITTSBURGH PA 15232-1531 412-681-3779	CD	HAZEL, MD, ELIZABETH W OAKLAND OB-GYN ASSOC PITTSBURGH PA 15213-3125 412-621-7575	OBG	HERSHENSON, MD, LEE M 5200 CENTRE AVE STE 312 PITTSBURGH PA 15232-1300 412-621-7777	GE	HOFFMAN, MD, FRANKLIN D CHAPEL MEWS PITTSBURGH PA 15238-2327 HOFFMAN, DO, MARC E 1401 FORBES AVE 3RD FLR PITTSBURGH PA 15219 412-288-0885	OPH
HAMM, MD, CHARLES R 208 VAN BUREN CIR PITTSBURGH PA 15229-1225 412-777-6258	R	HARRIS, MD, BERNADETTE G HEALTH AMERICA PITTSBURGH PA 15213-2610 412-622-7456	IM	HEATH, MD, F RICHARD 53 FOX POINTE DR PITTSBURGH PA 15238-1534 304-293-7215	EM	HERSHEY, MD, RICHARD E 701 PINETREE RD PITTSBURGH PA 15243-1043 HERSHLINE, MD, ROGER K 5 BAYARD RD APT 710 PITTSBURGH PA 15213-1906 412-682-5992	NS	HOFFMAN, DO, MARC E 1401 FORBES AVE 3RD FLR PITTSBURGH PA 15219 412-288-0885	OPH
HAMMELL, MD, EUGENE J 4815 LIBERTY AVE STE 340 PITTSBURGH PA 15224-2194 412-681-5788	GS	HARRIS, MD, KATHLEEN M 100 N BELLEFIELD AVE STE 300 PITTSBURGH PA 15213-2600 412-641-1635	DR	HEATH, MD, GEORGE T 1427 COOPER AVE PITTSBURGH PA 15212-1832 412-359-3131	AN	HERSHEY, MD, RICHARD E 701 PINETREE RD PITTSBURGH PA 15243-1043 HERSHLINE, MD, ROGER K 5 BAYARD RD APT 710 PITTSBURGH PA 15213-1906 412-682-5992	IM	HOFSTETTER, MD, ALEXANDER M CUMBERLAND CROSSINGS CARLISLE PA 17013-7623	U

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KALIA, MD, KAMAL K 1936 TEAL TRCE PITTSBURGH PA 15237-3827	NS	KARPINSKI JR, MD, STEPHEN J 532 S AIKEN AVE STE 302 PITTSBURGH PA 15232-1521	AN	KELLY, MD, THOMAS J 100 DELAFIELD RD STE 307 PITTSBURGH PA 15215-3247	IM	KIM, MD, SCOTT S 31 COLONIAL DR MCKEESPORT PA 15135-3150	GS	KNUPP, MD, DONNA L 4381 MURRAY AVE PITTSBURGH PA 15217-2905	FP
KALIA, MD, PAMELA K 401 AMBERSON AVE APT 249 PITTSBURGH PA 15232-1459	EM	KARSCHNER, MD, JANET K RR 1 PO BOX 400F UNIONTOWN PA 15401-0400	IM	KELLY, MD, WILLIAM J ST FRANCIS MED BLDG PITTSBURGH PA 15224	CD	KIM, MD, SUNG Y 24 DEVONSHIRE DR PITTSBURGH PA 15238	DR	KOBALY, MD, DAVID J 4401 PENN AVE STE 1700 PITTSBURGH PA 15224-1342	OPH
KALIMAN, MD, EDWARD G 3000 BROWNSVILLE RD PITTSBURGH PA 15227-2469	CD	KART, MD, BARRY H 17 DAVONSHIRE DR PITTSBURGH PA 15238-1509	DR	KEMP, MD, WILLIAM R 4815 LIBERTY AVE STE 448 PITTSBURGH PA 15224-2194	NS	KIM, VICTOR 120 RUSKIN AVE APT 810 PITTSBURGH PA 15213	ST	KOCZYWAS, MD, MARIANNA 4408 PENN AVE PITTSBURGH PA 15224-1312	IM
KALLA, MD, RICHARD L 5140 LIBERTY AVE PITTSBURGH PA 15224-2215	IM	KASDAN, MD, RICHARD B 5750 CENTRE AVE STE 100 PITTSBURGH PA 15206-3761	N	KENKRE, MD, SRICRISHNA B 4225 NORTHERN PIKE MONROEVILLE PA 15146-2731	OBG	KIM, MD, WHA SUN 1301 CARLSLE ST NATRONA HEIGHTS PA 15065-1150	PTH	KODURI, MD, PARANDHAM 111 CHERRYHILL DR MONROEVILLE PA 15146	EM
KALMANSON, MD, JACOB D 201 PENN CENTER BLVD STE 221 PITTSBURGH PA 15235-5435	D	KASEY, MD, GLORIA R HEALTH AMERICA MONROEVILLE PA 15146-3540	FP	KENNA, MD, MARITA D 4625 5TH AVE APT 201 PITTSBURGH PA 15213-3636	CHP	KIM, MD, YONG DEOK 1301 CARLSLE ST NATRONA HEIGHTS PA 15065-1150	R	KOENIG, MD, MARK A 100 DELAFIELD RD STE 210 PITTSBURGH PA 15215-3247	PD
KALNICKI, MD, SHALOM ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	TR	KASUBA, MD, VIDA R 6410 HOWE ST PITTSBURGH PA 15206-4406	AN	KENNEDY, MD, F BRYAN 476 OLD MILL RD PITTSBURGH PA 15238-1916	CD	KIM, MD, YOON C 6850 ENTERPRISE RD GLEN ELLEN CA 95442	PTH	KOIMATTUR, MD, ARWIND 532 S AIKEN AVE PITTSBURGH PA 15232-1521	TS
KAMERER, MD, DONALD B EYE AND EAR INST PITTSBURGH PA 15213-2512	OTO	KATHIRESAN, SENTHIL M 120 RUSKIN AVE APT 717 PITTSBURGH PA 15213-2637	ST	KENNERDELL, MD, EDWARD H 2828 AINTREE LN STE I201 NAPLES FL 33962-5310	OPH	KING, MD, BARBARA L 1081 SHADY AVE PITTSBURGH PA 15232-2912	EM	KOKALES, MD, JOHN G 5750 CENTRE AVE STE 380 PITTSBURGH PA 15206-3761	* IM
KAMINSKI, MD, ROBERT J 6420 BEACON ST PITTSBURGH PA 15217-1804	OBG	KATHPAL, MD, GURBACHAN S RD 2 BOX 38D CANONSBURGH PA 15317-9614	N	KENNERDELL, MD, JOHN S DEPT OF OPHTHALMOLOGY PITTSBURGH PA 15212-4772	OPH	KING, MD, LEO M WHITE OAK MEDICAL BLDG 02 WHITE OAK PA 15131-1602	U	KOLLMAR JR, MD, JAMES J 721 LINCOLN CLUB DR APT 1607 PITTSBURGH PA 15237-5071	PD
KANAL, MD, EMANUEL 5534 FORBES AVE PITTSBURGH PA 15217-1126	DR	KATHURIA, MD, SAJEV S 532 S AIKEN AVE STE 520 PITTSBURGH PA 15232-1521	OPH	KERKES, MD, MARK P HEALTH AMERICA WEXFORD PA 15090	CHP	KINGHORN, MD, MILDRED A HEALTH AMERICA PITTSBURGH PA 15241-1505	PD	KOLMEN, MD, BARBARA K 256 SWEET GUM RD PITTSBURGH PA 15238-1348	PD
KANDAGAROW, MD, ALEXANDER TIMBER COURT STE 107 PITTSBURGH PA 15212	ORS	KATZ, MD, ALAN J HEALTH AMERICA PITTSBURGH PA 15213-1516	AI	KERMAN, MICHAEL PO BOX 7311 PITTSBURGH PA 15213-0311	ST	KIRSHEN, MD, MICHELLE R 355 S HIGHLAND AVE PITTSBURGH PA 15206-4231	DR	KOLTER JR, MD, JOSEPH P 2275 SWALLOW HILL RD STE 3 PITTSBURGH PA 15220-1656	GS
KANE, MD, JOHN J 158 MAIN ENTRANCE DR PITTSBURGH PA 15224-2142	OBG	KATZ, MD, DAVID L GATEWAY TOWERS STE 245 PITTSBURGH PA 15222	OBG	KERR JR, MD, HARRY J 38 LAUREL RIDGE RD CORAOPLIS PA 15108-4058	IM	KISLOFF, MD, BARRY 5830 ELLSWORTH AVE STE 202 PITTSBURGH PA 15232-1779	GE	KOMAN, MD, CHRISTOPHER G 270 SHADY AVE #10 PITTSBURGH PA 15206-4340	FP
KANE, MD, KEVIN M 1400 LOCUST ST PITTSBURGH PA 15219-5131	ON	KATZ, MD, IRWIN L 1656 BEECHWOOD BLVD PITTSBURGH PA 15217-1434	DR	KESSELU, MD, JULIUS 709 BRIGHTON RD PITTSBURGH PA 15233-1844	GS	KISNER, MD, ROBERT G 211 N WHITFIELD ST PITTSBURGH PA 15206-3039	OBG	KOMER, MD, LOUIS M SOUTH HILLS MEDICAL BLDG JEFFERSON BORO PA 15025	FP
KANE, MD, RUTH P 4221 PENN AVE STE 404 PITTSBURGH PA 15224	P	KATZ, MD, RICHARD G 3500 5TH AVE STE 106 PITTSBURGH PA 15213-3316	US	KESSLER, MD, GALEN M PO BOX 61 BETHANY WV 26032-0061	PTH	KITAY, MD, STEVEN E 7131 EDGERTON AVE PITTSBURGH PA 15208-2913	OPH	KONDAVEETI, MD, KOTAYYA 4815 LIBERTY AVE STE 453 PITTSBURGH PA 15224-2194	GE
KANIA, MD, ROBERT J 4815 LIBERTY AVE M56 PITTSBURGH PA 15224-2156	GE	KATZ, MD, RICHARD G 412-683-3333 KAUFMANN, MD, ANTHONY M 200 LOTHROP ST STE 8400 PITTSBURGH PA 15213-2582	NS	KESSLER, MD, LAIBE A 552 N NEVILLE ST PITTSBURGH PA 15213-2855	NS	KLAIN, MD, MIROSLAV 2068 OUTLOOK DR PITTSBURGH PA 15241-2224	AN	KONDROT, MD, EDWARD C INVESTMENT BLDG PITTSBURGH PA 15222-1712	OPH
KANIECKI, MD, ROBERT G ALLEGHENY NEUROLOGICAL ASSOC PITTSBURGH PA 15212-4754	N	KAUSHIK, MD, ALKA S 1711 LA COSTA CT PITTSBURGH PA 15237-6705	AN	KEYTER, MD, EDWARD C 1910 COCHRAN DR PITTSBURGH PA 15220-1203	PD	KLATMAN, MD, SAMUEL J 8236 WATERLINE DR BOYNTON BEACH FL 33437-2320	GP	KONDOZIOLKA, MD, DOUGLAS S PRESBYTERIAN UNIV HOSP PITTSBURGH PA 15213	NS
KANIECKI, MD, VIDA S 4120 BROWNSVILLE RD STE 103 PITTSBURGH PA 15227-3342	PD	KAUSHIK, MD, VED P 1711 LACOSTA CT PITTSBURGH PA 15237-6705	CRS	KETZAN, MD, TIBOR SEWICKLEY VALLEY HOSPITAL SEWICKLEY PA 15143-1498	PM	KLATT, BRIAN A 5032 CENTRE AVE STE 502 PITTSBURGH PA 15213-1936	ST	KONTAK, MD, JEFFERY R HEALTH AMERICA CRANBERRY TWP PA 16066	FP
KANN, MD, JULES 128 N CRAIG ST PITTSBURGH PA 15213-2758	IM	KAVIC, MD, MICHAEL S OHIO VALLEY GEN HOSP MED BLDG MCKEES ROCKS PA 15136	* GS	KEYES, MD, KATHLEEN J 36 JULIAN DR PITTSBURGH PA 15235-1726	OTO	KLAY, MD, JOHN W 4815 LIBERTY AVE PITTSBURGH PA 15224	CD	KOOPRO, MD, KIAN S 104 BABCOCK BLVD PITTSBURGH PA 15237-5818	CD
KANN, MD, STEVEN E 401 AMBERSON AVE APT 303 PITTSBURGH PA 15232-1459	ORS	KAVIC, MD, THOMAS A 304 CHAUCER CT N SEWICKLEY PA 15143-8728	DR	KHAWAJA, MD, AZIM T 1479C SPREADING OAK DR PITTSBURGH PA 15220	IM	KLEIN, MD, ALAN H ST FRANCIS MEDICAL OFFICES PITTSBURGH PA 15224	ORS	KORMAN, MD, H SHIRLEY 314 SCHENLEY RD PITTSBURGH PA 15217-1173	AN
KANTER, MD, STEVEN L 11 COMMONS DR BRADFORDWOODS PA 15015-1305	OS	KAVIC, MD, TIMOTHY N 9104 BABCOCK BLVD STE 3111 PITTSBURGH PA 15237-5818	GS	KHOURY, MD, ZIAD 1100 DENNISTON PITTSBURGH PA 15206	IM	KLEIN, MD, MILTON J 1104 5TH AVE CORAOPLIS PA 15108-1842	PM	KORNBLUTH, MD, PAUL L UNIV OF PITTSBURGH PITTSBURGH PA 15213-2582	NS
KAO, MD, CHIEN-KUO 937 OLD HICKORY RD PITTSBURGH PA 15243-1113	AN	KEDARNATH, MD, SIVA 8093 REGENCY DR PITTSBURGH PA 15237-6209	CD	KHURANA, MD, RAMESH C 700 WASHINGTON RD PITTSBURGH PA 15228-2002	DIA	KLEIN, MD, MORDECAI N 2223 BEECHWOOD BLVD PITTSBURGH PA 15217-1845	CD	KOSSOFF, MD, DAVID W 3107 CHARLEMAGNE CIR PITTSBURGH PA 15237-2926	IM
KAPLAN, MD, CARL 125 OAK PARK PL PITTSBURGH PA 15243-1145	R	KEDDIE, MD, ROLAND T CHARTIERS VALLEY MEDICAL CTR BRIDGEVILLE PA 15017-2847	FP	KHWAJA, MD, RAHILA S 3905 RIDGEMONT RD MURRYSVILLE PA 15668-1256	IM	KLEIN, MD, RICHARD M 4815 LIBERTY AVE STE 25 PITTSBURGH PA 15224-2194	FP	KOSSOL, MD, JANET M ST FRANCIS MED CTR PITTSBURGH PA 15201	DR
KAPLAN, MD, PETER D ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772	PUD	KEELEY, MD, MARK S 665 RODI RD PITTSBURGH PA 15235-4566	FP	KIBBE, MD, MELINA R 1622 BEECHWOOD BLVD APT 1 PITTSBURGH PA 15217-1434	GS	KLEIN, MD, ROBERT F 169 PENHURST DR PITTSBURGH PA 15235-5318	IM	KOSTYAL, MD, JOHN L 1225 GIRARD RD PITTSBURGH PA 15227-1410	OBG
KAPOOR, MD, RAJESHWAR D 9102 BABCOCK BLVD STE 201 PITTSBURGH PA 15237-5819	IM	KEEN, MD, FREDERICK K 806 GLENSHAW AVE GLENSHAW PA 15116-2330	AN	KICHLER, MD, JOEL M 701 5TH AVE NEW KENSINGTON PA 15068-6301	GE	KLINE, MD, ROBERT W 1121 GILCREST DR PITTSBURGH PA 15235-5224	AN	KOTTAPALLY, MD, SRINIVAS M MONONGAHELA VALLEY HOSP MONONGAHELA PA 15063	US
KAPPAKAS, MD, GEORGE S 1321 5TH AVE MCKEESPORT PA 15132-2424	ORS	KEIM, MD, PETER J 400 2ND AVE TARENTUM PA 15084-1860	FP	KIEWE, MD, RANDY P 31 E 12TH ST # 4D NEW YORK NY 10003-4624	IM	KLIEN, MD, ROBERT W 1121 GILCREST DR PITTSBURGH PA 15235-5224	AN	KOTVAL, MD, NIRMAL D MONONGAHELA VALLEY HOSP MONONGAHELA PA 15063	PTH
KARASEK, MD, KRISTINA 230 LOTHROP ST PITTSBURGH PA 15213	RO	KELLER, MD, FRANK M 4125 NORTHAMPTON DR ALLISON PARK PA 15011-1531	FP	KILLIAN, MD, PAUL J 4815 LIBERTY AVE STE GR02 PITTSBURGH PA 15224-2156	RHU	KLUK, MD, GERALD D 944 BEAVER GRADE RD CORAOPLIS PA 15109-2716	PTH	KRAFT, WALTER K 641 PICKERING RD SOUTHAMPTON PA 18966-4146	PD
KARLIK, MD, JEFFREY S 2008 CUTTER DR MCKEES ROCKS PA 15136	OPH	KELLEY, MD, JAMES M 2 GLENVUE DR PITTSBURGH PA 15237-2329	* EM	KILPELA, MD, DONALD A 4721 MCKNIGHT RD STE 210 PITTSBURGH PA 15237-3415	PD	KLONSKY, MD, BERNARD L UNIV OF PITT PITTSBURGH PA 15261-0001	IM	KRAFTOWITZ, MD, ROBERT E HEALTH AMERICA WEST MIFLIN PA 15122-2461	IM
KARPF, MD, MICHAEL UNIV OF PITT INT MED PITTSBURGH PA 15261-2012	IM	KELLEY, DO, JANE A 145 COAL HOLLOW RD SARVER PA 16055-9717	FP	KIM, MD, HYOUNG D 120 MT VERNON DR MONROEVILLE PA 15146-4816	ON	KLOUSKY, MD, BERNARD L UNIV OF PITT PITTSBURGH PA 15261-0001	PTH	KRAH, JOHN G ALLEGHENY CO MEDICAL SOCIETY 730 RIDGE AVE PITTSBURGH PA 15212-6098	* EXEC
KARIMKHANI, MD, KOBRA 938 BEAVER GRADE RD MOON TOWNSHIP PA 15108-2716	OBG	KELLY, MD, BRUCE R 3509 WOODLAKE DR ALLISON PARK PA 15011-1025	FP	KIM, MD, JAE-CHIL 575 COAL VALLEY ROAD CLAIRTON PA 15025-3730	ST	KNEPPER, MD, LAURIE E UNIV OF PITT NEUROLOGY PITTSBURGH PA 15261-2003	ST	KRAK, MD, MICHAEL 3305 MAIN ST MUNHALL PA 15120-3251	PD
KARLUT, MD, JEFFREY S 2008 CUTTER DR MCKEES ROCKS PA 15136	OPH	KELLY, MD, EDWARD G 363 VANADIUM RD PITTSBURGH PA 15243-1497	ORS	KIM, MD, JOUNG Y 6328 HOWE ST APT 22 PITTSBURGH PA 15206-4461	OPH	KNAUB, MARK A 5562 HOBART ST APT B3 PITTSBURGH PA 15217-1945	N	KRAK, MD, MICHAEL 3305 MAIN ST MUNHALL PA 15120-3251	PD
KARPF, MD, MICHAEL UNIV OF PITT INT MED PITTSBURGH PA 15261-2012	IM	KELLY, MD, LINDA S 121 MACFARLANE DR PITTSBURGH PA 15235-4211	PD	KIM, MD, JOUNG Y 6328 HOWE ST APT 22 PITTSBURGH PA 15206-4461	OPH	KNEPPER, MD, LAURIE E UNIV OF PITT NEUROLOGY PITTSBURGH PA 15261-2003	N	KRAK, MD, MICHAEL 3305 MAIN ST MUNHALL PA 15120-3251	PD

ALLEGHENY

KRAM, MD, JOHN E 227 S HOME AVE APT 203 PITTSBURGH PA 15202-2823	GP	KUN, MD, JOSEPH 995 REDWOOD DR PITTSBURGH PA 15234-1105	GP	LANAN, ANDREW D 144 N DITHRIDGE ST #801 PITTSBURGH PA 15213-2615	ST	LEBOVITZ, MD, JEROME J 204 5TH AVE BUHL BLDG 6TH FL PITTSBURGH PA 15222-2706	IM	LESLIE, MD, MARTHA I 6235 5TH AVE # C21 PITTSBURGH PA 15232-2937	FP
KRANK, MD, ANDREW D 440 W MAIN ST MONONGAHELA PA 15063-2552	ORS	KUNKEL, MD, HERBERT G 1550 FOX CHAPEL RD PITTSBURGH PA 15238-1203	AN	LANAN, MD, DAVID CENTRE COMMONS BLDG PITTSBURGH PA 15206-3761	PUD	LECHMANICK, MD, EUGENE A 8135 PERRY HWY PITTSBURGH PA 15237-5233	FP	LESLIE JR, MD, M RUSSELL 5820 CENTRE AVE PITTSBURGH PA 15206-3753	ORS
KRAUS, MD, DAVID R 1350 LOCUST ST STE 300 PITTSBURGH PA 15219-4738	ORS	KUNKEL, MD, JAMES V 4803 WOODLAKE DR ALLISON PARK PA 15101-1019	AN	LAMB, MD, KATHLEEN G 2548 BARNWOOD DR WEXFORD PA 15090-7973	PD	LECKEY, RONALD D 144 N DITHRIDGE ST #701 PITTSBURGH PA 15213-2615	ST	LEVARI, MD, ISAAC 5872 BURCHFIELD AVE PITTSBURGH PA 15217-2731	FP
KRAUSE, MD, HELEN F 9104 BABCOCK BLVD STE 4110 PITTSBURGH PA 15237-5818	OTO	KUNKEL, MD, WILLIAM H 212 S TRENTON AVE PITTSBURGH PA 15221-2712	OTO	LAMP JR, MD, CLYDE B 107 YORKSHIRE DR PITTSBURGH PA 15238-2417	OTO	LEE, MD, FOO T 5200 CENTRE AVE STE 513 PITTSBURGH PA 15232-1300	OBG	LEVENSON, MD, DAVID J 5140 LIBERTY AVE PITTSBURGH PA 15224-2215	IM
KRAUSE, MD, NORMAN M 5889 FORBES AVE STE 300 PITTSBURGH PA 15217-1660	ORS	KUNKEL JR, MD, HERBERT G 1550 FOX CHAPEL RD PITTSBURGH PA 15238-1203	PM	LANAUZE, MD, HARRY E 1026 WALNUT ST MCKEESPORT PA 15132-3945	GP	LEE, J MI 5437 ELLSWORTH AVE APT 317 PITTSBURGH PA 15232	ST	LEVICK, MD, MARVIN H 3301 WILLIAM PENN HWY PITTSBURGH PA 15235-5242	IM
KRAUSE, MD, SEYMOUR FOREST HILLS PLAZA PITTSBURGH PA 15221	CD	KUNSCHNER, MD, ALAN J 1058 WEST GROVE CT GIBSONIA PA 15044	GO	LANDAU, MD, PHILIP M 217 TIMBER RIDGE RD PITTSBURGH PA 15238-2436	IM	LEE, MD, JOHN KEUN-SANG 450 HOLLAND AVE STE 102 BRADDOCK PA 15104-1553	ORS	LEVIN, MD, MATTHEW W 2055 HAYMAKER RD MONROEVILLE PA 15146-4749	FP
KREBS, MD, JAMES A 825 S MAIN ST WASHINGTON PA 15301-6267	IM	KUNSCHNER, MD, ALBERT J PO BOX 91 MURRYSVILLE PA 15668-0091	GP	LANDAY, MD, RONALD A 1053 LINDENDALE DR PITTSBURGH PA 15243-1935	A	LEE, MD, KWAN I OHIO VALLEY GEN HOSP MCKEES ROCKS PA 15136	AN	LEVINE, MD, MACY I 3347 FORBES AVE PITTSBURGH PA 15213-3124	A
KREINBROOK, MD, SUZANNE B WESTERN PSYCH INST AND CLINIC PITTSBURGH PA 15213-2593	P	KUNSMAN, MD, WILLIAM E OHIO VALLEY GEN MED BLDG MCKEES ROCKS PA 15136	CD	LANDERMAN, MD, NATHANIEL S 3471 5TH AVE PITTSBURGH PA 15213-3221	A	LEE, MD, OOK J 944 BEAVER GRADE RD CORAOPLIS PA 15108-2716	OBG	LEVINE, MD, MICHAEL SHADYSIDE HOSP PITTSBURGH PA 15232-1300	ORS
KREINBROOK, MD, SUZANNE B WESTERN PSYCH INST AND CLINIC PITTSBURGH PA 15213-2593	P	KUPFER, MD, SAMUEL 5845 DOUGLAS ST PITTSBURGH PA 15217-2101	FP	LANDFAIR, MD, ROY J 1805 CHEVIOT DR SEWICKLEY PA 15143-9006	CD	LEE, MD, ROBERT E UPMC PITTSBURGH PA 15213-2582	US	LEVINE, MD, PHILLIP R 120 LYTTON AVE PITTSBURGH PA 15213	IM
KRESH, MD, NORMAN M 5600 MUNHALL RD APT 1005 PITTSBURGH PA 15217-2045	P	KUREMSKY, MD, DALE A PARKVALE SAVINGS BLDG PITTSBURGH PA 15213-3305	U	LANDIS JR, MD, JAMES P 740 E STATE ST SHARON PA 16146	CD	LEE, MD, SANG E 102 7TH ST GLASSPORT PA 15045-1602	FP	LEVINE, MD, SHELTON R 5173 LIBERTY AVE PITTSBURGH PA 15224-2254	PD
KRIFCHER, MD, CHARLES BRADDOCK MED CTR PITTSBURGH PA 15104-1599	PTH	KURTZ, MD, CHRISTOPHER A 512 DOGWOOD CT PITTSBURGH PA 15237-2612	GS	LANDON JR, MD, LYNDON H RR 1 BOX 384 ASHVILLE NY 14710	GS	LEE, MD, WILLIAM 420 MOREWOOD AVE PITTSBURGH PA 15213-1814	IM	LEVINSON, MD, BRADLEY A 1200 CENTRE AVE STE 456 PITTSBURGH PA 15219	CRS
KRIFCHER, MD, EMANUEL 5750 CENTRE AVE #380 PITTSBURGH PA 15206-3761	IM	KURTZ, MD, JOHN E FRIENDSHIP VILLAGE PITTSBURGH PA 15241-3921	PTH	LANG, MD, DAVID F ALLEGHENY GENERAL HOSPITAL PITTSBURGH PA 15212-9986	N	LEECHAN, MD, SEAN W 475 COAL VALLEY RD STE 406 CLAIRTON PA 15025-2338	FP	LEVINSON, MD, JULIAN P 370 GULF OF MEXICO DR # 415 LONGBOAT KEY FL 34228-4047	CD
KRISHER, STACY L 331 DEVONSHIRE ST APT D-7 PITTSBURGH PA 15213-1751	ST	KUSH, MD, FRANK H C/O BETH CENE ALLISON PARK PA 15101	IM	LANG, MD, HOWARD N 3028 BROWNSVILLE RD PITTSBURGH PA 15227-2402	AI	LEEN, MD, RAYMOND L 220 NORTH DITHRIDGE STE 501 PITTSBURGH PA 15213-1419	TR	LEVIS, MD, MICHAEL P NORTH HILLS PASSAVANT PITTSBURGH PA 15237-5842	GS
KRISHNASWAMI, MD, SUBRAMANIA 515 BROAD AVE BELLE VERNON PA 15012	CD	KUSH, MD, MARGARET B 114 TREE FARM RD PITTSBURGH PA 15238-2126	IM	LANGA, MD, VICTORIA M 405 ASHTON DRIVE CHESWICK PA 15024-9727	ORS	LEERS, MD, STEVEN A 4815 LIBERTY AVE STE 140 PITTSBURGH PA 15224-2194	VS	LEVY, MD, JON A 5820 CENTRE AVE PITTSBURGH PA 15206-3710	ORS
KRISHNASWAMI, MD, V 407 BRYN CT PITTSBURGH PA 15237-3380	CD	KUSHNER, MD, DONALD A HEALTH AMERICA WEST MIFFLIN PA 15122-2461	IM	LANGOL JR, MD, GEORGE 22 OLD CLAIRTON RD PITTSBURGH PA 15236-3913	PD	LEFF, MD, BERNARD 1458 N HIGHLAND AVE PITTSBURGH PA 15206-1171	A	LEVY, MD, LESLIE J 575 COAL VALLEY RD # 405 CLAIRTON PA 15025-3726	IM
KRISIK, MD, LINDA S 63 E WEST DR PITTSBURGH PA 15237-2723	IM	KUTSENKOW, MD, MICHAEL 225 E MAIN ST CARNEGIE PA 15106-2701	* FP	LANZ, MD, RICHARD K 603 WASHINGTON RD PITTSBURGH PA 15228-1902	PD	LEIBENSPERGER, MD, STEPHEN N 803 HILLCREST CIR WEXFORD PA 15090-6914	FP	LEVY, MD, MARSHALL S 3500 5TH AVE PITTSBURGH PA 15213-3316	RHU
KRISKY, DAVID M 1551 FIELD CLUB DR PITTSBURGH PA 15237-1525	ST	KUWIK, MD, RICHARD J MERCY HOSP DEPT OF ANES PITTSBURGH PA 15219-5166	AN	LANZ JR, MD, ROBERT J 421 SANGREE RD PITTSBURGH PA 15237-3709	P	LEIBOWITZ, MD, LEONARD D 610 WINTERBERRY DR MONROEVILLE PA 15146-1232	PD	LEVY, MD, REINHARDT D 3500 5TH AVE PITTSBURGH PA 15213-3316	FP
KRISTOFIC, MD, JOHN D 9909 FRANKSTOWN RD PITTSBURGH PA 15235-1647	IM	KYREAGES, MD, CONSTANTINE G 1501 MONTGOMERY RD ALLISON PARK PA 15101-1755	GS	LARSON, MD, CHRISTOPHER E 5633 AIKEN RD MCKEES ROCKS PA 15136-1266	AN	LEIBON, ROMAN 4601 BAYARD ST APT 901 PITTSBURGH PA 15213	ST	LEWIN, MD, JULIAN R 20 MISTY MORNING DR HILTON HEAD SC 29926-2538	R
KRIVINKO, MD, DENNIS M 9000 BROOKTREE RD STE 400 WEXFORD PA 15090-9288	OBG	KYRIACOPoulos, MD, JOHN D SHADYSIDE PLACE STE 325 PITTSBURGH PA 15232-1531	CD	LARSON, MD, THOMAS J 601 WHISPERING DR PITTSBURGH PA 15238	ORS	LEIFER, JOSHUA M 3955 BIGELOW BLVD # 606 PITTSBURGH PA 15213-1235	ST	LEWIS, JENNIFER L 300 ELM DR CANONSBURG PA 15317-9539	ST
KRIVORUK, MD, YURI WEST PENN HOSP PITTSBURGH PA 15224	IM	LA NASH, MD, SALVATORE 332 FIFTH AVE MCKEESPORT PA 15132-2616	GS	LASORDA, DO, DAVID M 166 BAKER DRIVE PITTSBURGH PA 15237-3601	IM	LEITAO, MD, EDWARD A 101 CEDARBROOK CT MCMURRAY PA 15317-3512	IM	LEWIS, MD, RICHARD P 5750 CENTRE AVE STE 370 PITTSBURGH PA 15206-3761	GS
KROHNER, DO, ROBERT G 2336 MILL GROVE RD PITTSBURGH PA 15241-2731	AN	LACOUTURE, MD, LUIS 446 HUNTING CREEK RD CANONSBURG PA 15317-2328	IM	LATTANZI, MD, DANIEL R 1050 BOWER HILL RD STE 206 PITTSBURGH PA 15243-1842	OBG	LEMBERG, MD, JEFFREY D 4412 PENN AVE PITTSBURGH PA 15224-1312	PM	LEWIS, MD, ROBERT E 532 S AIKEN AVE STE 411 PITTSBURGH PA 15232-1575	CD
KROKONKO, MD, VERA A 102 ROBESON DR CORAOPLIS PA 15108-2619	PD	LACY, THOMAS H 120 RUSKIN AVE APT 708 PITTSBURGH PA 15213-2637	ST	LATTARI, MD, VINCENT A 1378 CENTER AVE PITTSBURGH PA 15229-1604	GS	LEMIS, MD, PETER M JEFFERSON HOSPITAL MED BLOG PITTSBURGH PA 15236-0285	CD	LEWIS JR, MD, HOWARD T 1241 PEERMONT AVE PITTSBURGH PA 15216-2215	IM
KROSS, MD, DEAN E 3471 5TH AVE STE 1015 PITTSBURGH PA 15213-3221	CD	LADANI, MD, CHAGANAL D 1200 CENTRE AVE PITTSBURGH PA 15219-3507	IM	LATUSKA, MD, RICHARD F 2139 LE GRAN DR GIBSONIA PA 15044-7495	GE	LEMPERT, MD, STEVEN L 3133 TALL OAK DR ALLISON PARK PA 15101-1134	OPH	LEWIS JR, MD, THOMAS J 2516 WEXFORD RUN RD WEXFORD PA 15090-7803	U
KROTEC, MD, JOSEPH W 5438 CENTRE AVE PITTSBURGH PA 15232-1622	FP	LAGNESE, MD, MARGARET J 3091 SWANSEA CRES W ALLISON PARK PA 15101-1526	PM	LAUFERMAN, MD, WILLIAM C 3471 5TH AVE STE 1010 PITTSBURGH PA 15213	ORS	LENKEY, MD, JOSEPH L 815 FREEPORT RD PITTSBURGH PA 15215-3399	DR	LEZKE, MD, VINCENT J 2225 MONONGAHELA BLVD MCKEESPORT PA 15132-7531	PD
KROUSKOP, MD, ANDREW C 218 TIMBER RIDGE RD PITTSBURGH PA 15238-2436	* PM	LAI, MD, KA-SIU 535 N LEWIS RUN RD APT 508 CLAIRTON PA 15025-3731	PM	LAUFE, MD, MARC D 5200 CENTRE AVE # 304 PITTSBURGH PA 15232-1300	PUD	LENOX, MD, CORA C CHILDRENS HOSP PITTSBURGH PA 15213-2583	PDC	LIANG, MD, DAVID Y 4318 NORTHERN PIKE STE 102 MONROEVILLE PA 15146-2809	GS
KRUGH, MD, FRANCIS J 1290 BOYCE RD APT A335 PITTSBURGH PA 15241-3930	D	LAI, YI-CHEN 5944 ALDER ST APT 311 PITTSBURGH PA 15232	ST	LAW, MD, STUART C 4624 DOGWOOD LN MURRYSVILLE PA 15668-1418	AN	LENOX, MD, JOHN E 552 N NEVILLE ST APT 66 PITTSBURGH PA 15213-2828	D	LIANG, MD, MARIA 9104 BABCOCK BLVD STE 2116 PITTSBURGH PA 15237-5818	N
KRUGH, MD, JAMES W 755 PINETREE RD PITTSBURGH PA 15243-1043	AN	LAING, MD, PATRICK G 532 S AIKEN AVE STE 408 PITTSBURGH PA 15232-1521	ORS	LAWLESS, MD, GRANT D BLUE CROSS OF WESTERN PA PITTSBURGH PA 15222	IM	LENTZ, MD, KENNETH H 2303 HAWROD RD PITTSBURGH PA 15241-2439	CD	LICHTER, MD, JAMES G 223 ELMTREE RD NEW KENSINGTON PA 15068-4602	ON
KSIAZEK, MD, STEPHEN J 300 CEDAR BLVD PITTSBURGH PA 15228	IM	LAKDOWALA, MD, SHABIR 110 CARRIE ANN DR NEW KENSINGTON PA 15068-9338	IM	LAWLOR, MD, MAUREEN MERCY HOSP PITTSBURGH PA 15219-5166	NEP	LEONARD, DO, M DENICE 320 E NORTH AVE 7TH FLR PITTSBURGH PA 15212-4772	OBG	LIDEN, MD, CRAIG B 1678 STURBRIDGE DR SEWICKLEY PA 15143-8513	PD
KUBIK, MD, CAROLYN J 4075 MONROEVILLE BLVD # 330 MONROEVILLE PA 15146-2529	REN	LALLY, MD, FRANCIS L 701 BROAD ST SEWICKLEY PA 15143-1652	CD	LAWSKY, MD, ALAN R 5427 BEACON ST PITTSBURGH PA 15217-1901	DR	LERBERG, MD, DAVID B 5200 CENTRE AVE STE 515 PITTSBURGH PA 15232-1300	CDS	LIEBER, MD, PAUL S SHADYSIDE HOSPITAL PITTSBURGH PA 15232	PM
KUMAR, MD, RAKESH RD 1 BOX 459 M NATRONA HEIGHTS PA 15065	IM	LALLY, MD, MICHAEL E 1350 LOCUST ST STE 205 PITTSBURGH PA 15219-4738	VS	LEBOVITZ, MD, CHARLES N 4815 LIBERTY AVE # 426 PITTSBURGH PA 15224-2156	GS	LESACA, MD, TIMOTHY G 260 TROTWOOD W DR PITTSBURGH PA 15241-2247	P	LIEBLER, MD, GEORGE A 841 VALLEYVIEW RD PITTSBURGH PA 15243-1019	CDS
KUMAR, MD, SHASHI 125 DAUGHERTY DR 2ND FLR MONROEVILLE PA 15146-2749	GE								

LIEDERBACH, MD, STEPHEN J 469 LOWRIES RUN RD PITTSBURGH PA 15237-1230 412-266-0707	IM	LOBO, MD, RONALD P ALLEGHENY GEN HOSP PITTSBURGH PA 15212 412-359-8188	P	MAALOUF, MD, TONY M 116 ROSEWOOD DR PITTSBURGH PA 15235-4321	GS	MALLOTT, MD, I FLOYD 128 N CRAIG ST APT 217 PITTSBURGH PA 15213-2758 412-682-1750	P	MARRERO, MD, MIGUEL A 4815 LIBERTY AVE STE 156 PITTSBURGH PA 15224 412-578-4056	OBG
LIEFELD, MD, PAUL A 5900 CORPORATE DR STE 200 PITTSBURGH PA 15237 412-369-4000	ORS	LOCKE, MD, DAVID L 1805 WEST ST MUNHALL PA 15120-2532 412-461-1000	OM	MABRY, MD, MICHAEL E 602 S LANG AVE PITTSBURGH PA 15208-2906 412-338-5404	IM	MALLOY, MD, EDWARD L 1301 CARLISLE ST NATRONA HEIGHTS PA 15065-1150 412-224-0700	ON	MARRONE, MD, GARY C 1401 TOWNE SQUARE DR ALLISON PARK PA 15101 412-359-8820	CDS
LUGGETT, MD, JOHN S 18 WOODLAND RD SEWICKLEY PA 15143-1123	GS	LOLLEY, MD, DAVID M 4815 LIBERTY AVE STE 204 PITTSBURGH PA 15224-2156 412-621-1778	CDS	MACDONALD, MD, DOUGLAS A 3835 NORTHERN PIKE MONROEVILLE PA 15146-2132 412-373-0800	OBG	MALLY, MD, ASHITH 514 BELTZHOOVER AVE PITTSBURGH PA 15210 412-431-3080	IM	MARRYSHOW, MD, BASIL A PERRY MEDICAL CENTER PITTSBURGH PA 15237-5360 412-366-7860	ORS
LUGGETT, MD, JOSEPH G 34 CHURCHILL RD PITTSBURGH PA 15235-5152 412-371-2311	GS	LOMAGO, DEAN F 4 STRATFORD RD PITTSBURGH PA 15202-1320	ST	MACDONALD, MD, GEORGE F 307 DEWEY AVE APT 201 PITTSBURGH PA 15218-1411 412-621-6565	CRS	MALONE, MD, JAMES P 11 WAGNER ST HUMMELSTOWN PA 17036 MALONE, MD, MARK S 6710 FENNIMORE PITTSBURGH PA 15206-4528 412-661-4195	ST	MARSHALL, MD, WILLIAM C 39 N LINWOOD AVE PITTSBURGH PA 15205-4423	OM
LIGHT, MD, BENJAMIN W 18 CONESTOGA DR BETHEL PARK PA 15102-1955	OTO	LONDINO JR, MD, ALDO V 2693 TIMBERGLEN DR WEXFORD PA 15090-7562 412-648-9698	RHU	MACDONALD, MD, ROBERT R 99 BIRD SONG WAY # D207 HILTON HEAD ISL SC 29926 MACDOUGALL, MD, JAMES H 1050 BOWER HILL RD STE 308 PITTSBURGH PA 15243-1870 412-344-4767	PD	MAMULA, MD, MILTON 444 SARATOGA AVE APT 22-F SANTA CLARA CA 95050	PTH	MARSHALL JR, MD, MATTHEW 111 GRANDVIEW AVE APT 401 PITTSBURGH PA 15211-1643 412-682-3566	* U
LIGHT, KAREN J 315 VILLAGE CT CRANBERRY PA 16066-3341	ST	LOPEZ-PLAZA, MD, ILEANA 705 DUNCAN AVE APT 304 PITTSBURGH PA 15237-5019 412-456-1851	CLP	MACHA, MD, MAHENDER 2708 MT ROYAL BLVD PITTSBURGH PA 15217-2546 412-548-9900	CD	MANDELKORN, MD, ROBERT M 6315 FORBES AVE STE L122 PITTSBURGH PA 15217-1723 412-521-3913	GP	MARTENS, MD, JEFFREY D 245 MELWOOD AVE APT 702 PITTSBURGH PA 15213-1624 412-648-6873	PTH
LILIENTHAL, MD, DAVID S 3028 BROWNSVILLE RD PITTSBURGH PA 15227-2402 412-882-9455	IM	LORENZ III, MD, STEPHEN A ALLEGHENY EAR NOSE & THROAT PITTSBURGH PA 15215-3247 412-782-5566	OTO	MACHIRAJU, MD, V R 5200 CENTRE AVE STE 216 PITTSBURGH PA 15232-1300 412-681-9538	ACS	MANGELS, MD, DAVID G 1350 LOCUST ST STE 306 PITTSBURGH PA 15219-4738 412-765-1551	OPH	MARTIDIS, MD, ADAM 156 LINDEN CT PITTSBURGH PA 15237-2624	ST
LIM, MD, FELIXBERTO D 2571 MOSSIDE BLVD STE 3 MONROEVILLE PA 15146-3510 412-856-7110	ON	LORIA, MD, ELVIRA L 251 7TH STE C204 NEW KENSINGTON PA 15068 412-389-1633	NEP	MACLEOD, MD, GORDON K UNIV OF PITT PITTSBURGH PA 15261-0001	TS	MANN, MD, RICHARD M 1514 LINCOLN WAY WHITE OAK PA 15131-1700 412-678-7111	IM	MARTIN, MD, DAVID C # 2 RODI PLZ PENNS HILLS PA 15235 412-247-6312	PD
LIMA, MD, CLAUDIO A B 5200 CENTRE AVE STE 216 PITTSBURGH PA 15232-1300 412-681-9538	CDS	LOSKEN, MD, H WOLFGANG 3705 5TH AVE PITTSBURGH PA 15213-2524	PS	MADDOX, LISA M 1517 METHYL ST PITTSBURGH PA 15216-3325	IM	MANNING, MD, DENNIS M 1350 LOCUST ST STE G102 PITTSBURGH PA 15219-4738 412-232-7111	OBG	MARTIN, MD, FREDRIC W 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-621-3661	IM
LIMAURO, MD, DAVID L 455 CENTER OAK DR PITTSBURGH PA 15237-6131	IM	LOUGHMAN, MD, LINDA 125 DAUGHTERTY DR MONROEVILLE PA 15146-2749 412-372-0210	FP	MADHAVAN, MD, VASANTHA C CARDIAC MEDICAL ASSOC PITTSBURGH PA 15221-3708 412-823-3300	ST	MANNING, MD, JAMES A 213 TROTWOOD WEST DR PITTSBURGH PA 15241-2227 412-636-5000	CD	MARTIN, MD, JAMES W 2593 WEXFORD-BAYNE RD STE 201 SEWICKLEY PA 15143-8608 412-367-2737	R
LIN, MD, LUKE WEST PENN HOSPITAL PITTSBURGH PA 15224-1793 412-578-1785	DR	LOVELY, MD, THOMAS J 200 LOTHROP ST STE B400 PITTSBURGH PA 15213-2582 412-647-6782	NS	MADOFF, DAVID C 120 RUSKIN AVE APT 710 PITTSBURGH PA 15213-2637	CD	MANNING, MD, STANLEY C 409 GREENHURST DR PITTSBURGH PA 15243-1919 412-622-4451	R	MARTIN, MD, MANUEL T PO BOX 60099 PITTSBURGH PA 15211-0609 412-481-3400	GS
LIN, MD, MING-SHEK 81 LOCKSLEY DR PITTSBURGH PA 15235-5117 412-372-7131	AI	LOWDER JR, MD, RALPH J 10521 COUNTRY LN WEXFORD PA 15090-9417	R	MADOFF, MD, HENRY R SHADYSIDE MEDICAL CENTER PITTSBURGH PA 15232-1300 412-687-8131	TS	MANNINO, MD, JAMES A 850 CLAIRTON BLVD STE 2300 PITTSBURGH PA 15236-4567 412-469-2700	IM	MARTIN, MD, THOMAS J 103 MCINLEY DR GLENSHAW PA 15116-1829 412-647-9350	PUD
LIN, MD, RONG-CHUNG 829 WOOD ST PITTSBURGH PA 15221-2819 412-244-8091	U	LOWENGRUB, MD, KATHERINE M 5528 DARLINGTON RD PITTSBURGH PA 15217-1508 412-692-4200	P	MAGOVERN, MD, GEORGE J ALLEGHENY PROF BLDG PITTSBURGH PA 15212-4785 412-323-0363	TS	MANZETTI, MD, GENE W 850 CLAIRTON BLVD STE 2300 PITTSBURGH PA 15236-4567 412-469-2700	GS	MARTIN, THOMAS L 4609 BAYARD ST APT 38 PITTSBURGH PA 15213 MARTINEZ, MD, AUGUSTO J 111 EMILY DR PITTSBURGH PA 15215-1009 412-647-3745	ST
LIN, MD, SHIOW-BUH 1781 MCCLURE DR MONROEVILLE PA 15146-2026 412-244-8091	PD	LOWERY, MD, WILLA D 119 SUNNYHILL DR PITTSBURGH PA 15237-3666	OBG	MAGOVERN, MD, JAMES A ALLEGHENY PROF BLDG PITTSBURGH PA 15212 412-323-0363	TS	MARAR, MD, ISAM E 555 CRAWFORD ST PITTSBURGH PA 15219-3390	IM	MARTINEZ, MD, JORGE A 750 WASHINGTON RD STE 12 PITTSBURGH PA 15228-2051 412-571-9505	NA
LINBLAD, MD, JOHN H 2550 MOSSIDE BLVD STE 208 MONROEVILLE PA 15146-3531 412-372-1331	PD	LOWY JR, MD, ALEXANDER D 302 FOX CHAPEL RD APT 315 PITTSBURGH PA 15238-2337 412-782-3188	IM	MAGOVERN JR, MD, GEORGE J ALLEGHENY PROF BLDG PITTSBURGH PA 15212 412-323-0363	TS	MARASCO JR, MD, JOSEPH A 169 SHADOW RIDGE DR PITTSBURGH PA 15238-2133 412-829-7288	R	MARTINEZ, MD, LOUIS H 100 DELAFIELD RD STE 202 PITTSBURGH PA 15215-3247 412-782-2302	AN
LINDENBAUM, MD, JORGE 3000 BROWNSVILLE RD PITTSBURGH PA 15227-2469 412-881-0320	IM	LOZANO, MD, RAMON G 1006 GOLFVIEW DR MCKEESPORT PA 15135-2122 412-673-5020	IM	MAHMOOD, MD, ARSHAD 1200 CENTRE AVE STE 140 PITTSBURGH PA 15219-3507 412-562-3292	GP	MARATTA, MD, JAN W 986 BROADHEAD RD CORAPOLIS PA 15108-2347 412-262-2121	GS	MARTINEZ, MD, JORGE A 750 WASHINGTON RD STE 12 PITTSBURGH PA 15228-2051 412-571-9505	D
LINDER, MD, PAUL G 1062 WESTCHESTER RD LIBRARY PA 15129-9118 412-655-1440	IM	LUBIC, MD, LOWELL G 3471 5TH AVE STE 810 PITTSBURGH PA 15213-3221 412-682-2536	N	MAHAN, MD, JAMES C 4933 PLYMOUTH RD PITTSBURGH PA 15227-1119 412-882-2112	OBG	MARAZZO, MD, DONALD P MAGEE WOMENS HOSP GERIATRICS PITTSBURGH PA 15213-3180 412-641-4168	P	MARTINI, MD, MARY C PO BOX 3149 CRANBERRY TOWNSHIP PA 16066-0149 412-772-3833	OBG
LINHART, RANDOLPH W 10 TRILLIUM LN PITTSBURGH PA 15238-1945 412-782-2511	OPH	LUCAS, MD, DONNA M 100 ST ANDREWS DR PITTSBURGH PA 15205-9797 412-232-8006	* AN	MAHER, MD, JOHN C 200 MEDICAL ARTS BLDG # 2020 PITTSBURGH PA 15238-1134 412-784-9060	OPH	MARAZZO, MD, DONALD P MAGEE WOMENS HOSP GERIATRICS PITTSBURGH PA 15213-3180 412-641-4168	OBG	MARTONE, MD, CHRISTINE 1520 PENN AVE PITTSBURGH PA 15222 412-392-8560	P
LIOW, MD, KORE K 231 S MATHILDA ST APT 6 PITTSBURGH PA 15224-1652	IM	LUDMER, MD, MARIO 2155 LAUREL LN ALLISON PARK PA 15101-2127 412-364-0492	NS	MAHER JR, MD, THOMAS D HEART AND LUNG INST PITTSBURGH PA 15224-1389 412-622-6708	TS	MARCUCCI, MD, JAMES W 363 VANADIUM RD PITTSBURGH PA 15142-1011 412-429-8840	CD	MARTONE, MD, LOUIS H 100 DELAFIELD RD STE 202 PITTSBURGH PA 15215-3247 412-782-2302	D
LIPAPIS, MD, CHRISTY N 207 PICTURE DR PITTSBURGH PA 15236-4534 412-653-0212	IM	LUDWIG, MD, KARL D 2168A REIS RUN RD PITTSBURGH PA 15237-1425 412-749-7143	P	MAHMOOD, MD, ARSHAD 1200 CENTRE AVE STE 140 PITTSBURGH PA 15219-3507 412-562-3292	CD	MARCY, MD, JOSEPH H 220 N DITHRIDGE ST APT 607 PITTSBURGH PA 15213-1422	AN	MASIN, MD, F NED 575 LINCOLN AVE STE 204 PITTSBURGH PA 15202-3550 412-734-5022	OPH
LIPMAN, MD, RODNEY C 575 COAL VALLEY RD STE 210 CLAIRTON PA 15025-3724 412-469-7788	CD	LUMISH, MD, ROBERT M 1508 VALLEY CT PITTSBURGH PA 15241-2718 412-232-7398	ID	MAHMOOD, MD, RASHIDA P SPECILISTS INC PITTSBURGH PA 15234 412-563-5560	IM	MARGOLIS, MD, HARRY M 146 N BELLEFIELD AVE PITTSBURGH PA 15213-2618 412-281-1594	RHU	MASS, MD, KAREN J 4221 PENN AVE STE 406 PITTSBURGH PA 15224-1389 412-621-8292	OBG
LIPSITZ, MD, H DAVID 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-687-5600	GE	LUNDOUST, MD, THOMAS G 446 LINCOLN AVE PITTSBURGH PA 15202-3631 412-761-1190	PD	MAHMOOD, MD, ARSHAD 9104 BABCOCK BLVD STE 2111 PITTSBURGH PA 15237-5818 412-364-5834	PD	MARINSTEIN, MD, RHEA A 2664 W TIMBERGLEN DR WEXFORD PA 15090-7561 412-264-1918	FP	MASSIELLA, MD, ELIZABETH L 437 SERPENTINE DR PITTSBURGH PA 15243-2055 412-833-2500	PD
LIPUT JR, MD, JOSEPH H 5140 LIBERTY AVE PITTSBURGH PA 15224-2215 412-683-4550	NEP	LUNSFORD, MD, L DADE UNIV OF PITTSBURGH PITTSBURGH PA 15213-2582 412-647-6781	NS	MAILHOT, MARK F 120 RUSKIN AVE #607 PITTSBURGH PA 15213-2636	ST	MARINO JR, MD, LOUIS J 6644 5TH AVE PITTSBURGH PA 15206-4443 412-624-3475	NS	MASSIE, MD, MITCHELL T 411 PINWOOD SQ PITTSBURGH PA 15235-3831	GS
LISS, MD, ROBERT G 2550 MOSSIDE BLVD APT 405 MONROEVILLE PA 15146-3533 412-683-6222	ORS	LUPARELLO, MD, FRANK J 114 HIGHRISE CR PITTSBURGH PA 15234-1010 412-683-7560	IM	MAJUMDAR, MD, VASANTI H 9104 BABCOCK BLVD STE 513 PITTSBURGH PA 15237-5818 412-364-4184	OBG	MARION, MD, DONALD W UNIV OF PITTSBURGH PITTSBURGH PA 15213-2546 412-647-0956	IM	MASSUCCI, MD, JAMES E 108 MEADOWVIEW DR CANONSBURG PA 15317-2389 412-223-4091	AN
LIU, CHIENYING 502 SUBURBAN CT APT 6 ROCHESTER NY 14620	ST	LUPARELLO, MD, ANGELO D 4564 PENN AVE PITTSBURGH PA 15224-1314 412-683-7560	NEP	MALAY, MD, MARY BETH 3340 HARBISON ST PITTSBURGH PA 15212-2246 412-359-3131	ACS	MARKAS, MD, MICHAEL S 691 MORELAND DR PITTSBURGH PA 15243-1715 412-232-5533	IM	MASTANDREA, MD, CARL A 1270 HAMILTON RD PITTSBURGH PA 15234-2342 412-683-0411	IM
LLOYD, MD, JON C 5750 CENTRE AVE 3RD FL PITTSBURGH PA 15206-3708 412-363-8811	GS	LUPINETTI, MD, MICHAEL F 791 SCRUBGRASS RD PITTSBURGH PA 15243-1123 412-831-8335	OBG	MALHOTRA, MD, NARINDER K 7407 IRVINE AVE PITTSBURGH PA 15218-2423 412-271-7333	GP	MARKER, SEAN P 549 N NEVILLE ST APT 5 PITTSBURGH PA 15213 MARKS, MD, STANLEY M 816 MIDDLE ST PITTSBURGH PA 15212-4915 412-231-5400	HEM	MASTERS, MD, WILLIAM E 716 OSAGE RD PITTSBURGH PA 15243-1040 MASTERS, MD, RAYMOND E 1144 BROADWAY ST EAST MCKEESPORT PA 15035-1549 412-823-5250	ST
LO, MD, SHIH C 500 LEWIS RUN RD PITTSBURGH PA 15236-0149 412-466-1203	NEP	LUTINS, MD, JAY A 5750 CENTRE AVE STE 430 PITTSBURGH PA 15206-3761 412-661-3400	U	MALINOWSKI, MD, JOHN A 253 OLD HAYMAKER RD MONROEVILLE PA 15146-1711 412-462-2727	OBG	MARNATTI, MD, CARL T 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-682-4613	FP	MASTERS, MD, RUTH S 1144 BROADWAY ST EAST MCKEESPORT PA 15035-1549 412-823-5250	FP
LOBAS, MD, DAVID M 1818 S VILLA DR GIBSONIA PA 15044-7443 412-367-4333	N	LWIN, MD, TINT JEFFERSON HOSP CLAIRTON PA 15025 412-469-5928	R	MALLINGER, MD, MARK L 9000 BROOKTREE RD STE 400 WEXFORD PA 15090-9288 412-934-1600	OBG	MARON, MD, JOSEPH C PERSIMMON RD # RR5 SEWICKLEY PA 15143 412-359-6200	NS	MATASY, MD, VICTORIA L 651 HOLIDAY DR PITTSBURGH PA 15220-2628 412-922-8490	IM
LOBES JR, MD, LOUIS A RETINA VITREOUS CONSULTANTS PITTSBURGH PA 15213-3306 412-683-5300	OPH	LYNDE, GRANT C 513 PROTECTORY PL APT 302 PITTSBURGH PA 15219	* ST	MALLINGER, MD, MICHAEL 575 COAL VALLEY RD STE 405 CLAIRTON PA 15025-3726 412-683-1223	OBG	MARQUIS, MD, MARIAN K 235 RIDGEVIEW DR WEXFORD PA 15090-9435	ST	MATEER, MD, FRANK 2812 ORLANDO PL PITTSBURGH PA 15235-4117 412-681-4181	IM

ALLEGHENY

MATHEO, MD, LORETA M UPTOWN PEDIATRICS PENN HILLS PA 15219 412-575-5800	PD	MC CASLIN, MD, TODD A 602-C GLEN SCOTT DR GLENSHAW PA 15116-2726 412-784-4232	FP	MC MILLAN, MD, DONALD L 1290 BOYCE RD APT 538A PITTSBURGH PA 15241-3931 412-561-2822	GP	MERCEA, MD, RADU 913 CENTER ST APT 207 MCKEESPORT PA 15132-6613 412-864-2000	FP	MILLER, MD, PATRICIA S HEALTH AMERICA WEST MIFFLIN PA 15122 412-655-8650	PD
MATHEW, MD, ANNA 237 PICTURE DR PITTSBURGH PA 15236-4534 412-322-8400	OM	MC CENSKY, MD, GAIL M 118 S 26TH ST PITTSBURGH PA 15203-2248 412-232-8006	AN	MC MILLAN, MD, JAMES E 9911 N 47TH PL PHOENIX AZ 85028-4225	FP	MERING JR, MD, JAMES H 555 S GULFSTREAM AVE SARASOTA FL 34236	OBG	MILLER, MD, PETER D 4217 WINDSOR ST PITTSBURGH PA 15217-2654 412-647-0971	NS
MATHOS, DO, THOR C 12895 RT 30 NORTH HUNTINGDON PA 15642-1324 412-864-7101	FP	MC CLAIN JR, MD, EDWARD J 1350 LOCUST ST STE 300 PITTSBURGH PA 15219-4738 412-261-1222	PS	MC MILLAN, MD, WILLIAM B ST CLAIR HOSP PITTSBURGH PA 15243-1899 412-561-4900	IM	META, MD, LOUIS D 110 HEMLOCK DR MCMURRAY PA 15317-2617 412-673-4453	ON	MILLER, DO, SHARON L 4815 LIBERTY AVE STE 160 PITTSBURGH PA 15224 412-682-1887	GE
MATHUR, MD, AJAY K MONONGAHELA HOSP PROF BLDG MONONGAHELA PA 15063 412-258-9680	IM	MC CLOSKEY, MD, RICHARD C 4100 GALT OCEAN DR APT 1114 FT LAUDERDALE FL 33308-6510	GYN	MC NALL, MD, PEARL G 20 WINTHROP ST CARNEGIE PA 15106-1040	* AN	METCALFE, MD, MARC F 315 SUNNYFIELD DR GLENSHAW PA 15116-1935 412-623-2167	AN	MILLER, MD, STEPHEN J 1116 CAMBRIDGE ST NATRONA HEIGHTS PA 15065-1010	PTH
MATTHEWS, MD, JOHN T 5540 BEVERLY PL PITTSBURGH PA 15206-1427 412-782-5666	FP	MC CLOWRY, MD, JAMES T 845 FAIRWAYS DR OAKMONT PA 15139-1050	N	MC NEILL, DIANNE M 144 N DITHRIDGE ST APT 503 PITTSBURGH PA 15213-2615	ST	METRO, MICHAEL J 120 RUSKIN AVE APT 722 PITTSBURGH PA 15213-2637	ST	MILLER, MD, WILLIAM B 2800 CENTRE AVE STE A5 PITTSBURGH PA 15213-5428 412-682-3144	FP
MATTHEWS-MLAKAR, DO, MICHELE R 2323 BIG ROCK RD ALLISON PARK PA 15101-2119 412-359-1315	IM	MC CLURE, MD, THOMAS A 708 DUNCAN AVE # 1116 PITTSBURGH PA 15237-5050 412-622-7400	IM	MC NULTY, MD, BARBARA M HEALTH AMERICA PITTSBURGH PA 15213-2619 412-622-7501	PD	METRO JR, MD, DAVID G 3902 MARIE DR GIBSONIA PA 15044	AN	MILLER, MD, WILLIAM H 532 S AIKEN AVE STE 400 PITTSBURGH PA 15232-1521 412-682-8200	TS
MAYER-COSTA, MD, CARLOS M 100 DELAWARE AVE APT 331 OAKMONT PA 15139-2033 412-784-4232	FP	MC COLLUM, MD, GEORGE R 514 BELTZHOVER AVE PITTSBURGH PA 15210-1436 412-431-6820	FP	MC NULTY, MD, LARRY P 1910 COCHRAN RD PITTSBURGH PA 15220-1203 412-561-6202	OBG	MIASKIEWICZ, MD, STASIA L 5140 LIBERTY AVE PITTSBURGH PA 15224-2215 412-683-4550	IM	MILLER JR, MD, CLARENCE M 438 OLIVER RD SEWICKLEY PA 15143-1034	PTH
MAZZA, MD, JOSEPH L 7613 4TH AVE W BRADENTON FL 34209	IM	MC CORMICK, MD, LEE H 2708 BROWNSVILLE RD PITTSBURGH PA 15227-2035 412-885-6330	* FP	MC SORLEY, MD, JOHN 5200 CENTRE AVE #718 PITTSBURGH PA 15232-1300 412-683-1125	D	MICHAEL, MD, ERIC J 304 CLOVERDALE DR WEXFORD PA 15090-8357 412-692-6201	NPM	MILLIGAN, MD, ROBERT S 5840 BROWNSVILLE RD PITTSBURGH PA 15236-3506 412-833-6440	GP
MAZZEI, MD, JOSEPH M 1142 NEVADA ST PITTSBURGH PA 15218-1003 412-281-6540	DR	MC COV III, MD, WILLIAM H RR 4 BABERRY RD SEWICKLEY PA 15143-9804 412-223-8910	PS	MEALS, MD, MARGARET 320 3RD AVE TARENTUM PA 15084-1840 412-224-0700	IM	MICHAEL, MD, JOSEPH T 516 HI TOR DR PITTSBURGH PA 15236-4204 412-258-2400	IM	MILLS, MD, STEVEN E 6405 SALEM PARK CIR MECHANICSBURG PA 17055-2839	IM
MC BRIDE, MD, ANNE K 8605 WOODWELL ST PITTSBURGH PA 15217-1320 412-261-2440	D	MC CUNE, MD, ANN B RR 1 BOX 153A SCENERY HILL PA 15360-9733 412-942-0610	D	MEARS, MD, DANA C SHADYSIDE MEDICAL CTR PITTSBURGH PA 15232-1300 412-623-3902	ORS	MICHAELS, MD, BERNARD I 5100 5TH AVE APT 312 PITTSBURGH PA 15232-2171 412-621-6540	PD	MINELLA, MD, RICCI A 5845 CENTRE AVE PITTSBURGH PA 15206-3709 412-383-7474	CD
MC CANDESS, MD, BRIDGET M UNIV OF VA HLTH SCIENCE CTR CHARLOTTESVILLE VA 804-924-0000	IM	MC DERMOTT, MD, ROBERT W 1507 MIFFLIN RD PITTSBURGH PA 15207-2319	IM	MECS, MD, SANDOR 10 LEON RD PITTSBURGH PA 15220-3217 412-563-6767	OBG	MICHAELS, MD, MILTON M 3471 5TH AVE STE 1213 PITTSBURGH PA 15213-3221 412-621-2236	IM	MINES, MD, SAMUEL C 1050 BOWER HILL RD STE 310 PITTSBURGH PA 15243-1870 412-572-6187	A
MC CLAIN III, MD, EDWARD J 3 RIVERS ORTHO ASSOCS INC PITTSBURGH PA 15219 412-261-1222	ORS	MC DONALD JR, MD, ROBERT H 7416 RICHLAND MANOR DR PITTSBURGH PA 15208-2736 412-383-1080	PA	MEDITCH JR, MD, JAMES S 300 CEDAR BLVD PITTSBURGH PA 15228 412-561-1484	IM	MICHALOPOULOS, MD, GEORGE K ON UNIV OF PITTSBURGH PATH PITTSBURGH PA 15213-2500 412-648-1040	ON	MINNO, MD, ALEXANDER M 3360 5TH AVE PITTSBURGH PA 15213-3110 412-681-4469	IM
MC CLUSKEY, KEVIN M 4720 CENTRE AVE APT 7D PITTSBURGH PA 15213	ST	MC DONNELL-DATTILO, MD, COLLEEN 1500 OXFORD DR STE 010 BETHEL PARK PA 15102-1837 412-831-1114	PD	MEDWICK, DO, DENISE M 912 HIGHLANDER CIR WEXFORD PA 15090-7463 412-935-6975	PD	MICHEL, MD, ELLIOT M 215 1ST AVE TARENTUM PA 15084 412-226-9960	N	MINTON, MD, MICHAEL D MERCY HOSPITAL PITTSBURGH PA 15219-5166 412-232-8006	AN
MC CONNELL, MD, BRIAN A 230 COCOA AVE HERSHEY PA 17033-1426 717-531-6128	AN	MC DUGALL, MD, WILLIAM A 4815 LIBERTY AVE STE 425 PITTSBURGH PA 15224-2194 412-621-2450	GS	MEDWICK, DO, GERALD R 912 HIGHLANDER CIR WEXFORD PA 15090-7463 412-728-2225	TR	MIDDLEMAN, MD, ROSE R 3421 RIDGEWOOD DR PITTSBURGH PA 15235-5144	GYN	MIRANDA, MD, AURORA M 109 SPRUCE CT PITTSBURGH PA 15229-2166 412-578-5504	OBG
MC CRARY, MD, CHRISTINE T 1822 CHESTNUT RIDGE DR PITTSBURGH PA 15205 412-359-3131	IM	MC DOWELL, MD, MARY J 1350 LOCUST ST STE 101 PITTSBURGH PA 15219-4738 412-566-1568	PD	MEGALUDIS, MD, ALEXIS M 816 MIDDLE ST PITTSBURGH PA 15212-4915	HEM	MIDDLETON, MD, DONALD B 100 DELAFIELD RD STE 213 PITTSBURGH PA 15215-3247 412-782-2101	IM	MIRRO, MD, BETTY J 1088 SHADY AVE PITTSBURGH PA 15232-2913 412-622-7400	AI
MC ELWAIN, MD, MARIANN C 2689 HUNTER'S POINT DR WEXFORD PA 15090 412-647-2110	GS	MC GARR, MD, JANET A 4778 LIBERTY AVE PITTSBURGH PA 15224-2040 412-681-0966	IM	MEHOK, MD, RONALD G 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056 412-741-9226	ORS	MIKETIC, MD, LINDA M 101 SWEET GUM RD PITTSBURGH PA 15238-1346 412-647-3545	R	MISAGE, MD, JOHN R VA MEDICAL CTR-ASPINWALL PITTSBURGH PA 15240 412-683-3000	IM
MC FADDE, MD, RONALD D 5440 5TH AVE APT 54 PITTSBURGH PA 15232-2243	ST	MC GARVEY, MD, RICHARD N 448 EDGEFREE DR MURRYSVILLE PA 15668-1203	OBG	MEHTA, AMISH M 120 RUSKIN AVE PITTSBURGH PA 15213-2656	ST	MIKITA, MD, JOHN J 537 HAMILTON RD PITTSBURGH PA 15205-1708 412-343-0843	R	MISKOVSKY, SHANA N 120 RUSKIN AVE APT 825 PITTSBURGH PA 15213-2638	ST
MC GOWN, MD, RONALD G DEPT OF MED EDUCATION PITTSBURGH PA 15215 412-784-4232	FP	MC GEORGE, MD, FRANCIS R 501 MAPLEWOOD AVE AMBRIDGE PA 15003-2413	FP	MEHTA, MD, RAJESH M JAE C KIM REHAB ASSOC CLAIRTON PA 15025-3739 412-469-5031	PM	MIKLOS, MD, BERNARD G MIKLOS ASSOCIATES WHITE OAK PA 15131-2120	IM	MITCHELL, MD, DAVID R 3500 5TH AVE PITTSBURGH PA 15213-3316 412-682-2434	RHU
MC INTYRE, CATHERINE J 1738 GREEN ST APT 10 PHILADELPHIA PA 19130	ST	MC GILL, MD, RITA L 118 CHURCH LN PITTSBURGH PA 15238 412-767-5175	NEP	MEHTA, MD, RAVINDRA K 422 CADBERRY CT PITTSBURGH PA 15241-1300 412-339-1500	P	MIKNEVICH, MD, MARYANN 2618 LARKINS WAY PITTSBURGH PA 15203-2245 412-232-7608	PM	MITCHELL, MD, FENTON M 4815 LIBERTY AVE STE 338 PITTSBURGH PA 15224-2194 412-682-0300	CD
MC LENNAN, MD, JOHN D 3811 OHARA ST PITTSBURGH PA 15213 412-624-0207	CHP	MC GONIGAL, MD, MICHAEL P 575 COAL VALLEY RD STE 209 CLAIRTON PA 15025-3724 412-469-7010	FP	MEHTA, MD, YOGINI R ST FRANCIS MEDICAL CENTER PITTSBURGH PA 15201 412-622-4363	AN	MIKULLA, MD, JOHN M 2400 ARDMORE BLVD STE 200 PITTSBURGH PA 15221-5299 412-351-3062	OPH	MITCHELL, MD, HAROLD L 4904 BAYARD ST PITTSBURGH PA 15213-1802	N
MC PHERSON, MD, ELIZABETH W MAGEE WOMENS MED GENETICS PITTSBURGH PA 15213-3180 412-641-4168	PD	MC GORRIAN, MD, GRACE M 4111 LEE RD GIBSONIA PA 15044-9549 412-624-0513	P	MEISNER, MD, DENNIS J 5200 CENTRE AVE STE 706 PITTSBURGH PA 15232-1300 412-681-4401	HEM	MILLAR JR, MD, AHMED S 444 MCELHENRY RD GLENSHAW PA 15116-2135 412-486-7799	AN	MITCHELL, MD, KENNETH L 1263 REGENCY DR PITTSBURGH PA 15237-6228	IM
MC VAY, MD, WILLIAM J 4627 5TH AVE PITTSBURGH PA 15213-3661 412-683-4400	OPH	MC GRAW, MD, DONALD J 916 COLLEGE AVE PITTSBURGH PA 15232-2702 412-623-1070	OM	MEISTER, MD, DONALD G 102 CARRIAGE DR PITTSBURGH PA 15237-2011	GP	MILLAR, MD, DEBORAH L 521 ROSLYN PLACE PITTSBURGH PA 15232-1605 412-623-2081	R	MITRE, MD, BLIMA K 412 WICKFORD DR PITTSBURGH PA 15238-2532 412-367-6847	PTH
MC AFOOS, MD, J ALLEN 868 BAYWAY BLVD APT M212 CLEARWATER BEACH FL 34630-2630	OPH	MC HENRY, MD, THOMAS 110 MAYFAIR DR PITTSBURGH PA 15228-1145	PD	MELANI, MD, KENNETH R 322C RAWLINS RUN EXT CHESWICK PA 15024-9712 412-285-7245	IM	MILLER, MD, D SCOTT 320 E NORTH AVE PITTSBURGH PA 15212-4772 412-359-6401	IM	MITRE, MARCIE C 120 RUSKIN AVE APT 818 PITTSBURGH PA 15213	ST
MC ALLISTER, MD, JOHN D 6252 SE CANTERBURY LN STUART FL 34997-8672 412-622-4070	TR	MC HUGH, MD, ELMER F 367 BUTLER ST PITTSBURGH PA 15223-2124 412-781-4642	CD	MELNICK, MD, MELVIN P 5750 CENTRE AVE STE 390 PITTSBURGH PA 15206-3761 412-361-2152	CHP	MILLER, MD, DAVID L 180 FT COUCH RD PITTSBURGH PA 15241-1041 412-833-8811	PDA	MITRE, MD, RICARDO J GATEWAY TOWERS PITTSBURGH PA 15222-1102 412-391-1690	GE
MC AVOY, MD, WILLIAM B 303 OLIVER DR MCKEESPORT PA 15131-1917	R	MC HUGH, MD, RICHARD D ALLEGHENY GEN HOSP PITTSBURGH PA 15212 412-359-3155	AN	MELOTTI, MD, PETER M 1053 LAKEMONT DR PITTSBURGH PA 15243-1817	PM	MILLER, MD, EDWARD B 3500 5TH AVE PITTSBURGH PA 15213-3316 412-682-2434	IM	MITRO, DO, ROBERT N SOUTH HILLS MEDICAL BLDG PITTSBURGH PA 15236-0838 412-469-6956	NEP
MC CAFFERTY, MD, LEO R 580 S AIKEN AVE STE 530 PITTSBURGH PA 15232-1531 412-687-2100	PS	MC KEE, TERESA L 120 RUSKIN AVE APT 103 PITTSBURGH PA 15213-2631	ST	MEMARZADEH, SANAZ 1304 WOOD LAWN CT PITTSBURGH PA 15241	ST	MILLER, MD, FREDERICK A 3885 BROOKSIDE DR MURRYSVILLE PA 15668-1222	PD	MITRO, MD, WILLIAM 1150 BOWER HILL RD BLDG 1 PITTSBURGH PA 15243-1349	FP
MC CAFFERTY, MD, MICHAEL H 902 SETTLERS RIDGE RD PITTSBURGH PA 15238-1600 412-363-8811	GS	MC LAUGHLIN, MD, JAMES T 820 DEVONSHIRE ST PITTSBURGH PA 15213-2908 412-621-4159	PYA	MENDELSON, MD, ELLEN B WEST PENN HOSP PITTSBURGH PA 15224 412-578-1105	DR	MILLER, MD, HERBERT D 131 PENROSE DR PITTSBURGH PA 15208-2741	P	MITROS, MD, MARK M HARMARVILLE REHAB CTR PITTSBURGH PA 15238-0460 412-828-1300	PM
MC CAGUE, MD, NED J 6615 KINSMAN RD PITTSBURGH PA 15217-1310 412-281-6646	U	MC LAUGHLIN, MD, WILLIAM B RW-C 622 LANCASTER RD IRVINGTON VA 22480 804-438-4210	ORS	MENDELSON, MD, S ROBERT 4197 ROTHSCHILD CT ALLISON PARK PA 15101-2868 412-366-1322	OBG	MILLER, MD, JOHN C 575 COAL VALLEY RD STE 365 CLAIRTON PA 15025 412-469-7030	CDS	MITTEL, DO, TIMOTHY S 4416 PENN AVE PITTSBURGH PA 15224-1312 412-681-2211	P
MC CARTHY III, MD, JOHN J 5750 CENTRE AVE STE 300 PITTSBURGH PA 15206-3761 412-363-2663	ORS	MC LEAN, MD, GORDON K 4800 FRIENDSHIP AVE PITTSBURGH PA 15224-1722 412-578-1787	R	MENDOZA, MD, ANTONIA A 575 COAL VALLEY RD # 464 PITTSBURGH PA 15236 412-469-6956	NEP	MILLER, MD, MARGARET A 128 N CRAIG ST STE 210 PITTSBURGH PA 15213-2758 412-681-8399	DR	MLECKO, MD, LAWRENCE M 9104 BABCOCK BLVD PITTSBURGH PA 15237-5818 412-364-2323	GE
		MC MASTER, MD, JAMES H ALLEGHENY PROF BLDG PITTSBURGH PA 15212-4740 412-321-1029	ORS	MENOTADES, MD, JOHN C PENN PLAZA TURTLE CREEK PA 15145 412-829-7019	IM	MILLER, MD, MICHAEL D 5820 CENTRE AVE PITTSBURGH PA 15206-3710 412-661-5500	ORS	MOATS, MD, ANTHONY W INDEPENDENCE MANOR PITTSBURGH PA 15228-1621	P

MODERY, MD, MARSHA E 2708 BROWNSVILLE RD PITTSBURGH PA 15227-2035 412-885-6330	IM	MOSKOWITZ, MD, BARRY D 1533 LINCOLN WAY WHITE OAK PA 15131-1711 412-672-9765	OPH	NADLER, MD, DAN 11139 POPLAR ST APT C LOMA LINDA CA 92354	EM	NELLIS, MD, KURT J KEYSTONE HLTH PLAN WEST PITTSBURGH PA 15222-3001	IM	NIX, MD, ROBERT D 1601 OCEAN DR S APT 102 JACKSONVILLE BEACH FL 32250-6341 412-741-4606	PD
MODI, MD, JASHWANT B 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-681-3525	CD	MOSS JR, MD, VASSAR Y 1100 GRAHAM BLVD PITTSBURGH PA 15235-2722 412-681-7388	OBG	NADLER, MD, DANIEL J 409 BROAD ST STE 270 SEWICKLEY PA 15143-1518 412-741-5577	OPH	NELSON, MD, JOHN P 4815 LIBERTY AVE STE 127 PITTSBURGH PA 15224 412-687-0761	P	NOBEL, MD, HELEN V 1216 BEECHWOOD BLVD PITTSBURGH PA 15206-4520	FP
MOFFA, MD, NICHOLAS J 240 MELWOOD AVE PITTSBURGH PA 15213	P	MOSTOUFI-ZADEH, MD, MAHPAREH JEFFERSON HOSPITAL PITTSBURGH PA 15236 412-469-5728	PTH	NADLER, MD, LEIGH H 1515 LOCUST ST 5TH FL PITTSBURGH PA 15219 412-232-5790	CRS	NELSON, MD, THEODORE C 911 RUTH ST PITTSBURGH PA 15243 412-344-8862	FP	NODEN, MD, GEORGE T 4526 5TH AVE APT 100 PITTSBURGH PA 15213-2612	GP
MOHR, MICHAEL H 1161 BENTON PL PITTSBURGH PA 15212-1532	ST	MOY, ELIZABETH A 850 LONG RD PITTSBURGH PA 15235-4309	ST	NADLER, MD, M PRINCETON 406 EDGEWORTH LN SEWICKLEY PA 15143-1018	OPH	NETTROUR, JOHN F 455 WINNERWOOD RD PITTSBURGH PA 15237-5647	ST	NOH, MD, SUNGRAN S 5 GATEWAY CENTER PITTSBURGH PA 15222 412-533-5547	OBG
MOLLOY, MD, PETER J 4815 LIBERTY AVE STE M58 PITTSBURGH PA 15224-2194 412-681-1616	GE	MOYER, MD, JOHN F 445 MAPLE LN SEWICKLEY PA 15143-1075	OTO	NAGIN, MD, JOSHUA G F 9951 PARKLAND DR WEXFORD PA 15090-9692 412-749-7082	EM	NETTROUR, MD, LEWIS F 9104 BABCOCK BLVD STE 6111 PITTSBURGH PA 15237-5818 412-367-0600	ORS	NOLAN, MD, SEAN 5200 CENTRE AVE # 614 PITTSBURGH PA 15232-1300 412-621-5555	END
MOMAN JR, MD, LAWRENCE C 354 FREESTOP ST NEW KENSINGTON PA 15068-6015 412-337-3555	OTO	MOYER JR, MD, DONALD J 4800 FRIENDSHIP AVE STE 1614 PITTSBURGH PA 15224-1793 412-578-4400	NS	NAIR, MD, MADHUSUDANAN 4520 PENN AVE STE 100 PITTSBURGH PA 15224-1342 412-621-3125	CDS	NETTROUR III, MD, W SCOTT 9104 BABCOCK BLVD STE 6111 PITTSBURGH PA 15237-5818 412-367-0600	ORS	NOLAN, MD, TERESA A 2580 HAYMAKER RD STE 404 MONROEVILLE PA 15146-3500 412-373-4411	IM
MONAHAN, MD, DANIEL J 100 DELAFIELD RD STE 213 PITTSBURGH PA 15215-3247 412-784-4232	FP	MOYER JR, MD, ROBERT D 787 LORETTA ST PITTSBURGH PA 15217-2825	OBG	NAIRN JR, MD, JOHN P 1401 FORBES AVE 3RD FLR PITTSBURGH PA 15219 412-288-0885	OPH	NETTROUR IV, MD, WALTER S 9552 PARKEDGE DR ALLISON PARK PA 15101-2031	ORS	NOORBAKHSH, MD, HOSSEIN 1350 LOCUST ST #401 PITTSBURGH PA 15219-4738 412-765-3795	OBG
MONDIK, MD, BARBARA L 600 HOSPITAL WAY MCKEESPORT PA 15132 412-673-1211	GS	MRVOS, MD, DIANA L 650 SMITHFIELD ST STE 1110 PITTSBURGH PA 15212-3907 412-281-5876	OPH	NAPOLEON, MD, LOUIS N 1150 BOWER HILL RD APT 914-B PITTSBURGH PA 15243-1327 412-682-3190	GP	NEUSCHWANDER, MD, DAVID C SHADYSIDE MEDICAL CENTER PITTSBURGH PA 15232-1313 412-683-6004	ORS	NORIEGA, MD, ANNA L 5506 ELLSWORTH AVE APT 1 PITTSBURGH PA 15232-1830	AN
MONDZELEWSKI, MD, JAMES P 1050 BOWER HILL RD STE 104 PITTSBURGH PA 15243-1866 412-572-6121	OPH	MRVOS, MD, DONALD M 3380 BLVD OF THE ALLIES # 1 PITTSBURGH PA 15213-3125 412-856-6674	OBG	NARASIMHAN, MD SEETHALAKSHMI 7 COLONY OAKS DR PITTSBURGH PA 15209-1255 412-682-3190	IM	NEW, BARBRA S 1317 HILLSDALE AVE APT 1 PITTSBURGH PA 15216-2501	ST	NORRIS, MD, DAVID C 232 LUCILLE ST GLENSHAW PA 15116-2033 412-683-6299	P
MONROE, MD, BARBARA J 3231 GORMAN WAY PITTSBURGH PA 15213	IM	MUCHLADO, MD, FELIX J 1307 UNION AVE NATRONA HEIGHTS PA 15065-1127	GP	NARDUZZI, MD, JOANN V MERCY HOSPITAL PITTSBURGH PA 15219-5166 412-232-7601	END	NEWTON, MD, REX H 1119 MACON AVE PITTSBURGH PA 15218-1215 412-781-5700	PM	NOTTE, MD, MICHAEL A 211 LOCUST ST PITTSBURGH PA 15202-1516	IM
MONSOUR, MD, MIROYA J 919 COUNTRY CLUB DR GREENSBURG PA 15601-1249	OPH	MUELLER, DO, JOSEPH C 926 SAVANNAH AVE PITTSBURGH PA 15221-3448 412-784-4232	FP	NARLA, MD, SUDHIR K 1320 5TH AVE MCKEESPORT PA 15132-2423 412-672-5766	GE	NEY, MD, EUGENE C 1197 BILLINGS DR PITTSBURGH PA 15241-3413	GS	NOVAK, MD, JOSEPH F PO BOX 640 LIGONIER PA 15658	OPH
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MUHOEN, D, OLIVER A 216 PICTURE DR PITTSBURGH PA 15236-4535 412-664-8360	OM	NASH, MD, DAVID R 30 LEBANON HILLS DR PITTSBURGH PA 15228-1819 412-655-8650	PD	NEZU, FRANK M 5722 BEACON ST PITTSBURGH PA 15217 412-365-4663	ST	NOVEMBER, MD, STEPHEN R 2605 BEECHWOOD BLVD PITTSBURGH PA 15217-2525 412-366-5800	OBG
MONTANTE, STEVEN J 120 RUSKIN AVE #222 PITTSBURGH PA 15213-2632	ST	MULHERN, MD, LAWRENCE M MERCY HOSPITAL PITTSBURGH PA 15219-5166 412-232-7985	RHU	NATALI, MD, DANIEL E 3637 CAL KEN DR MURRYSVILLE PA 15668-9512 412-372-0645	OBG	NGUYEN, MD, DE 6420 FORBES AVE PITTSBURGH PA 15217-1719 412-365-4663	IM	NOWAK, MD, TINA P 2011 W GROVE DR GIBSONIA PA 15044-6059 412-488-5798	AN
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MULLICK, MD, PRABIR K 4608 PENN AVE PITTSBURGH PA 15224-1315 412-621-5720	P	NATHANSON, MD, MICHAEL S PO BOX 18285 PITTSBURGH PA 15236-0285 412-469-1500	CD	NGUYEN, LINH B 307 N NEVILLE ST 2ND FL PITTSBURGH PA 15213 412-793-9099	ST	NOYES, DO, ELIZABETH J 2568-B BRANDT SCHOOL RD WEXFORD PA 15090 412-935-4700	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MUNIN, MD, MICHAEL C 401 AMBERSON AVE APT 314 PITTSBURGH PA 15232-1460 412-648-6975	PM	NAUGLE, MD, INGRID E 26 NEWGATE RD PITTSBURGH PA 15202-1002 412-622-2085	R	NICASSIO, MD, ANTHONY 9980 CAPRI CT PITTSBURGH PA 15239 412-367-1011	AN	NULL, MD, HARRY M 9104 BABCOCK BLVD STE 1103 PITTSBURGH PA 15237-5818 412-367-5010	GS
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, STEPHANIE L 4318 N PIKE MONROEVILLE PA 15146 412-372-6262	IM	NUNEZ, MD, HERMES 756 CHARTIERS AVE MCKEES ROCKS PA 15136-3602 412-331-1168	GS
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, DEBRA C SHADYSIDE HOSP PITTSBURGH PA 15232-1304 412-623-6300	OBG	NUSSBAUM, MD, ARTHUR J NORTH HILLS PASSAVANT PITTSBURGH PA 15237-5842 412-367-6700	DR
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416	GS	NAUM, DO, SCOTT M 1712 13TH ST SW MINOT ND 58701-6185 412-578-5000	GE	NICHOLS, MD, WILLIAM R 2907 AUTUMWOOD DR GLENSHAW PA 15116-1507	PD	O'BRIEN, MD, GERARD T 1672 CHISLETT ST PITTSBURGH PA 15206-1313	FP
MONTAG, MD, MARK C 100 BRYN MAWR CT APT 114W PITTSBURGH PA 15221	ST	MURPHY JR, MD, ARTHUR I 212 TENNYSON AVE PITTSBURGH PA 15213-1416							

ALLEGHENY

ODIM, MD, USIM 6604 WOODWELL ST PITTSBURGH PA 15217-1321	P	OTTONELLO, MD, DOMINGO G 500 NAYSMITH RD N VERSAILLES PA 15025-3013	RHU	PAPPAS, MD, MICHAEL T 1248 OLD MEADOW RD PITTSBURGH PA 15241-3520	AN	PAWLOWSKY, MD, FRANK X 530 WASHINGTON RD PITTSBURGH PA 15228-2817	FP	PETRAGLIA, MD, ANGELO A 1010 HEBERTON ST PITTSBURGH PA 15206-1711	GP
ODONNELL, MD, CHRIS T 301 OHIO RIVER BLVD STE 302 SEWICKLEY PA 15143-1300	IM	OU, MD, KUANG-YU 7405 IRVINE AVE PITTSBURGH PA 15218-2423	GP	PARIKH, MD, BHARATI K 2370 WEST GATE DR PITTSBURGH PA 15237-1622	AN	PAYAN, MD, HUSHANG M 4108 WINDFALL LANE GIBSONIA PA 15044-9672	PTH	PETRAGLIA, MD, PAUL 205 VIRGINIA AVE PITTSBURGH PA 15211-1511	GP
ODONNELL, MD, WALTER F PARKVALE SAVINGS BLDG PITTSBURGH PA 15213-3305	U	OWENS, MD, E REESE THE TRILLIUM # 18 PITTSBURGH PA 15238	ORS	PARK, MD, NANCY H 123 VALENTINE DR CORAOPLIS PA 15108-2941	FP	PEAL, MD, STANLEY 1154 FIRWOOD DR PITTSBURGH PA 15243-1825	P	PETRAGLIA, DO, VINCENT F 446 MC MURRAY RD BETHEL PARK PA 15102-1156	FP
OEHRLE, MD, JOHN S ALLEGHENY VALLEY HOSPITAL NATRONA HEIGHTS PA 15065-1150	PTH	OZAKI, MD, WAYNE H 144 N DITHRIDGE ST APT 703 PITTSBURGH PA 15213-2615	GS	PARK, MD, SANG B HEART AND LUNG INST PITTSBURGH PA 15224-1389	TS	PEARDO, MD, ROBERT J CM RADIOLOGY ASSOCIATES NEW EAGLE PA 15067-0428	DR	PETTAEPHE JR, MD, MILTON C 3518 5TH AVE PITTSBURGH PA 15213-3310	OPH
OESTERLING JR, MD, EVERETT F OHIO VALLEY GEN HOSP MCKEES ROCKS PA 15136	NM	OZOLEK, MD, JOHN A 157 OAKVIEW AVE PITTSBURGH PA 15218-1507	NPM	PARNES, MD, ROBERT E MERCY AMBULATORY CTR PITTSBURGH PA 15219	AN	PECMAN, MD, JOANNA 703 DEHAVEN CT GLENSHAW PA 15116-1759	OM	PETURSSON, MD, SIGURDUR R 5200 CENTRE AVE STE 706 PITTSBURGH PA 15232-1323	HEM
OFFERMAN, MD, JOOP 6740 REYNOLDS ST PITTSBURGH PA 15206-4512	FP	PACELLA, JOHN J 5604 ELLSWORTH AVE APT B PITTSBURGH PA 15232-1808	ST	PARKE, MD, BRIAN M 2011 EAGLE RIDGE DR MONROEVILLE PA 15146-1776	OPH	PECORA, MD, MICHAEL J 90 W CHESTNUT ST WASHINGTON PA 15301	CD	PETZ, DO, DARRELL W 1621-C UNION AVE NATRONA HEIGHTS PA 15065-2103	IM
OGLE, MD, KIM HEALTH AMERICA PITTSBURGH PA 15213	PD	PACIFICCO, MD, RONALD L 300 6TH AVE STE 600 PITTSBURGH PA 15222-2511	OPH	PARTEZANA, MD, JANETTE S 710 THOMPSON AVE MCKEES ROCKS PA 15136-3808	FP	PEDUZZI, TRINA L 332 S NEGLEY AVE APT 1 PITTSBURGH PA 15232	ST	PFAEFFLE, MD, HUGO H PASSAVANT HOSP ANES PITTSBURGH PA 15237	AN
OGUN, MD, DAVID J 2355 TILBURY AVE PITTSBURGH PA 15217-2455	IM	PAGANO, MD, ROBERT J 1350 LOCUST ST STE 306 PITTSBURGH PA 15219-4738	GE	PARVA, MD, GHASEM 4790 WILLIAM FLYNN HWY ALLISON PARK PA 15101-2413	FP	PEIRSOL, MD, BETTY L 1731 GOLDEN MILE HWY MONROEVILLE PA 15146-2011	GS	PFAEFFLE, HUGO J 115 COUNTRY LN SAXONBURG PA 16056-8601	ST
OH, MD, KOOK-SANG ALLEGHENY GEN HOSP PITTSBURGH PA 15212	PDR	PAI, MD, KOCHIKAR G 51 PROF PL PITTSBURGH PA 15236-4567	PD	PASCUAL, MD, GENEROSO S JEFFERSON HOSP PITTSBURGH PA 15236	DR	PELEKANOS, MD, MICHAEL J 1129 DEERFIELD LN MURRYSVILLE PA 15668-1521	OBG	PFOFF, MD, ROBERT M 500 BLAZIER DR WEXFORD PA 15090	IM
OH, RICHARD W 6315 STANTON AVE PITTSBURGH PA 15206-2246	ST	PAINTER, MD, MICHAEL J 3705 5TH AVE PITTSBURGH PA 15222	CHN	PASH, MD, CHRISTOPHER A 143 HERBST RD CORAOPLIS PA 15108-3661	IM	PELKOPE, MD, CLETUS G 825 MOREWOOD AVE APT L2 PITTSBURGH PA 15213-2925	R	PFIMMER, MD, WAYNE J 816 MIDDLE ST PITTSBURGH PA 15212-4915	HEM
OHARA, MD, KEVIN R SHADYSIDE HOSPITAL PITTSBURGH PA 15232-1304	R	PAISLEY, KEVIN J 245 MELWOOD AVE APT 707 PITTSBURGH PA 15213-1624	ST	PATEL, MD, GAUTAM P 1236 SOUTHGATE DR PITTSBURGH PA 15241-3267	DR	PELLEGRINI, MD, RONALD V 100 BROADWAY ST CARNEGIE PA 15106-2472	TS	PHANSE, MD, MOHAN S 515 WASHINGTON AVE BRIDGEVILLE PA 15017-2021	GE
OLAH, MD, GEORGE W 2504 CHURCHILL RD PITTSBURGH PA 15235-5114	GP	PAISTE, MD, JUHAN 6305 MARCHAND ST APT 37 PITTSBURGH PA 15206-4326	AN	PATEL, MD, HARISH K 3209 WATERFORD CT PITTSBURGH PA 15238	P	PENKROT, MD, RONALD J 201 ALRIES ST PITTSBURGH PA 15210-3768	DR	PHILLIPS, MD, JANE G 4041 DUBLANE DR MURRYSVILLE PA 15668-1062	PM
OLBOM, DO, JENNIFER R 409 BROAD ST STE 270 SEWICKLEY PA 15143-1518	OPH	PALANISAMY, MD, SUBRAMANIAM 4520 PENN AVE PITTSBURGH PA 15224-1389	CDS	PATEL, MD, HITENDRA R 5551 CENTRE AVE APT 414 PITTSBURGH PA 15232-1257	IM	PENROD, MD, LOUIS E 301 PINKERTON RD WEXFORD PA 15090-8679	PM	PHILLIPS, MD, JOHN G 5750 CENTRE AVE STE 400 PITTSBURGH PA 15206-3761	IM
OLIVENSTEIN, MD, ALAN E 5005 IMPALA DR PITTSBURGH PA 15239-2775	CD	PALASKI, MD, JEFFREY D 1140 JACKSON PITTSBURGH PA 15221-1243	AN	PATEL, MD, MINA G 1236 SOUTHGATE DR PITTSBURGH PA 15241-3267	AI	PEPPER, MD, L DOUGLAS 105 ORCHARD AVE BELLE VERNON PA 15012-2021	FP	PHILLIPS, MD, WILLIAM W 1 ALLEGHENY CTR STE 405 PITTSBURGH PA 15212-5406	NS
OLIVER-SMITH, MD, DAVID R 420 E NORTH AVE STE 408 PITTSBURGH PA 15212-4746	NS	PALCHICK, MD, BRYCE A 330 PARKWAY DRIVE PITTSBURGH PA 15228-2130	FP	PATEL, MD, RITA M MAGEE WOMENS HOSP ANES PITTSBURGH PA 15213-3180	AN	PERER, MD, WILLIAM A 308 OAK HILL DR SARASOTA FL 34232-1861	GP	PHILLIPS III, MD, CHESTER A 1288 OAKRIDGE RD MCDONALD PA 15057-2634	GE
OLSEN, MD, KARL R 3501 FORBES AVE STE 500 PITTSBURGH PA 15213-3306	OPH	PALETTA, MD, JOHN D 201 LYNDHURST RD YORK PA 17402	ST	PATEL, MD, SHERAL S 224 SHELTON AVE PITTSBURGH PA 15220-2636	ST	PEREZ, MD, HORACIO A FULTON MEDICAL LAB PITTSBURGH PA 15203	PTH	PHILLIPS JR, MD, CHESTER A 201 KENT DR PITTSBURGH PA 15241-2115	AN
OLSON, MD, MARY K 200 GUYASUTA RD PITTSBURGH PA 15215-1519	OBG	PALCHUK, MATVEY 732 S MILLVALE AVE APT A3 PITTSBURGH PA 15213	ST	PATRICK, MD, GREGORY B 701 BROAD ST SEWICKLEY PA 15143	PUD	PERRI, MD, FRANCIS R 1050 BOWER HILL RD STE 302 PITTSBURGH PA 15243-1869	GS	PHILLIPS JR, MD, CHESTER A 201 KENT DR PITTSBURGH PA 15241-2115	GS
ONEIL, DO, ROBERT J 1809 PINE HOLLOW RD MCKEES ROCKS PA 15136-1537	GP	PALETTA, MD, JOHN D 201 LYNDHURST RD YORK PA 17402	N	PATERNAC, MD, STEPHEN T 7714 CANNON ST PITTSBURGH PA 15218-2109	FP	PERRI, MD, JEFFREY A 5133 DAUBE DR PITTSBURGH PA 15236	GS	PHITAYAKORN, MD, CHET 193 SPRING MEADOW DR PITTSBURGH PA 15241-2149	TS
ONG, MD, JIMMY J 2571 MOSSIDE BLVD STE 4 MONROEVILLE PA 15146-3510	N	PALKOVITZ, MD, HARRY P 3471 5TH AVE STE 810 PITTSBURGH PA 15213-3221	OPH	PATTON, MD, ANNA M 1315 HEBERTON ST PITTSBURGH PA 15206-1716	OBG	PERRI, MD, JOHN A 1350 LOCUST ST RM 405 PITTSBURGH PA 15219-4738	ORS	PIERCE, KIM M 400 SWEETBRIAR ST PITTSBURGH PA 15211-1122	ST
ONOU, MD, GLORIA C 401 SHADY AVE PITTSBURGH PA 15206-4409	P	PALLAN, MD, LAURA A 550 ORCHARD PARK RD WEST SENECA NY 14224	NS	PATTON, MD, GEORGE D 320 S LEXINGTON AVE PITTSBURGH PA 15208-2723	GYN	PERRIN, MD, RONALD L 130 N BELLEFIELD AVE PITTSBURGH PA 15213-2610	DR	PIEROTTI III, MD, ALDINO L 401 AMBERSON AVE APT 213 PITTSBURGH PA 15232-1457	US
ORAL, MD, ARSINUR 213 SWEET GUM RD PITTSBURGH PA 15238-1350	HEM	PALMER, DO, TERESA J 823 BELLAIRE AVE PITTSBURGH PA 15226-1841	IM	PATZ, MD, MARY K 5308 BEELERMONT PL PITTSBURGH PA 15217-1011	IM	PERRY, MD, JAMES M 450 STEVENS DR APT 303 PITTSBURGH PA 15237-3150	IM	PIERRI, MD, JOSEPH N 516 SAINT JAMES PL PITTSBURGH PA 15232-1439	P
OREBAUGH, MD, STEVEN L 238 NATIONAL DR PITTSBURGH PA 15236-4437	AN	PALOMBO, MD, CHRISTOPHER J 535 SMITHFIELD ST STE 2320 PITTSBURGH PA 15222-2306	OBG	PAUL, MD, RICHARD 161 N DITHRIDGE ST PITTSBURGH PA 15213-2646	PD	PERRYMAN, MD, CHARLES A 3402 RTE 8 ALLISON PARK PA 15101-3844	OBG	PIETRAGALLO, MD, LOUIS D 110 FT COUCH ROAD PITTSBURGH PA 15241-1030	HEM
ORIE, MD, JUDITH E 320 E NORTH AVE PITTSBURGH PA 15212-4772	IM	PALUS, MD, BERNARD R 10 DUFF RD PITTSBURGH PA 15235-3263	D	PAULOWSKI, MD, JOHN J 110 LAMAR DR PITTSBURGH PA 15241-1547	CD	PERRIN, MD, CHARLES R 640 OSAGE RD PITTSBURGH PA 15243-1038	R	PIFALO, MD, W BRADLEY JC BLAIR MEM HOSPITAL HUNTINGDON PA 16652-2350	CD
ORR, MD, DONALD P ST CLAIR HOSP RADIOLOGY PITTSBURGH PA 15243-1143	DR	PANDIT, MD, SANTOSH M 9102 BABCOCK BLVD STE 107 PITTSBURGH PA 15237-5819	CD	PAUTLER, MD, STANISLAV 445 MIRANDA DR PITTSBURGH PA 15241-2037	AN	PERSIN, DO, GEORGE A R D 2 BOX 325-C IRWIN PA 15642-9454	IM	PIGEON, RAYMOND G 2342 ROCHESTER RD PITTSBURGH PA 15237-7506	ST
ORRINGER, MD, DAVID 88 SCOTT SWAMP RD # 343 FARMINGTON CT 06032	GS	PANCHAL, MD, PRAVIN D 200 HIGHLAND RD PITTSBURGH PA 15238-2112	PM	PAVLAK, MD, ROBERT J HEALTH AMERICA MONROEVILLE PA 15146-3540	IM	PESSOLANO, MD, CARL J 39 NEWGATE RD PITTSBURGH PA 15202-1001	ORS	PIGOZZI, MD, WILLIAM N 909 ZIMMER LN MCKEESPORT PA 15135-2329	FP
OSHEKA, MD, WILLIAM 114 SINGER AVE MCKEES ROCKS PA 15136-2918	* GS	PANDYA, MD, KAMLESH N 1220 LINCOLN WAY WHITE OAK PA 15131	IM	PAVLIC, MD, GEORGE J 1943 OVERLAND CT ALLISON PARK PA 15101-3222	HEM	PETERNEL, MD, WAYNE W 1350 LOCUST ST STE 406 PITTSBURGH PA 15219-4738	* IM	PIGULA, MD, DIANE L SEWICKLEY VALLEY PEDS SEWICKLEY PA 15143-1696	PD
OSIAL JR, MD, THADDEUS A 355 5TH AVE STE 800 PITTSBURGH PA 15222-2407	RHU	PANDIT, MD, SANTOSH M 9102 BABCOCK BLVD STE 107 PITTSBURGH PA 15237-5819	CD	PAVLIS, MD, ROBERT J 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	OPH	PETERS, MD, RANDOLPH M 135 FERN HOLLOW RD APT 901 CORAOPLIS PA 15108-4103	IM	PILLAI, MD, PUSHKALAI R HEALTH AMERICA WEST MIFLIN PA 15122-2461	IM
OSMAN, MD, STEPHEN J HEALTH AMERICA PITTSBURGH PA 15220-2755	IM	PANDYA, MD, KAMLESH N 1220 LINCOLN WAY WHITE OAK PA 15131	PD	PAWELSKI, MD, LISA A HEALTH AMERICA PITTSBURGH PA 15213-2619	R	PETERSON, MD, ALISON 800 PENN CENTER BLVD APT 409 PITTSBURGH PA 15235-6011	PM	PINTO, MD, THOMAS B 1200 CENTRE AVE STE 140 PITTSBURGH PA 15219-3507	IM
OSOFKY, MD, MURRAY V 540 N NEVILLE ST APT 103 PITTSBURGH PA 15213-2835	OBG	PAPAS, MD, SPIRO N 1350 LOCUST ST STE 300 PITTSBURGH PA 15219-4738	ORS	PAWAR, MD, SURENDRA V PASSAVANT HOSP RADIOLOGY PITTSBURGH PA 15237-5842	DR	PETITICA, MD, BENJAMIN B 2580 HAYMAKER RD MONROEVILLE PA 15146-3500	OBG	PITCAGAVE, MD, JAMES G 701 BROAD ST SEWICKLEY PA 15143-1652	PD
OTOOLE, MD, JAMES D SHADYSIDE MED CTR PITTSBURGH PA 15232-1300	CD	PAPAZIAN, MD, ARA 128 SUNRIDGE DR PITTSBURGH PA 15234-1021	AN	PAWELSKI, MD, LISA A HEALTH AMERICA PITTSBURGH PA 15213-2619	D	PETILLA, MD, MARIANO E 532 S AIKEN AVE STE 400 PITTSBURGH PA 15232-1521	TS	PITCHOK, MD, CARISSA L 101 WASHINGTON AVE #334 OAKMONT PA 15139-2157	IM

PITTENGER, MD, REX A 369 SUNSET RD PITTSBURGH PA 15237-4926	P	POUTOUS, MD, GEORGE W 1807 WEST ST MUNHALL PA 15120-2556	OBG	PUSATERI JR, MD, JOSEPH P 100 DELAFIELD RD STE 307 PITTSBURGH PA 15215-3247	IM	RATH, KRISTINA M 120 RUSKIN AVE APT 802 PITTSBURGH PA 15213-2638	ST	REZEK, MD, DONALD L 322 SCAIFE HALL PITTSBURGH PA 15261-2003	N
PITTL, MD, HOWARD S 511 PAYNE HILL RD APT A 102 CLAIRTON PA 15025-4040	FP	412-462-8010 POWELL JR, MD, OSCAR M 4925 WOODCLIFF HILL RD W BLOOMFIELD MI 48323	NM	412-784-1110 PYERITZ, MD, REED E ALLEGHENY SINGER RESEARCH INS PITTSBURGH PA 15212-4772	IM	412-622-4343 RATHORE, MD, DALEEP K 309-A GLEN DOUGLAS GLENSHAW PA 15116-2724	P	412-648-9200 RHODES, MD, ARTHUR R 1237 HEBERTSON ST PITTSBURGH PA 15206-1714	D
PLACCI, MD, CARLOS A 401 SHADY AVE PITTSBURGH PA 15206-4409	P	412-681-9855 POWER, MD, JOHN A 4221 PENN AVE STE 401 PITTSBURGH PA 15224-1307	CD	412-359-6388 OUARLES, DO, ROBERT L 203 FONTANA LN NEW KENSINGTON PA 15068-2096	FP	412-622-1003 RATSCHAN, MD, WALTER J 0-425 MCKNIGHT CIR PITTSBURGH PA 15237-3539	AN	412-648-3250 RHODES, DONALD R 166 N DITHRIDGE ST APT B1 PITTSBURGH PA 15213-2622	ST
PLATKO JR, MD, WILLIAM P 1501 LOCUST ST PITTSBURGH PA 15219-5128	CD	412-531-7330 PRABHU, MD, ANIL ST CLAIR PROFESSIONAL BLDG PITTSBURGH PA 15243-1869	IM	412-359-6200 QUATTRONE, MD, CHARLES G 1034 TALL TREES DR PITTSBURGH PA 15241-3536	EM	412-683-3755 RAU, MD, RAYMOND L 500 RTE 909 APT 149 VERONA PA 15147	P	412-288-0885 RHODES JR, MD, DAVID H 1401 FORBES AVE 3RD FLR PITTSBURGH PA 15219	OPH
PLUNKETT, MD, FRANCIS X 5889 FORBES AVE STE 300 PITTSBURGH PA 15217-1660	ORS	412-531-7330 PRABHU, MD, NALINA ST CLAIR PROFESSIONAL BLDG PITTSBURGH PA 15243-1869	IM	412-922-8490 QUINT, MD, DONALD H 2503 FOXBRIAR CT WEXFORD PA 15090-7814	NS	412-372-0646 RAVANO, MD, JOSE F 130 CARRIE ANN DR NEW KENSINGTON PA 15068-9338	OBG	412-563-5560 RICCELLI, MD, ANTONIO M THE SPECIALISTS INC PITTSBURGH PA 15234-2266	IM
POBER, MD, HYMAN A 220 N DITHRIDGE ST APT 50 PITTSBURGH PA 15213-1456	GP	412-682-4343 PRASAD, MD, MAHALINGIAH 189 GLENWOOD DR MONROEVILLE PA 15146-1843	P	412-621-9335 PRASHER, MD, SANJAY 5200 CENTRE AVE STE G3 PITTSBURGH PA 15232	PTH	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	GS	412-776-1197 RICCI, MD, ANTHONY N 9225 DARRELL DR PITTSBURGH PA 15237-5417	PM
POBER, MD, IREN J 125 DAUGHERTY DR 2ND FLR MONROEVILLE PA 15146-2749	GE	412-687-8838 PREISS, MD, JENNIFER E HEALTH AMERICA PITTSBURGH PA 15220-2740	CD	412-344-7979 RABKIN, MD, MICHAEL S 411 7TH AVE STE 1403-A PITTSBURGH PA 15219-1905	OPH	412-372-0646 RAVANO, MD, PARALUMAN O 2566 HAYMAKER RD STE 214 MONROEVILLE PA 15146	CLP	412-682-2536 RICE, MD, EILEEN N 3471 5TH AVE STE 810 PITTSBURGH PA 15213-3221	N
POCHAPIN, MD, SHERMAN W 3500 5TH AVE STE 203 PITTSBURGH PA 15213-3316	P	412-922-8490 PRESOTT, MD, JON S 327 WOOD BRIDGE DR PITTSBURGH PA 15237-3364	IM	412-682-4343 PRESS, MD, ALLAN J 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	PTH	412-372-0646 RAY, MD, RICHARD L ALLEG PROF BLDG PITTSBURGH PA 15212-5801	TRS	412-776-1197 RICE, MD, SAMUEL M PO BOX 1009 CRANBERRY TWP PA 16066	FP
POLAM, MD, CHANDRA R 4506 PENN AVE PITTSBURGH PA 15224	CD	412-682-4343 PRETTER, MD, PAUL D 153 KINGS DALE RD PITTSBURGH PA 15221	RO	412-829-6613 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	P	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	US	412-776-1197 RICH, MD, J JEFFREY 120 KINVARA CT PITTSBURGH PA 15237-3922	OTO
POLIDORA, MD, JOSEPH J 4318 NORTHERN PIKE MONROEVILLE PA 15146-2809	IM	412-682-4343 PRESS, MD, ALLAN J 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	OPH	412-922-8490 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	END	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	IM	412-776-1197 RICHARDS, MD, CHARLES H 106 OAKPOINTE DR MONROEVILLE PA 15146-2949	AN
POLINSKI, MD, LEONARD J 444 PETTY HIGHWAY PITTSBURGH PA 15229	IM	412-682-4343 PRETTER, MD, PAUL D 153 KINGS DALE RD PITTSBURGH PA 15221	IM	412-829-6613 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	IM	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	ORS	412-776-1197 RICHARDS, MD, STEPHANIE S 169 GORDON AVE PITTSBURGH PA 15218-1661	P
POLLACK, MD, DOROTHY J 188 BEALL DR PITTSBURGH PA 15236-2143	AN	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	DR	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	P	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	OBG	412-776-1197 RICHARDSON, MD, CAROLINE R 5532 HAMPTON ST PITTSBURGH PA 15206-1435	FP
POLLACK, MD, IAN F 1248 MALVERN AVE PITTSBURGH PA 15217-1141	NS	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	GP	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	NS	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	OBG	412-776-1197 RICHARDSON, MD, GEORGE S 105 PHEASANT DR PITTSBURGH PA 15238-2207	PS
POLLAK, BRIAN M 515 S AIKEN AVE APT 915 PITTSBURGH PA 15232-1528	ST	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	GS	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	IM	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	CD	412-776-1197 RICHARDSON, MD, MONIQUE A 217 DELAFIELD AVE APT 2 PITTSBURGH PA 15215-3204	FP
POLLER, MD, WILLIAM R 2119 MIDDLE RD GLENSHAW PA 15116-3017	R	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	IM	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	GE	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	GE	412-776-1197 RICHARDSON III, MD, FRED D 1701 STURBRIDGE DR SEWICKLEY PA 15143-8516	OM
POLLICE, MD, PHILIP G 103 FITZRANDOLPH DR MOON TOWNSHIP PA 15108-2930	AN	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	U	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	IM	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	EM	412-776-1197 RICHERT, MD, SHAUNA M 122 HARDING RD PITTSBURGH PA 15229-1100	IM
POLLOCK, MD, BURTON H 355 5TH AVE STE 800 PITTSBURGH PA 15222-2407	RHU	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	PM	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	IM	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	DR	412-776-1197 RICHMAN, MD, JORY D ALLEGHENY PROF BLDG PITTSBURGH PA 15212-4740	ORS
POMERANTZ, MD, MARC B HEALTH AMERICA PITTSBURGH PA 15235-4567	IM	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	P	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	CD	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	OTO	412-776-1197 RICHTER, MD, PAUL L 1 ALLEGHENY SO STE 206 PITTSBURGH PA 15212-5323	N
PONTZER, MD, RAYMOND E 1515 MAIN ST PITTSBURGH PA 15215-2527	ID	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	IM	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	CD	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	OBG	412-776-1197 RICKETS, MD, MARY F 120 RIVERVIEW TERRACE PITTSBURGH PA 15215-1918	PH
POPE, MD, JOHN A 161 N DITHRIDGE ST PITTSBURGH PA 15213-2646	PD	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	FP	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	US	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	PM	412-776-1197 RIEDEL, MD, SCOTT T UNIV OF PITT INTERNAL MED PITTSBURGH PA 15261	IM
POPEY, MD, TRACY L C 140 KENTUCKY LOOP COLUMBUS AFB MS 39701-7514	GS	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	GYN	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	CD	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	PD	412-776-1197 RIEMER, MD, BARRY L 420 E NORTH AVE STE 401 PITTSBURGH PA 15212-4746	ORS
POPOVICH, MD, JOHN E 102 CREEKSIDE CT VENETIA PA 15367-1384	FP	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	TR	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	OBG	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	CD	412-776-1197 RIGBY JR, ROBERT N 300 MELWOOD AVE APT 13 PITTSBURGH PA 15213	ST
PORKOLAB, MD, FREDERICK L 5140 LIBERTY AVE PITTSBURGH PA 15224-2257	CD	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	CD	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	CD	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	GS	412-776-1197 RIKE, MD, PAUL M 4625 5TH AVE APT 300 PITTSBURGH PA 15213-3638	IM
PORRER, MD, ELIZABETH S RR 2 BOX 164A EXPORT PA 15632-9412	FP	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	NS	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	CD	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	P	412-776-1197 RILEY, MD, BERNARD J 4221 PENN AVE STE 406 PITTSBURGH PA 15224-1389	OBG
POTTER, MD, ROBERT H 100 NORMAN DR # 330 CRANBERRY TWP PA 16066-4236	FP	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	ON	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	TR	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	TR	412-776-1197 RIMMEL, MD, FRANKLIN L 1420 CENTRE AVE APT 2204 PITTSBURGH PA 15219-3525	OTO
POTTER, MD, ROBERT H 100 NORMAN DR # 330 CRANBERRY TWP PA 16066-4236	FP	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	OS	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	CD	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	ID	412-776-1197 RINKOFF, MD, JEFFREY S 3501 FORBES AVE STE 500 PITTSBURGH PA 15213-3306	OPH
POTTIPATI, MD, SUMANA R 3801 MCKNIGHT EAST DR PITTSBURGH PA 15237-6437	AI	412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204	OS	412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547	IM	412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332	CD	412-776-1197 RITCHIE, MD, LAURENCE T 1430 LINCOLN WAY MCKEESPORT PA 15131-1606	US
412-367-7788		412-682-4343 PRETTER, MD, PHILIP C 920 BELLEFONTE ST APT B PITTSBURGH PA 15232-2204		412-922-8490 PRICE, MD, ALFRED R 279 W STEUBEN ST PITTSBURGH PA 15205-2547		412-372-0646 RAY, MD, JOHN H 1600 LOWRIE ST PITTSBURGH PA 15212-4332		412-776-1197 RITTENHOUSE, MD, FRANK H 14 BIGGETT MNR PITTSBURGH PA 15205-3339	GP

ALLEGHENY

RIVIELLO, MD, RALPH J	EM	ROTHENBERG, MD, MITCHELL H	ORS	RUZICZKA, MD, LINDA A	OPH	SANTIESTEBAN, MD, JOSEPH A	IM	SCHEINMAN, MD, HAROLD Z	PTH
71 LOCUST RIDGE DR APT 1-D		2542 GLENWOOD DR		10 OAK AVE		120 CRESCENT DR		OHIO VALLEY GEN HOSP	
PITTSBURGH PA 15209-2071		WEXFORD PA 15090-7938		PITTSBURGH PA 15209-1504		PITTSBURGH PA 15228-1050		MCKEES ROCKS PA 15136	
412-359-3131		ROTHMAN, MD, DAVID L	IM	RYDZE, MD, RICHARD A	IM	412-462-1800		412-777-6177	
RIZK, MD, LABIB S	GP	2801 N FLAHER DR		125 7TH ST		SANTORA JR, MD, DONALD C	OPH	SCHIFF, MD, MELVIN M	PUD
128 N CRAIG ST		WEST PALM BEACH FL 33407		PITTSBURGH PA 15222-3410		SAINT FRANCIS MEDICAL CENTER		35 CRYSTAL DR	
PITTSBURGH PA 15213-2758		407-659-7411		412-261-1257		PITTSBURGH PA 15224-1342		OAKMONT PA 15139-1001	
RO, MD, PAMELA S	PD	ROTHSCHILD, MD, JEFFREY M	IM	RYDZE, MD, ROBERT A	FP	412-622-4436		412-274-9500	
7070 FORWARD AVE APT 606		6762 FOREST GLEN RD		1186 LAKEMONT DR		SANTORA JR, MD, FRANK J	GS	SCHLESINGER, KIMBERLY W	ST
PITTSBURGH PA 15217-2552		PITTSBURGH PA 15217-1826		PITTSBURGH PA 15243-1831		MERCY PROVIDENCE HOSPITAL		330 S GRAHAM APT A3	
412-692-5105		412-622-1133		412-322-3240		PITTSBURGH PA 15212-5294		PITTSBURGH PA 15232-1008	
ROBA, MD, LAURIE A	OPH	ROWE, MD, MARC I	PDS	RYGG, MD, SANDRA G	OBG	412-321-4052		SCHMELTZ, MD, RALPH	END
6403 WILKINS AVE		CHILDRENS HOSPITAL SURGERY		121 MAPLEWOOD DR		SANTOS, MD, ARTHUR M	TS	MAGEE WOMENS HOSPITAL	
PITTSBURGH PA 15217-1345		PITTSBURGH PA 15213-2583		IRWIN PA 15642-9496		532 S AIKEN AVE		PITTSBURGH PA 15213-3180	
412-281-5876		412-692-7280		412-372-0645		PITTSBURGH PA 15232-1521		412-681-8034	
ROBERTSON, MD, JOHN P	AN	ROWLAND III, MD, PAUL L	PD	RYMER, MD, DAVID B	AN	412-682-8200		SCHMIDHOEFER, MD, MARK	CD
111 SPRUCE CT		309 S PASADENA DR		112 ROCK HAVEN LN		SANTUCCI, MD, FRANCESCO	IM	200 DELAFIELD RD STE 3012	
PITTSBURGH PA 15229-2166		PITTSBURGH PA 15215-1915		PITTSBURGH PA 15228-1800		4747 LIBERTY AVE		412-681-9855	
412-232-8006		412-692-5325		RYOON, MD, IN O	PD	PITTSBURGH PA 15224-2032		SCHMITT, MD, CHARLES L	D
ROBERTSON JR, MD, THOMAS L	CD	ROZIN, MD, LEON	FOP	205 COMMERCE DR		412-687-5858		809 ELMSPRING RD	
1000 HEBERTON		ALLEGH COUNTY CORONER OFFICE		CORAPOLIS PA 15108-3172		SARACCO, MD, THOMAS R	FP	PITTSBURGH PA 15243	
PITTSBURGH PA 15206-1711		PITTSBURGH PA 15219		412-262-3377		500 LEWIS RUN RD		SCHMITT, MD, HERMAN L	GP
ROBINSON, MD, JOHN N	CDS	412-355-0990		SABATIELLE, MD, ROBERT C	OBG	PITTSBURGH PA 15236		1170 PROSPECT RD	
4815 LIBERTY AVE STE GR4		RUBASH, MD, HARRY E	ORS	701 BROAD ST		PITTSBURGH PA 15236		PITTSBURGH PA 15227-1413	
PITTSBURGH PA 15224-2194		3471 5TH AVE STE 1010		SEWICKLEY PA 15143-1652		412-466-9070		412-431-2053	
412-621-5611		PITTSBURGH PA 15213-3442		412-741-8045		SARADAR, MD, RAJA	PD	SCHMITT, MD, SUSAN C	US
ROBISON, MD, WALTER J	IM	412-687-3900		SABEH, MD, GEORGE	IM	147 WHIPPLE ST		156 NORTH DR	
5000 WATERDAM PLZ DR STE 120		RUBENFELD, MD, ARNOLD D	OTO	1048 LINCOLN WAY		PITTSBURGH PA 15218-1161		PITTSBURGH PA 15238-2310	
MC MURRAY PA 15317-2482		5804 RICHWATER DR		MCKEESPORT PA 15132-1453		412-673-2200		SCHNECK JACOB, MD	PDS
412-941-8877		DALLAS TX 75252-4921		412-678-4610		701 E PARKWAY APT 1	IM	STEPHANIE L	
ROCHE, MD, KAREN R	PS	214-596-2552		SABEH, MD, RAIF K	OTO	MCKEESPORT PA 15132		490 E NORTH AVE STE 500	
ARCADIA CT		RUBIN, MD, FRED H	IM	2400 ARDMORE BLVD STE 203		412-664-2000		PITTSBURGH PA 15212-4740	
PITTSBURGH PA 15237-5953		5230 CENTRE AVE		PITTSBURGH PA 15221-5299		412-271-9276		412-321-4807	
412-367-8998		PITTSBURGH PA 15232-1304		412-271-9276		SARIS-MECHENBIER, MD, LYDIA E	IM	SCHNEIDER, MD, MICHAEL P	OPH
ROCK, MD, IRA M	OBG	412-623-2518	PD	SACCO, MD, RUSSELL J	IM	300 CEDAR BLVD		5900 CORPORATE DR # 150	
3433 BATES ST STE 300		RUBIN, MD, HARVEY M		5400 WILKINS AVE		PITTSBURGH PA 15228-1155		PITTSBURGH PA 15237-5866	
PITTSBURGH PA 15213-3900		51 PROF PLAZA		PITTSBURGH PA 15217-1025		412-561-1484		412-367-2333	
412-641-4323		PITTSBURGH PA 15236-4567		412-681-1889		SARNER, MD, JOEL B	AN	SCHNEIDER, MD, RICHARD R	CD
RODRIGUES, MD, JAMES	PD	412-466-5004		SACHS, MD, MURRAY	PUD	7032 BENNINGTON WOODS DRIVE		PITTSBURGH PA 15208-2700	
446 LINCOLN AVE		RUBIN, MD, LORE R	P	1344 SQUIRREL HILL AVE		PITTSBURGH PA 15237-6374		201 S LEXINGTON AVE	
BELLEVUE PA 15202-3631		232 N CRAIG ST		PITTSBURGH PA 15217-1150		412-578-5323		PITTSBURGH PA 15208-2700	
412-761-1190		PITTSBURGH PA 15213-1508		412-621-1200		SARTSCHEV, MD, CAROLINE A	PD	412-469-2708	
RODRIGUEZ, MD, NORBERTO A	P	412-683-3786	OBG	SADLER, MD, JOHN M	GYN	446 LINCOLN AVE		SCHNEIDERMAN, MD, MARC J	FP
401 SHADY AVE APT A601		RUBINO, MD, MARK A		989 CUMBERLAND RD		PITTSBURGH PA 15202-3631		5TH AVE MEDICAL ASSOC	
PITTSBURGH PA 15206-4457		4008 PIN OAK LN		PITTSBURGH PA 15237-5950		SARVER, MD, ROBERT O	ORS	CORAPOLIS PA 15108-1873	
412-361-7211		MURRYSVILLE PA 15668-9799		412-681-1889		1099 OHIO RIVER BLVD		412-269-0899	
ROGAL, MD, MICHAEL J	ORS	412-856-7500	OBG	SAFIER, MD, JOEL	PD	SEWICKLEY PA 15143-2056		SCHNURER, MD, CHARLES I	
1092 LYNDHURST DR		RUBINSTEIN, MD, DEBRA N		1910 COCHRAN RD		412-741-5800		332 5TH AVE STE 310	
PITTSBURGH PA 15206-4536		580 S AIKEN AVE # 430		PITTSBURGH PA 15220-1203		412-341-8181		MCKEESPORT PA 15132-2616	
412-373-0880		412-681-7388		412-341-8181	HEM	SAFYAN, MD, ERIC L	IM	412-672-6565	
ROGOW, MD, EDWARD	TR	RUDIN, MD, JENNIFER E	ID	222 VERNON DR		PITTSBURGH PA 15228-1115		SCHOEL, SUZANNE M	ST
5717 LYNNHAVEN RD		2570 HAYMAKER RD		PITTSBURGH PA 15228-1115		412-831-1320		2267 TILBURY AVE	
PITTSBURGH PA 15217-1066		MONROEVILLE PA 15146-3513		412-831-1320	D	SAUER, MD, GARY G	FP	PITTSBURGH PA 15217-2456	
412-232-7475		412-856-0226		750 WASHINGTON RD STE 8 AND 9		2552 COUNTRY SIDE LN		SCHOEMER, MD, PAMELA L	PD
ROIG, MD, GEORGE M	AN	412-856-0226	FP	PITTSBURGH PA 15228-2051		WEXFORD PA 15090-7940		151 N JAMESTOWN RD	
206 LAKEVIEW DRIVE		RUDMAN, MD, RICHARD		412-531-2663		412-777-4380		CORAPOLIS PA 15108-1014	
MOON TOWNSHIP PA 15108-9774		630 BEULAH RD		412-641-1818	U	SAVAGE, MD, EDWARD B	TS	SCHORR, MD, NEAL A	FP
304-797-6015		WILKINS TWP PA 15145		412-641-1818		490 E NORTH AVE STE 302		2568 BRANDT SCHOOL RD	
ROMANO, MD, JOSEPH M	ID	412-825-0992	A	SAGAN, MD, ELIZABETH R	IM	PITTSBURGH PA 15212		WEXFORD PA 15090-7930	
1515 MAIN ST		RUDOLPH, MD, JOSEPH P		MAGEE WOMENS HOSP		412-359-8820		412-935-4700	
PITTSBURGH PA 15215-2527		1631 CITATION DR		PITTSBURGH PA 15213-3180		SCARAMUCCI, MD, JOHN C	OBG	SCHROEDER, MD, MARYELLEN A	FP
412-784-9440		LIBRARY PA 15129-8832		412-641-1818		1259 WINDERMERE DR		1834 WILDLIFE LODGE RD	
ROMBERGER JR, MD, JAMES A	PD	412-653-4900	OTO	SAHOVEY, MD, JAMES R	IM	PITTSBURGH PA 15218-1145		LOWER BURRELL PA 15068-3645	
201 N CRAIG ST		RUEGER, MD, RAIMUND G		HEALTH AMERICA STERLING PLAZA		412-884-8833		412-793-4830	
PITTSBURGH PA 15213		108 RIDGEDALE LN		PITTSBURGH PA 15213		SCARSELLATO, MD, JOHN N	OBG	SCHUERER, DOUGLAS J E	ST
412-622-7501		PITTSBURGH PA 15238-2210		412-622-7456	CDS	209 WASHINGTON RD		120 RUSKIN AVE APT 409	
ROMERO, MD, GLORIA S	PD	412-321-1810	CD	SAIFEE, MD, KUTUB M		PITTSBURGH PA 15221-4447		PITTSBURGH PA 15213-2634	
523 DORSEYVILLE RD		RUFFNER, MD, ROBERT J		1050 BOWER HILL RD STE 203		SCHAEFER, MD, THOMAS L	FP	SCHULHOFF, MD, JOHN W	U
PITTSBURGH PA 15238-1651		SHADYSIDE MED CTR		PITTSBURGH PA 15243-1868		CASTE VILLAGE SHOPPES		3021 BROWNSVILLE RD	
412-621-6540		PITTSBURGH PA 15232-1300		412-572-6125	EM	PITTSBURGH PA 15236		PITTSBURGH PA 15227-2401	
RONEY, MD, T JAMES	FP	412-687-8300	GE	SAINSBURY, MD, CYNTHIA R		412-885-6789		412-882-0422	
354 ASHLAND AVE		RUIZ, MD, CESAR A		6012 BOXER DR		SCHALL, MD, ROY F	OTO	SCHULTZ, MD, EDWARD M	R
PITTSBURGH PA 15228-2213		4401 PENN AVE STE 1047		BETHEL PARK PA 15102-3212		856 OLD MILL RD		8111 E BROADWAY BLVD APT 366	
412-825-3700		PITTSBURGH PA 15224-1342		412-322-7662	CD	PITTSBURGH PA 15238-1747		TUCSON AZ 85710-3969	
ROSE, MD, CAROL E	AN	412-682-1277	TS	SALVOZA, MD, MANUEL I		SCHANER, MD, PAUL J	AN	SCHULTZE, MD, ROBERT L	IM
428 GLAIDS DR		RUIZ, MD, VICTOR H		ALLEGHENY GENERAL HOSP		ST CLAIR HOSPITAL		807 CLOVER CT	
PITTSBURGH PA 15243-1952		2527 FOX HOLLOW RD		PITTSBURGH PA 15212		PITTSBURGH PA 15243-1899		MURRYSVILLE PA 15668-8916	
412-647-6726		PITTSBURGH PA 15237-3833		412-622-7608	TS	412-561-4900		412-232-5533	
ROSENBAUM, MD, LOREN M	HEM	412-622-6708	OBG	RULIN, MD, MARVIN C		SCHAPIRO, MD, ROLF L	R	SCHUMACHER, LINDA A	ST
5200 CENTRE AVE STE 604		MAGEE WOMENS HOSP		PITTSBURGH PA 15213-3180		ALLEGHENY GEN HOSP		3930 N MONET CT	
PITTSBURGH PA 15232-1300		PITTSBURGH PA 15213-3180		412-641-4454	ST	PITTSBURGH PA 15212		ALLISON PARK PA 15101-3249	
412-681-5020		RUMBLE, MD, THOMAS R	P	412-641-4454	OM	412-359-4113		SCHUSTER, MD, ALLAN H	CD
ROSENBLUM, MD, MEYER A	GP	1007 DELAFIELD RD		SAN FRANCISCO CA 15232-2744		SCHATTNER, MD, ALLEN S	EM	5815 AYLESBORO AVE	
BRADDOCK MED CTR		PITTSBURGH PA 15215-1801		191 KENT DR		2307 MARBURY RD		PITTSBURGH PA 15217-1445	
BRADDOCK PA 15104-1553		412-687-0761		PITTSBURGH PA 15241-2133		PITTSBURGH PA 15221-3669		412-323-2882	
412-271-0840		412-687-0761	PD	412-777-2558	P	SCHAUB, MD, DAVID H	IM	SCHWARTZ, MO, ALEC R	PD
ROSENBLUM, MD, RICHARD C	CD	RUNCO, MD, ANGELO S		SANDERS, MD, RICHARD D		320 3RD AVE		1200 S OCEAN BLVD APT 116	
1200 CENTRE AVE STE 140		PITTSBURGH PA 15206-1715		DEPT OF MENTAL HEALTH		TARENTUM PA 15084-1840		BOCA RATON FL 33432-7748	
PITTSBURGH PA 15219-3507		412-362-3130		WRIGHT PATT AFB OH 45433		412-224-0700		412-421-1345	
412-562-3292		RUSCHAK, MD, PAUL J	D	SANDHU, MD, RAJINDER S	P	SCHAUBLE, MD, THOMAS L	PUD	SCHWARTZ, MD, DANIEL N	OTO
ROSENCRAINS, MD, DAVID L	GS	101 3RD ST		745 15TH ST		PULMONARY PARTNERS LTD		3704 SUNSET DR	
152 OAKHURST RD		CHARLEROI PA 15022-1425		OAKMONT PA 15139-1005		PITTSBURGH PA 15237		MUNHALL PA 15120-3040	
PITTSBURGH PA 15215-1556		412-483-5507		412-339-1500		PITTSBURGH PA 15237		SCHWARTZ, MD, JEFFREY H	ON
ROSENSTEIN, MD, MAURY M	RO	412-483-5507	ST	SANDSON, MD, GERALD B	CHP	SCHEEL, MICHAEL J	ST	239 MEADOWBROOK DR	
334-B SCAIFE HALL		RUSNAK, JAMES M		412-362-4300		1555 KING CHARLES DR		CRANBERRY TWP PA 16066-3155	
PITTSBURGH PA 15261-2003		523 CHESTNUT ST		412-362-4300	EM	PITTSBURGH PA 15237-1582		412-232-5576	
412-647-3600		SPRINGDALE PA 15144-1403		SANGODEVI, MD, OLU R		SCHEID, MD, EDWARD R	DR	SCHWARTZ, MD, JOEL D	OTO
ROSENZWEIG, MD, ANDREW S	P	678 SCAIFE HALL	PS	935 THORN RUN RD STE 207		49 INDIAN FIELDS TRL		20 CEDAR BLVD STE 208	
333 S HIGHLAND AVE APT 504		PITTSBURGH PA 15261-2006		CORAPOLIS PA 15108-2861		LOWER BURRELL PA 15068-9700		PITTSBURGH PA 15228-1330	
PITTSBURGH PA 15206-4279		412-648-9657		412-269-9665		412-224-5100		412-563-3590	
412-624-5975		RUSINOVICH, MD, NICHOLAS A E	DR	SANGRUE, MD, KANNIKA L	AN	SCHEIN, MD, ROBERT A	OTO	SCHWARTZ, LAWRENCE I	ST
ROSSI, MD, JOHN C		10475 PERRY HWY STE 110		SUBURBAN GEN HOSPITAL		1290 BOYCE RD # C227		2313 ELDRIDGE ST	
PO BOX 212		WEXFORD PA 15090-9213		PITTSBURGH PA 15202		UPPER ST CLAIR PA 15241-3912		PITTSBURGH PA 15217-2305	
CLYMER PA 15728-0212		412-935-3600		412-734-6162	ORS	412-647-2149		SCHWARTZ, MD, LEONARD	P
ROSVANIS, MD, THOMAS K	U	RUSO, MD, JOSEPH F	OBG	SANGRUE, MD, WEERASAK		SCHEIN II, MD, GEORGE	OTO	PITTSBURGH PA 15217-0867	
SUBURBAN UROLOGIC ASSOC		WEST PENN HOSPITAL		958 PERRY HWY		2311 OLD BETHEL CHURCH RD		SCHWARTZ, MD, RAYMOND B	AN
MONROEVILLE PA 15146		PITTSBURGH PA 15224-1721		PITTSBURGH PA 15237-2107		BETHEL PARK PA 15102		2177 CHARDONNAY CIRCLE	
412-372-6330		412-578-5504		412-366-1957		412-833-1100		GIBSONIA PA 15044-7469	
ROTH, MD, LOREN H	P	RUTMAN, MD, DEANNA L	OBG	SANNER JR, MD, EDGAR G	US	SCHNEIDER, MD, JAC D	DR	412-488-5799	
WESTERN PSYCH INST AND CLINIC		5612 BARTLETT ST		ST FRANCIS PLZ 3RD FL STE A		100 OXFORD DR APT 121		SCHWENDEMAN, MD, LESLIE J	ORS
PITTSBURGH PA 15213-2593		PITTSBURGH PA 15217-1514		PITTSBURGH PA 15201		MONROEVILLE PA 15146-2321		1906 EAGLE RIDGE DR	
412-624-2161		412-276-0600		41					

SCHWERHA, MD, JOSEPH J US STEEL CORP PITTSBURGH PA 15219-2703 412-433-6604	OM	SELL, MD, HARRY W 1501 LOCUST ST STE 504 PITTSBURGH PA 15219-5128 412-281-2255	GS	SHARMA, MD, BRAHMA N 4800 FRIENDSHIP AVE STE 2050 PITTSBURGH PA 15224-1793 412-578-7054	CD	SHU, JOHN W 120 RUSKIN AVE APT 417 PITTSBURGH PA 15213-2634	ST	SIMONS, MD, BERNIE M 99 BUSS RD STE 2 ALICUPPA PA 15001 412-375-7873	FP
SCHWERIN, MD, WILLIAM F PO BOX 207 WEXFORD PA 15090-0207 412-935-1060	GP	SELTZER, MD, HARRY 2005 E CARSON ST PITTSBURGH PA 15203-1901 412-431-6851	FP	SHARMA, MD, PARMINDER K 2580 HAYMAKER RD STE 403 MONROEVILLE PA 15146-3500 412-373-6666	CD	SHYMANSKY, MD, J STEPHEN 1 OUAHL HILL RD PITTSBURGH PA 15238-1833 412-681-2000	N	SIMS, MD, DIANE M 1100 LIBERTY AVE APT 601 PITTSBURGH PA 15222-4243	P
SCICUTELLA, DO, CAROL J ALLEGHENY GEN HOSP PITTSBURGH PA 15212-4772 412-269-2375	RO	SELVAGGIO, MD, ADRIANA M 551 NORMANDY CT PITTSBURGH PA 15238-2442	NEP	SHARMA, MD, ROHIT 129 COLLINGWOOD CT CRANBERRY TWP PA 16066-4217	IM	SHYMANSKY, MD, LAURA M 1 OUAHL HILL RD PITTSBURGH PA 15238-1833 412-856-2440	PM	SINGER, DANIEL A 5032 CENTRE AVE APT 409 PITTSBURGH PA 15213-1936	ST
SCIOSCIA, MD, EUGENE A 194 SANDERLING CT KIAWAH ISLAND SC 29455 412-322-4545	OBG	SEMIN, MD, HOWARD 1327 WINDERMERE DR PITTSBURGH PA 15218-1147 412-682-2003	GS	SHARPE, MD, MATTHEW R 922 FARRAGUT ST PITTSBURGH PA 15206-2204 412-232-5874	OPH	SICHLAU, MD, MICHAEL J 345 WILLIAM ST PITTSBURGH PA 15211-1729	DR	SINGH, MD, DALJIT 4520 PENN AVE 2ND FL PITTSBURGH PA 15224 412-681-4201	IM
SCIOSCIA, MD, EUGENE A ALLEGHENY PROF BLDG PITTSBURGH PA 15212-4740 412-322-4545	OBG	SENAN, MD, PUSHPENDRA SENAN CARDIOTHORACIC ASSOC PITTSBURGH PA 15224-1314 412-621-3125	GS	SHARRER, MD, MARGARET C 2225 WILLIAM PENN HWY PITTSBURGH PA 15235-2776	OPH	SICKORA, DO, MARK S RD # 1 BOX 45 CHAMPION PA 15622 414-443-5183	EM	SINOR, MD, BAKHTI 515 WASHINGTON AVE BRIDGEVILLE PA 15017-2021 412-221-9001	IM
SCLABASSI, MD, ROBERT J CHILDRENS HOSPITAL PITTSBURGH PA 15213-2524 412-692-5093	OS	SENER, MD, HOWARD J 4815 LIBERTY AVE STE 448 PITTSBURGH PA 15224-2194 412-682-6800	NS	SHAUGHNESSY, MD, MICHAEL J 9 PATRICE CT PITTSBURGH PA 15221-3619 412-372-6330	* U	SICONOLFI, MD, ERNEST P 330 HAYS RD PITTSBURGH PA 15241-1825 412-664-1210	R	SINZ, MD, ELIZABETH H 1419 HAWTHORNE ST PITTSBURGH PA 15201-2024 412-692-4503	* AN
SCOGUETTI, MD, VINCENT C 6025 HEBERTON DR VERONA PA 15147-3326 412-793-0363	IM	SEPESE, MD, VICTORIA M 216 2ND ST 1ST FLR PITTSBURGH PA 15215-3011	IM	SHAVER, MD, JAMES A UPMC PITTSBURGH PA 15213-2525 412-647-3429	CD	SIEBER, MD, WILLIAM K RTE 4 PO BOX 218 LIGONIER PA 15658	POS	SIRIO, MD, CARL A 50 OUAHL HILL RD PITTSBURGH PA 15238-1834 412-647-8403	CCM
SCORZA, MD, LARI M 5551 CENTRE AVE APT 408 PITTSBURGH PA 15232-1257 412-621-3388	IM	SERAFY, MD, MICHAEL M 9500 BABCOCK BLVD APT 33B ALLISON PARK PA 15101-2042	GPM	SHAVER, MD, JOHN C 2747 ESPY AVE PITTSBURGH PA 15216-2117 412-281-4280	IM	SIEWERS, MD, CHRISTIANE 135 FREEPORT RD PITTSBURGH PA 15215-2943 412-782-4700	CHP	SIXBEY, THOMAS R 3955 BIGELOW BLVD APT 406 PITTSBURGH PA 15213-1235	ST
SCOTT, MD, DOROTHY C PO BOX 66 LAUGHLINTOWN PA 15655-0066	OPH	SERENE, MD, HARRY E 1050 BOWER HILL RD STE 205 PITTSBURGH PA 15243-1868 412-572-6184	GS	SHAW, JENNIFER A 4716 ELLSWORTH AVE APT 709 PITTSBURGH PA 15213-2850	ST	SIEWERS, MD, RALPH D CHILDRENS HOSPITAL PITTSBURGH PA 15213 412-692-5218	CDS	SKINNER, MD, DOUGLAS V 2420 GREENOCK BUENA VISTA RD MCKEESPORT PA 15135-3141 412-751-4661	FP
SCOTT, MD, HOWARD K 2 LANDMARK N EVANS CITY PA 16033-9183 412-772-0777	PD	SESKI, MD, JAN C 3358 5TH AVE PITTSBURGH PA 15213-3110 412-621-2888	ON	SHAW, MD, WILLIAM I 108 BOWER DR SEWICKLEY PA 15143-8412 412-741-0362	R	SIGAL, MD, MICHAEL B 532 COLOUITT DR PITTSBURGH PA 15238-2444 412-224-4240	OPH	SKILZOVIC, MD, DAVOR G 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056	OTO
SCOTT, MD, JACK A 532 S AIKEN AVE RM 302 PITTSBURGH PA 15232-1521 412-621-3388	AN	SESSOMS, MD, FRANK E 211 N WHITFIELD ST PITTSBURGH PA 15206-3039 412-363-6560	FP	SHAY, MD, PAUL L ST FRANCIS MEDICAL CENTER PITTSBURGH PA 15201 412-622-4363	AN	SIKER, MD, EPHRAIM S MERCY HOSPITAL PITTSBURGH PA 15219-5166	AN	SKRENTA, MD, RICHARD J 1 ALLEGHENY SO STE 400 PITTSBURGH PA 15212-5325 412-321-0707	US
SCOTT, MD, JOHN H 147 WOODSHIRE DR PITTSBURGH PA 15215-1730 412-782-5455	PUD	SETH, MD, PRABHAT 1430 LINCOLN WAY MCKEESPORT PA 15131-1606 412-678-0219	IM	SHELLEY, MD, LISBETH E 43 SELDOM SEEN RD BRADFORD WOODS PA 15015-1321 412-683-2679	OBG	SILBERMAN, MD, LESLIE J 1220 LINCOLN WAY STE 201 MCKEESPORT PA 15131-1602 412-673-2200	PD	SKURRA, MD, DOUGLAS S 532 S AIKEN AVE # 300 PITTSBURGH PA 15232 412-682-6009	FP
SCOTT, MD, NORMAN E 1500 COCHRAN RD PITTSBURGH PA 15243-1061 412-562-3352	OBG	SETHI, MD, PRADEEP K 1512 DENNISTON AVE PITTSBURGH PA 15217-1450 412-648-9473	PTH	SHEPARD, MD, SCOTT F 4200 BOSTON CT APT 3C MONROEVILLE PA 15146-5335	ORS	SILVAGGIO, MD, TERESA OHIO VALLEY GENERAL HOSPITAL MCKEES ROCKS PA 15136 412-777-6369	OM	SLAGLE, MD, EDWARD H 540 N NEVILLE ST PITTSBURGH PA 15213-2853 412-682-4942	* P
SCOTT, MD, THOMAS F ALLEGHENY GEN HOSPITAL PITTSBURGH PA 15212-4746 412-321-2162	N	SETZENFAND, MD, ROY A 3608 ROSEBRIAR AVE GLENSHAW PA 15116-1352	IM	SHERMAN, MD, HENRY K 166 OLD FORES RD LIGONIER PA 15658-9217	OTO	SILVAGGIO, MD, VINCENT J 1350 LOCUST ST STE 300 PITTSBURGH PA 15219-4738 412-261-1222	ORS	SLATER, MD, HARVEY 4815 LIBERTY AVE STE 340 PITTSBURGH PA 15224-2194 412-681-5788	GS
SCOVAZZO, MD, MARY L 5750 CENTRE AVE STE 300 PITTSBURGH PA 15206-3761 412-363-2663	ORS	SEVCIK, MD, MATTHEW F A 310 S EVALINE ST PITTSBURGH PA 15224-2233 412-622-4033	DR	SHERMAN, MD, SAMUEL 6582 BEACON ST PITTSBURGH PA 15217-1843 412-681-5440	PM	SILVER, MD, SAUL J 5845 CENTRE AVE PITTSBURGH PA 15206-3709 412-363-7474	CD	SLAYMAKER, ELIZABETH P 1648 JANCEY ST PITTSBURGH PA 15206-1327	ST
SEBAOUN, MD, TOVA R 2152 WIGHTMAN ST PITTSBURGH PA 15217-2038	US	SHABALOV, MD, OLGA 4144 WINTERBURN AVE PITTSBURGH PA 15207-1161	IM	SHERMAN, MD, VERA V 940 GREENFIELD AVE PITTSBURGH PA 15217-2631	IM	SILVERBERG, MD, JAY H 5619 5TH AVE PITTSBURGH PA 15232-2601 412-681-5020	HEM	SLAYTON, MD, ROBERT I MURRYSVILLE MED BLDG MURRYSVILLE PA 15668-1805 412-733-3990	P
SECOSKY, MD, JOSEPH J 309 SMOKEY WOOD DR PITTSBURGH PA 15218-2714	OTO	SHADDUCK, MD, RICHARD K WEST PENN HOSPITAL PITTSBURGH PA 15224-1793 412-578-4355	IM	SHERMAN, MD, SAMUEL 6582 BEACON ST PITTSBURGH PA 15217-1843 412-681-5440	ON	SILVERBLATT, MD, BERNARD L 145 WESTLAND DR PITTSBURGH PA 15217-2538	OTO	SMALL, MD, GEORGE A 104 FOX RIDGE FARMS DR PITTSBURGH PA 15215-1142 412-321-2162	N
SEEWALD, MD, TRACY R 3301 WILLIAM PENN HWY PITTSBURGH PA 15235-5242 412-371-1555	IM	SHAFER, MD, WALTER L 580 S AIKEN AVE STE 430 PITTSBURGH PA 15232-1531 412-681-7388	OBG	SHETTY, MD, BALU B 125 DAUGHTERY DR 2ND FLR MONROEVILLE PA 15146-2749 412-372-0210	GE	SILVERMAN, MD, ALAN R ST FRANCIS MED CTR PITTSBURGH PA 15201 412-682-3083	D	SMITH, MD, ABBY A HEALTH AMERICA MONROEVILLE PA 15146-3500 412-372-6120	OBG
SEGAL, MD, BARRY G 6301 FORBES AVE STE 300 PITTSBURGH PA 15217 215-422-3555	FP	SHAH, MD, AJIT N 1615 BLACKBURN HEIGHTS DR SEWICKLEY PA 15143-8627 412-647-7291	NM	SHIBEN, MD, TIM E 198 OLD ENGLISH AVE PITTSBURGH PA 15237-1762 412-359-3131	IM	SILVERMAN, MD, ALEXANDER 5200 CENTRE AVE # 718 PITTSBURGH PA 15232-1300 412-682-4321	D	SMITH, MD, CHANDRA Y 1118 LIVERPOOL ST APT 102 PITTSBURGH PA 15233-1302 412-691-4221	OBG
SEGAL, MD, RICARDO UPMC NEUROSURGERY-MUH PITTSBURGH PA 15213 412-648-6815	NS	SHAH, MD, RAJESH C 4120 GLEN MALCOLM DR GLENSHAW PA 15116-2728	IM	SHINN, MD, SARAH B 119 VIP DR WEXFORD PA 15090-7976 412-935-2620	IM	SILVERMAN, MD, JERRY D 5460 DARLINGTON RD PITTSBURGH PA 15217-1506	PUD	SMITH, MD, CHARLES E 67TH CSH UNIT 26610 APO AE 09244 512-221-3434	AN
SEIAVITCH, MD, SAMUEL A 3500 5TH AVE STE 405 PITTSBURGH PA 15213-3313 412-682-6121	OBG	SHAH, MD, SAMIRKUMAR J 5700 BUNKER HILL ST APT 1703 PITTSBURGH PA 15206-1167 412-578-5000	OTO	SHIPKOVITZ, MD, HARVEY D 1024 MAIN ST PITTSBURGH PA 15215-2431 412-781-2226	FP	SILVERMAN, MD, MENDEL 5540 DARLINGTON RD PITTSBURGH PA 15217-1508 412-421-3377	PD	SMITH, MD, EARL B 1049 APPLEJACK DR GIBSONIA PA 15044-9576 412-621-0912	GS
SEID, MD, JEROME E 5200 CENTRE AVE PITTSBURGH PA 15232-1300 412-621-7778	ON	SHAFER, MD, WALTER L 580 S AIKEN AVE STE 430 PITTSBURGH PA 15232-1531 412-681-7388	OBG	SHOENER, MD, JOHN A 701 BROAD ST SEWICKLEY PA 15143-1652 412-749-2100	CD	SILVERSTEIN, MD, ALAN J 8 JAYCEE DR PITTSBURGH PA 15243-1306 914-523-0088	OBG	SMITH, MD, GARY L LITTLE SEWICKLEY CREEK RD SEWICKLEY PA 15143-9806 412-741-9226	ORS
SEIDERS, MD, ELIZABETH P PITTSBURGH PA 15238-1730 412-374-2865	OBG	SHAH, MD, VINOD H ST FRANCIS MED CTR PITTSBURGH PA 15201 412-622-4051	TR	SHOENTHAL, MD, DONALD R 334 VALERIE DR MARS PA 16046-7232 412-931-3066	FP	SILVERSTEIN, MD, CHARLES E 1500 OXFORD DR STE 010 BETHEL PARK PA 15102-1837 412-831-1114	PD	SMITH, MD, GREGORY T 409 ASHTON DR CHESWICK PA 15024-9727 412-322-2622	IM
SEIFERT, MD, CAROL L 3829 KIM LN GIBSONIA PA 15044-9781 412-858-2747	DR	SHALLEY, MD, ANN M 500 TIMBER LN CLAIRTON PA 15025-3855 412-682-4567	IM	SHOGAN, MD, JEFFREY E 816 MIDDLE ST PITTSBURGH PA 15212-4915 412-231-5400	ON	SILVERSTEIN, SCOTT L 6340 AURELIA ST APT 2 PITTSBURGH PA 15206-4306	ST	SMITH, MD, JAMES K 200 CORPORATE CTR DR 310 CORAPOLIS PA 15108-3186 412-262-4202	PS
SEIFERT, DO, RAYMOND D 3829 KIM LN GIBSONIA PA 15044-9781 412-623-2167	AN	SHANK, MD, IRENE A 1152 PINWOOD DR PITTSBURGH PA 15243-1810	GER	SHOGRY, MD, ROBERT N 1049 TALL TREES DR PITTSBURGH PA 15241-3537	CD	SIMENTAL, MD, JORGE A 6959 WILLARD ST PITTSBURGH PA 15208 412-648-9900	OTO	SMITH, MD, JOHN D UPMC PITTSBURGH PA 15213 412-647-3262	AN
SEITZ, MD, EDWARD R 345 ROUTE 228 WEST VALENCIA PA 16059-2133 412-734-6017	R	SHAPIRO, MD, EDITH L 6550 BEACON ST PITTSBURGH PA 15217-1843 412-363-6222	P	SHOLDER, MD, ARNOLD J 580 S AIKEN AVE PITTSBURGH PA 15232-1531 412-621-8260	U	SIMHI, MD, ELIAHU 6313 MORROWFIELD AVE PITTSBURGH PA 15217-2504	AN	SMITH, MD, JOHN R 216 FOREST HILLS PLZ PITTSBURGH PA 15221-5214 412-825-0500	FP
SEKAS, MD, GAIL 240 GUCKERT LN WEXFORD PA 15090-8782 412-772-2550	GE	SHAPIRO, MD, ALVIN P SHADYSIDE HOSPITAL MEDICINE PITTSBURGH PA 15232-1381 412-623-1702	IM	SHONBERG, MD, IRVING L 60 ALEXANDER PL PITTSBURGH PA 15243-2026	CRS	SIMKINS, MD, JO M 11676 PERRY HWY STE 3206 WEXFORD PA 15090-8755 412-934-1166	GS	SMITH, MD, JOHN W 1920 10 ST SW BOCA RATON FL 33486	GS
SELKER, MD, ROBERT G 4800 FRIENDSHIP AVE PITTSBURGH PA 15224-1722 412-578-4400	NS	SHAPIRO, MD, LESTER F 1501 UNCOLN WAY MCKEESPORT PA 15131-1711 412-672-9171	OTO	SHOOK, III, MD, WILLIS D 1200 CENTRE AVE STE 411 PITTSBURGH PA 15219-3507 412-562-3320	PS	SIMMONS, MD, RICHARD L UNIV OF PITTSBURGH PITTSBURGH PA 15261-2004 412-648-1823	GS	SMITH, MD, ROBERT C 4000 RIVERVIEW RD NORTH HUNTINGDON PA 15642-2842	IM
SELKOVITS, MD, SIDNEY 105 BEAVER ST SEWICKLEY PA 15143-1219 412-741-4042	GP	SHAPIRO, MD, MORRY 6315 FORBES AVE PITTSBURGH PA 15217-1745	IM	SHREINER, MD, DAVID P 2357 WILVAN LN PITTSBURGH PA 15237-1666	NM	SIMONE, MD, SAMUEL T 1350 LOCUST ST STE 205 PITTSBURGH PA 15219-4738 412-391-4360	VS	SMITH, MD, WARREN S 526 PERRYVILLE AVE PITTSBURGH PA 15229-1854 412-931-2324	FP

ALLEGHENY

SMITH, MD, WILLIAM T 635 NEWPORT DR PITTSBURGH PA 15235-3272 412-241-8065	GS	SPANARD, MD, RUSSELL A 224 TECH RD PITTSBURGH PA 15205-1723	GP	STEEN, MD, OLIVER T 2327 CADES COVE DR SPRING TX 77373-6275	DR	STRACCI, DO, PETER F 127 ARLA DR PITTSBURGH PA 15220-2005 412-359-3131	CD	SUSANG-TALAMO, MD, BARBARA A 4959 CIRCLE DR EXPORT PA 15632-9349 412-856-7500	OBG
SMITH JR, MD, BENJAMIN V RR 5 BACKBONE ROAD SEWICKLEY PA 15143-9805	GS	SPEARMAN, MD, MICHAEL P UNIV OF PGH MED CTR PITTSBURGH PA 15213 412-648-8051	NR	STEFANELLI, MD, JOANN G 6017 KENTUCKY AVE PITTSBURGH PA 15206-4210	OBG	STRAKA, MD, JOHN A 1099 OHIO RIVER BLVD SEWICKLEY PA 15143-2056 412-741-5670	OTO	SUSKI, DAVID A 563 OAKLYNN CT APT TH PITTSBURGH PA 15220-4217	ST
SMITH JR, MD, ROSS H 22 THE TRILLIUM PITTSBURGH PA 15238-1930	R	SPELRLING, MD, DAVID M 2325 WESTON DR PITTSBURGH PA 15241-2465 412-655-0400	FP	STEIN, MD, THOMAS M 1550 INGOMAR HEIGHTS RD PITTSBURGH PA 15237-1607 412-367-6300	EM	STRAUB, MD, WILLIAM H 901 OLD HICKORY RD PITTSBURGH PA 15243-1113	DR	SUTKOWSKI, MD, PRZEMYSŁAW J 5400 HOWE ST APT 1 PITTSBURGH PA 15232 412-623-2121	IM
SMOLAR, MD, BEN R 6431 HOWE ST APT 1 PITTSBURGH PA 15206-4405	N	SPELRLING, MD, HERBERT V 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-682-1887	GE	STEINBERG, MD, ABRAAM 54 RIVERSIDE DR APT A7 NEW YORK CITY NY 10024-6552	OPH	STRAYHORN, MD, JOSEPH M 11676 PERRY HWY STE 1200 WEXFORD PA 15090 412-933-0099	CHP	SUVICK, MD, MICHAEL A 420 ALLENBERRY DR PITTSBURGH PA 15237-3321 412-359-3131	AN
SMOOKLER, AMY E 1104 SUNRISE DR PITTSBURGH PA 15243-1946	ST	SPERO, MD, JOEL A 4928 ELLSWORTH AVE PITTSBURGH PA 15213-2807	HEM	STEINMAN, MD, ARNOLD M 1910 COCHRAN RD PITTSBURGH PA 15220-1203 412-341-8181	AI	STRELEC, MD, STEPHEN R ALLEGHENY GEN HOSP ANES PITTSBURGH PA 15212-4772 412-359-3155	AN	SUYAMA, JOE 5125 5TH AVE APT B3 PITTSBURGH PA 15232	ST
SMYTHE, MD, PEGGY A 610 DAVIS LN SEWICKLEY PA 15143-2016 412-741-2992	D	SPIELMANN, JOHN M 1721 YORKTOWN PL PITTSBURGH PA 15235-4927	ST	STEPANKOVA, MD, ZUZANA 5900 PHILLIPS AVE PITTSBURGH PA 15217-2122 412-623-2121	PD	STRENIO, MD, JONATHAN S 567 FLORENCE DR BETHEL PARK PA 15102-1413 412-655-0400	FP	SWAMY, MD, MALLIKARJUNA S 2003 E CARSON ST PITTSBURGH PA 15203-1901 412-381-1470	CD
SNIDER, MD, CAMERON F ALLEGHENY GENERAL HOSPITAL PITTSBURGH PA 15212-9986	PTH	SPIKER, MD, DUANE G 2790 MOSSIDE BLVD STE 290 MONROEVILLE PA 15146-2735 412-856-8770	P	STEPHAN, MD, PETER D 286 CORDIAL DR BRIDGEVILLE PA 15017-1157 412-257-2050	IM	STROMLAN, MD, C VAUGHN 1050 BOWER HILL RD STE 306 PITTSBURGH PA 15243-1870 412-572-6168	PUD	SWAN, MD, BARBARA E 301 OHIO RIVER BLVD STE 306 SEWICKLEY PA 15143-1300 412-741-3952	PM
SNITZER, MD, ARNOLD J 748 N NEGLEY AVE PITTSBURGH PA 15206-2009 412-362-1167	FP	SPOEHR, MD, LUTHER W 720 PERRY HWY PITTSBURGH PA 15229-1160	ST	STEPHAN, MD, THORSTEN 5140 LIBERTY AVE PITTSBURGH PA 15224-2257 412-681-1910	FP	STROBL, MD, PHILIP H 344 DENNISTON AVE APT 10 PITTSBURGH PA 15206-4328 412-359-3419	DR	SWAN, MD, DAVID M 900 COMMERCE DR CORAOPOULIS PA 15108-4732 412-264-1918	FP
SNODGRASS JR, MD, W HOMER 3520 LAKETON RD PITTSBURGH PA 15235-2939 412-371-6414	PD	SPONSER, REBECCA L 225 MELWOOD AVE APT 23 PITTSBURGH PA 15213-1650	ST	STEPT, MD, LARRY L 4815 LIBERTY AVE # 437 PITTSBURGH PA 15224 412-682-3665	DIA	STRONG, MD, THERESSA B 713 WASHINGTON RD PITTSBURGH PA 15228-2001 412-561-1964	OPH	SWANSON, MD, JOEL W 801 HILL ST SEWICKLEY PA 15143-1609 412-359-3155	AN
SNYDER, MD, ALLEN P 100 DELAFIELD RD STE 212 PITTSBURGH PA 15215-3247 412-781-1800	GS	SRINIVASA, MD, NANGALI S 100 OXFORD DR # 919 MONROEVILLE PA 15146-2326 412-683-4550	NEP	STEPT, MD, LEONARD A 580 S AIKEN AVE PITTSBURGH PA 15232-1531 412-621-8260	TS	STROUD, MD, HILARY A 2740 OLD STATE RD GIBSONIA PA 15044-6047	FP	SWANSON, MD, LEE A 2027 LEBANON CHURCH RD W MIFFLIN PA 15122 412-655-8650	OBG
SNYDER, MD, JAMES V UNIV OF PITTSBURGH PITTSBURGH PA 15217-1049 412-647-6965	AN	SRINIVASAGAM, MD, NARASIMMAN 1813 WEST ST MUNHALL PA 15120-2555 412-461-1103	FP	STEPT, MD, RAYMOND 5048 5TH AVE PITTSBURGH PA 15232-2151 412-621-8260	U	STUART, MD, JOHN A 115 LAUREL CT PITTSBURGH PA 15202-1158	IM	SWANSON, MD, MICHAEL D 606 TWIN PINE RD PITTSBURGH PA 15215-1571 412-963-0171	OBG
SNYDERMAN, MD, CARL H 200 LOTHROP ST PITTSBURGH PA 15213-2582 412-647-2100	HNS	SRINIVASAN, MD, VENKATRAMAN 554 NORMANDY CT PITTSBURGH PA 15238-2441 412-335-2000	CD	STEPT, MD, WILLIAM J 2644 MOSSIDE BLVD MONROEVILLE PA 15146-3348 412-373-6777	U	STUART, MD, JOHN C 1110 CENTRE CITY TOWER PITTSBURGH PA 15222 412-281-5876	OPH	SWARTZ, MD, WILLIAM M CENTRE COMMONS PITTSBURGH PA 15206-3761 412-661-5380	PS
SNYDERMAN, MD, RUBEN 5615 AYLESBORO AVE PITTSBURGH PA 15217-1400 412-681-7654	IM	SRODES, MD, CHARLES H 425 LOCUST ST PITTSBURGH PA 15218-1419 412-681-4401	ON	STERN, MD, ROBERT M 705 DEVONSHIRE ST PITTSBURGH PA 15213-2905 412-687-1300	AN	STUPI, MD, ANGELA M 4221 PENN AVE STE 500 PITTSBURGH PA 15224-1389 412-687-0301	RHU	SWEDARSKY, MD, ROBERT H 5839 MARLBOROUGH AVE PITTSBURGH PA 15217-1415 412-422-4515	PTH
SOBER, MD, DIANE M 4815 LIBERTY AVE STE M54 PITTSBURGH PA 15224-2194 412-621-1818	OBG	ST ANDRE, MD, MARY L HAMPTON MED ARTS BLDG ALLISON PARK PA 15101-2401 412-487-8891	IM	STEWART, MD, MERVIN S 230 N CRAIG ST PITTSBURGH PA 15213-1565 412-687-1833	OBG	STURM JR, MD, CHARLES F 2566 HAYMAKER RD MONROEVILLE PA 15146-3593 412-658-2768	FP	SWEGAL, MD, OTTO F 1074 GREENTREE RD PITTSBURGH PA 15220-3123 412-563-4944	GP
SOFFRONOFF, MD, PIERCE 3742 WINDOVER PA MURRYSVILLE PA 15668-1130 412-687-0943	OBG	STAFFORD, MD, REGIS W 171 MAIN ENTRANCE DR PITTSBURGH PA 15228-2141 412-391-3261	CD	STEWART, MD, TERRI L 854 CARRIAGE RD PITTSBURGH PA 15220-1930 412-359-3131	P	STYPULA, MD, MARK O 848 ARBORDALE LANE WEXFORD PA 15090-7439 412-232-5653	AN	SWENSEN, MD, HAROLD E 5750 CENTRE AVE STE 300 PITTSBURGH PA 15206-3761 412-363-2663	ORS
SOLANO JR, MD, FRANCIS X 106 BRECKENRIDGE DR WEXFORD PA 15090-9400 412-681-1518	IM	STAHLFELD, MD, KURT R 1350 LOCUST ST STE 205 PITTSBURGH PA 15219-4738 412-391-4360	PS	STEWART, MD, WILLIAM D 608 MOREWOOD AVE PITTSBURGH PA 15213-2910 412-232-8006	CD	SU, MD, SHYH-MIN 5200 CENTRE AVE STE 206 PITTSBURGH PA 15232-1300 412-621-1500	CD	SWENSEN, MD, NANCY M 11 OLD TIMBER TRL PITTSBURGH PA 15238-2113 412-578-5330	AN
SOLOT, DO, JERALD A SHADYSIDE HOSP EMER RM PITTSBURGH PA 15222-1381 412-622-2047	EM	STALTER, MD, RALPH J 435 LINWOOD DR BETHEL PARK PA 15102-1537	IM	STINE, MD, AMY R HEALTH AMERICA WEXFORD PA 15090-9528 412-935-6975	AN	SUAREZ, MD, SYLVIA M 3705 5TH AVE PITTSBURGH PA 15213-2524 412-692-5781	D	SWIDWA, MD, DENISE M 2580 HAYMAKER RD STE 301 MONROEVILLE PA 15146 412-422-5864	PUD
SOLOW, MD, IRWIN A 8 DARLINGTON CT PITTSBURGH PA 15217-1502 412-361-8355	A	STAMAN, MD, HARRY 300 FOX CHAPEL RD APT 309 PITTSBURGH PA 15238-2325	OPH	STINE JR, MD, LESTER E TWIN TOWERS STE 363 PITTSBURGH PA 15205-9604 412-787-0426	FP	SUATONI JR, MD, FRANK J ALLEGHENY GEN HOSPITAL PITTSBURGH PA 15212-4772 412-359-8534	AN	SWITALA, MD, REGIS T 132 NORRINE DR PITTSBURGH PA 15227-4330	AN
SOLTER, MD, ALAN W 9104 BABCOCK BLVD PITTSBURGH PA 15237-5818 412-366-8500	D	STANGER, MD, ROBERT H 120 DAUGHTERY DR MONROEVILLE PA 15146-2710 412-372-1600	P	STOCKSTILL, MD, TODD F 1811 CLAYTON AVE PITTSBURGH PA 15214-3805	GE	SUBACH, MD, BRIAN R 401 AMBERSON AVE APT 251 PITTSBURGH PA 15232-1459	GS	SZAFRANSKI, MD, JOHN A 2443 ROLLING FARMS RD GLENSHAW PA 15116-2563 412-784-4232	FP
SOMERS, MD, KEITH S 5173 LIBERTY AVE PITTSBURGH PA 15224-2254 412-681-2200	PD	STANTON JR, MD, JAMES N 3300 GULF SHORE BLVD N # 408 NAPLES FL 33940-3669	OPH	STOFMAN, MD, GUY M MERCY HOSP PITTSBURGH PA 15219-5166 412-232-5616	PS	SUKANICH, MD, KRIENGSAK 14 S 20TH ST PITTSBURGH PA 15203-2052 412-431-1122	RO	SZYDLOWSKI, MD, GARY W MEDICAL PROFESSIONAL BLDG PITTSBURGH PA 15212 412-359-8820	TS
SOMERSET, DO, WILLIAM J DT WATSON REHAB HOSP SEWICKLEY PA 15143 412-741-9500	PM	STARISH, MD, FRANK X 810 PENN AVE 8TH FL PITTSBURGH PA 15222 412-261-5454	OBG	STOLTER, MD, RONALD G SHADYSIDE MED CENTER PITTSBURGH PA 15232-1337 412-621-7778	D	SUKARACHANA, MD, KAMTHORN 761 THOMPSON RUN RD PITTSBURGH PA 15237-3970	GS	TABACHNICK, MD, THEODORE M 401 SHADY AVE STE D105 PITTSBURGH PA 15206-4460 412-362-8080	PYA
SOMMER, MD, DEBORAH L 2635 FOUNTAIN HILLS DR WEXFORD PA 15090-7815 412-281-1360	OBG	STAPOR, MD, DAVID J 575 COAL VALLEY RD STE 314 CLAIRTON PA 15025-3725 412-469-1660	ORS	STOLZER, MD, BERTRAND L 355 FIFTH AVE PITTSBURGH PA 15222-2407 412-281-1594	PS	SUKYS, MD, NANCY A 3 STRATFORD DR # 204 WHEELING WV 26003-6148	FP	TABACHNICK, MD, THEODORE M 401 SHADY AVE STE D105 PITTSBURGH PA 15206-4460 412-362-8080	DR
SONBOLIAN, MD, NASSER EYE AND EAR HOSP PITTSBURGH PA 15213-2546 412-647-2260	AN	STARR, MD, ROBERT 206 ST ANDREW CT CRANBERRY TWP PA 16066-3158 412-656-6165	P	STONE, MD, DAVID A SPORTS MED AND REHAB CENTER PITTSBURGH PA 15213-1217 412-578-3357	ON	SULLIVAN, MD, LAWRENCE X 302 FOX CHAPEL RD STE 405 PITTSBURGH PA 15238-2337 412-681-2718	GS	TABOR, MD, ELLEN K WEST PENN HOSP PITTSBURGH PA 15224 412-578-4434	PTH
SORIANO, MD, CLAVER S 482 LAREDO DR PITTSBURGH PA 15241-1716 412-232-7720	OBG	STARUNKO, MD, BASILIO 467 MALCOLM DR CORAOPOULIS PA 15108-9614	AN	STONE JR, MD, CHARLES S 5820 CENTRE AVE PITTSBURGH PA 15206-3753 412-661-5500	RHU	SULLIVAN JR, MD, LAWRENCE X 5200 CENTRE AVE STE 515 PITTSBURGH PA 15232-1300 412-688-9810	TS	TAILBLAUM, MD, BEN 6347 WALDRON ST PITTSBURGH PA 15217-2518 412-622-4549	P
SORR, MD, EDWARD M 1401 FORBES AVE 3RD FLR PITTSBURGH PA 15219 412-288-0885	OPH	STARZ, MD, TERENCE W 3500 5TH AVE PITTSBURGH PA 15213-3316 412-682-2434	RHU	STOREY, MD, MARK A 532 S AIKEN AVE STE 302 PITTSBURGH PA 15232 412-621-3388	FP	SUMKIN, DO, JULES H 914 SETTLERS RIDGE RD PITTSBURGH PA 15238-1600 412-641-1976	R	TALBOTT, MD, JOHN B 5750 CENTRE AVE STE 100 PITTSBURGH PA 15206-3761 412-361-4576	N
SORTINO, MD, ANTONIO 100 BROADWAY AVE CARNEGIE PA 15106-2472 412-276-7340	TS	STARZL, MD, THOMAS E UNIV OF PITT TRANSPLANTATION PITTSBURGH PA 15261-2695	OS	STOUT, MD, RICHARD R INVESTMENT BLDG PITTSBURGH PA 15222-1712 412-281-0447	GS	SUNDARARAJAN, MD, RAJALAKSHMY 306 COTTINGHAM CT ALLISON PARK PA 15101-2053 412-623-2121	IM	TALLERICO, MD, SAMUEL J 4815 LIBERTY AVE STE GR25 PITTSBURGH PA 15224-2194 412-621-1566	IM
SOTEREAOS, MD, DEAN G KAUFMANN BLDG # 1010 PITTSBURGH PA 15213 412-687-3900	HS	STAVRIDES, MD, ALEXANDER 2053 BEECHWOOD BLVD PITTSBURGH PA 15217-1705 412-578-5000	PTH	STONE JR, MD, CHARLES S 5820 CENTRE AVE PITTSBURGH PA 15206-3753 412-661-5500	ORS	SUNG, MD, CHUN M 2330 GULF VIEW DR PITTSBURGH PA 15241-3308 412-483-4470	OTO	TAN, MD, ANTHONY H 5200 CENTRE AVE RM 609 PITTSBURGH PA 15232 412-681-4989	GS
SOTOODEHFAR, MD, RAHIM 9104 BABCOCK BLVD STE 5112 PITTSBURGH PA 15237-5818 412-366-4402	GE	STAVRIDES, MD, MARCIA M 2053 BEECHWOOD BLVD PITTSBURGH PA 15217-1705 412-655-8650	PD	STOREY, MD, MARK A 532 S AIKEN AVE STE 302 PITTSBURGH PA 15232 412-621-3388	AN	SUNG, MD, DUK I 537 OLD MILL RD PITTSBURGH PA 15238-1917 412-224-5100	ON	TAN, MD, BRADLEY A 177-1B OAKVILLE DR PITTSBURGH PA 15220 412-681-4989	IM
SOTOS, MD, STEVEN N 3120 TREELINE DR MURRYSVILLE PA 15668-1568 412-242-5864	PUD	STECHISON, MD, MICHAEL T 230 LOTHROP ST RM B-400 PITTSBURGH PA 15213-2546 412-647-6360	NS	STOUT, MD, RICHARD R INVESTMENT BLDG PITTSBURGH PA 15222-1712 412-281-0447	OPH	SUNSERI, MD, MARIA J 209 GRANDVIEW DR S PITTSBURGH PA 15215-1822 412-781-8485	N	TANNEHILL, MD, NORMAN B 1506 BEAVER GRADE RD CORAOPOULIS PA 15108-2907 412-262-9348	R
SPAEDER, MD, JEFFREY A 4705 5TH AVE APT 3K PITTSBURGH PA 15213-2936	US	STEELE, MD, LOGAN H 6 ST JAMES PL PITTSBURGH PA 15215-1804	GP					TANNING, MD, HOWARD M 575 COAL VALLEY RD CLAIRTON PA 15025-3730 412-466-6800	OPH

TANZER, MD, PETER P 3471 5TH AVE PITTSBURGH PA 15213-3221 412-687-1180	IM	THOMAS, MD, ROBERT D MAGEE WOMENS HOSPITAL PITTSBURGH PA 15213-3180 412-621-1722	OBG	TOROK, MD, FRANK S 257 KING RICHARD DR MCMURRAY PA 15317-2503 412-647-7291	NM	TYNDALL, MD, CHRISTINE S 580 S AIKEN AVE # 430 PITTSBURGH PA 15232 412-681-7388	OBG	VAUGHAN, KEVIN G 120 RUSKIN AVE APT 809 PITTSBURGH PA 15213-2638 VAYONIS, MD, ANDREW G 216 BRIARIDGE DR WILKINS TOWNSHIP PA 15145-1108 412-471-3818	ST
TAORMINA, MD, DARRIN A 4138 CLENDENNING RD GIBSONIA PA 15044	AN	THOMAS, MD, RONALD L WEST PENN HOSPITAL PITTSBURGH PA 15224-1793 412-578-5872	OBG	TORRES, MD, CARLOS P MERCY HOSPITAL PITTSBURGH PA 15219-5166 412-232-7475	ON	TZENG, MD, JAMES S 4815 LIBERTY AVE STE 204 PITTSBURGH PA 15224 412-621-1778	TS	VERGIS, MD, EMANUEL N 3955 BIGELOW BLVD APT 407 PITTSBURGH PA 15213-1235 VERNINO, DO, RICHARD JAMES 5 GRANDVIEW AVE PITTSBURGH PA 15211-1648 412-481-4901	IM
TARABISHI, MD, FARIDA NASR 381 OAKLAWN DR PITTSBURGH PA 15241-1772 412-257-6520	P	THOMAS, MD, STEPHEN M 9814 THREE DEGREE ROAD ALLISON PARK PA 15101-1761 412-232-7246	AN	TRACHTENBERG, MD, LEE A 1145 BOWER HILL RD STE 201 PITTSBURGH PA 15243-1347 412-276-8221	PS	UDEKWU, MD, CATHERINE N 1431 N HIGHLAND AVE PITTSBURGH PA 15206-1161 ULICNY, MD, THOMAS L 1501 LOCUST ST PITTSBURGH PA 15219-5128 412-261-2020	PD	VERSTRAETEN, MD, THIERRY C 420 E NORTH AVE # 116 PITTSBURGH PA 15212 VERTOSICK JR, MD, FRANK T 4800 FRIENDSHIP AVE PITTSBURGH PA 15224-1722 412-578-4400	IM
TARANOW, DO, WARREN S 260 SHADY AVE APT 22 PITTSBURGH PA 15206-4344 412-687-3900	ORS	THOMAS, MD, VICTOR J 5900 CORPORATE DR STE 200 PITTSBURGH PA 15237 412-369-4000	ORS	TRAGER, MD, JONATHAN D K 120 RUSKIN AVE #606 PITTSBURGH PA 15213-2636 412-325-2133	PD	ULIZIO, MD, ANTHONY R ALLEGHENY EAR NOSE & THROAT PITTSBURGH PA 15215-3247 412-782-5566	OTO	VERY, MD, RONALD M 4948 ASHBAUGH RD MURRYSVILLE PA 15668-9307 412-824-8610	OPH
TASSAKIS, MD, TOM A 1408 TOWNE SQUARE DR ALLISON PARK PA 15101-1951 412-578-5000	GE	THOMPSON, MD, DAN R MERCY HOSPITAL PITTSBURGH PA 15219-5166 412-232-7341	CCM	TRAINER, MD, PAUL J 3950 WILLIAM PENN HWY MURRYSVILLE PA 15668-1805 412-325-2133	PD	ULRICH, MD, JACK M 2306 S BRADDOCK AVE PITTSBURGH PA 15218-2243 412-351-2920	IM	VESIO, MD, KENNETH D 5200 CENTRE AVE STE 206 PITTSBURGH PA 15232-1300 412-621-1500	NS
TATA, MD, RAMACHANDRA 215 1ST AVE TARENTUM PA 15084 412-226-9960	N	THOMPSON, MD, HERBERT 291 HAWTHORNE RD PITTSBURGH PA 15209-1935 THOMPSON, DO, JEFFREY N 4120 WILLIAM PENN HWY MURRYSVILLE PA 15668-1845 412-733-7544	P	TRANOVICH, MD, MICHAEL A 1321 5TH AVE MCKEESPORT PA 15132-2424 412-678-0534	ORS	ULTMANN, MD, MICHELLE C 6610 WOODWELL ST PITTSBURGH PA 15217-1321 412-372-6120	PD	VEY, MD, EDWIN K 115 EVERGREEN RD PITTSBURGH PA 15238-2215 412-621-9060	FP
TAUBER, MD, JOSEPH B 1423 BEAVER RD SEWICKLEY PA 15143-2009 412-429-6265	OM	THOMPSON, MD, MARK E UPMC PITTSBURGH PA 15213-2525 412-647-7812	D	TREGGER, MD, ALBERT 9104 BABCOCK BLVD STE 2110 PITTSBURGH PA 15237-5818 412-364-6619	CD	UPDEGRAFF, MD, WILLIAM C 1001 STARKEY RD APT 283 LARGO FL 34641-3192	GE	VIDOVICH, MD, DANKO V 18-M GATEWAY TOWERS PITTSBURGH PA 15222 412-359-3131	IM
TAUBERG, MD, HERBERT R 146 N BELLEFIELD AVE PH 2 PITTSBURGH PA 15213-2621 412-621-1672	OS	THOMPSON, MD, ROBERT L 3501 FORBES AVE # 420 PITTSBURGH PA 15213-3306 412-683-5200	CD	TRELLIS, MD, EMIL S PO BOX 8168 PITTSBURGH PA 15217-0168 TRISAL, MD, VIJAY K 9816 THREE DEGREE RD ALLISON PARK PA 15101-1761 412-359-3630	CD	URAM, MD, HERBERT OUTDOOR RESORTS LONG KEY FL 33001-1243	PD	VIERA, MD, ANGEL HARMARVILLE REHAB CTR PITTSBURGH PA 15238 412-828-1300	OPH
TAUBERG, MD, STUART G 219 CORNWALL DR PITTSBURGH PA 15238 412-469-0600	CD	THOMPSON, MD, TODD P 219 EMERSON ST PITTSBURGH PA 15206 THYAGARAJAN, MD, ANANTHAK D-435 MCKNIGHT CIR PITTSBURGH PA 15237-3508 TICZON, MD, ANDRES R 18 WEDGEWOOD LN PITTSBURGH PA 15215-1542 412-681-9855	GS	TRIULZI, MD, DARRELL J 812 5TH AVE PITTSBURGH PA 15219-4701 412-456-1851	OTH	URBAN, MD, RENA L 103 ALGONQUIN RD PITTSBURGH PA 15241-1509 URBAN, MD, RICHARD S HEALTH AMERICA PITTSBURGH PA 15241-1505 412-833-2500	PH	VIAJAYKUMAR, MD, PUVALAI M 1060 FOX CHAPEL RD PITTSBURGH PA 15238-2014 412-687-8838	DR
TAYLOR, MD, SHARON L 5900 CORPORATE DR STE 150 PITTSBURGH PA 15237-5866 412-367-2333	OPH	TIMMIS, MD, HILARY H 6373 DOUGLAS ST PITTSBURGH PA 15217-1821 412-648-9900	IM	TRIVUS, MD, ROBERT H 615 WASHINGTON RD STE 504 PITTSBURGH PA 15228-2571 412-531-2520	US	URSINO, MD, GREGORY 401 AMBERSON AVE # 304 PITTSBURGH PA 15232-1459 412-622-7400	FP	VILLELLA, MD, EDWARD R 1350 LOCUST ST STE 205 PITTSBURGH PA 15219-4738 412-391-4360	PM
TEE, MD, STEVEN T 575 COAL VALLEY RD CLAIRTON PA 15025-3730 412-469-7120	OTO	TIPPET, MD, PAUL D 9102 BABCOCK BLVD STE 105 PITTSBURGH PA 15237-5819 412-366-6226	OTO	TROIANOS, MD, CHRISTOPHER A 427 HEIGHTS DR GIBSONIA PA 15044-6032 412-232-8006	REN	USELMAN, MD, JAMES H 4815 LIBERTY AVE STE 448 PITTSBURGH PA 15224-2194 412-682-6800	ORS	VINSON, MD, CAREY T 2570 HAYMAKER ROAD MONROEVILLE PA 15146-3513 412-858-2837	FP
TEMELES, MD, ROY S 101 GILMORE DR PITTSBURGH PA 15235-5259 412-226-2513	ORS	TIPPING, MD, JAMES S 250 OUTLOOK DR PITTSBURGH PA 15228-2145 TIRADO, MD, PABLO H 515 S AIKEN AVE #517 PITTSBURGH PA 15232-1514 412-664-2000	FP	TROMBETTA, MD, MARK G 701 5TH ST BEAVER PA 15009-1955 412-728-2225	RO	UTBERG, MD, JOHN R 9104 BABCOCK BLVD STE 6107 PITTSBURGH PA 15237-5818 412-368-5800	NS	VISNICH JR, MD, NICHOLUS 200 LOTHROP ST RM C216 PITTSBURGH PA 15213 412-647-3396	OBG
TENENOUSER, MD, BARRY 2400 ARDMORE BLVD STE 301 PITTSBURGH PA 15221-5299 412-351-4114	FP	TISHMAN, MD, SAMUEL A 4429 MT ROYAL BLVD APT 505 ALLISON PARK PA 15101-2654 412-486-9335	IM	TROTT, MD, MILLARD C 715 DUNCAN AVE APT 801 PITTSBURGH PA 15237-5037 412-247-3046	PD	UY, MD, NONITA T MAGEE WOMENS HOSP PITTSBURGH PA 15213 412-647-4260	AN	VISWANATHAN, AKILA N 120 RUSKIN AVE # 625 PITTSBURGH PA 15213 VITHALA, MD, ANIL K S MAGNOLIA DR #506-C GLENSHAW PA 15116 VITTON, MD, ROSEMARY 198 OLD ENGLISH RD PITTSBURGH PA 15237-1762 VLACHOS, DO, PATRICK J MERCY HOSP PGH ANES ASSOC PITTSBURGH PA 15219-5166 412-232-5653	ST
TENICELA, MD, RUBEN 4 WYNNECLIFFE DR CARNEGIE PA 15106-3835	OS	TISHMAN, MD, SAMUEL E 5145 BEELER ST PITTSBURGH PA 15217-1001 TISHKOFF, MD, NEIL W 401 AMBERSON AVE APT 321 PITTSBURGH PA 15232-1460 412-648-3101	TR	TUCKER, MD, JAMES N 100 DELAFIELD RD STE 210 PITTSBURGH PA 15215-3247 412-784-1040	CD	VAGLEY, MD, RICHARD T 532 S AIKEN AVE STE 500 PITTSBURGH PA 15232-1521 412-681-2854	PS	VALCARCEL, MD, SOFRONIO J 8057 BRITTANY PL PITTSBURGH PA 15237-6302 VALERIANO, MD, JAMES P ALLEGHENY GEN HOSPITAL PITTSBURGH PA 15212-4746 412-321-2162	PD
TEREDSAI, MD, PRADIP R PROF OFFICE CENTER PITTSBURGH PA 15243-1800 412-738-0045	NEP	TITCHWORTH, MD, ROY L 6500 BEACON ST PITTSBURGH PA 15217-1843 412-562-3190	DR	TULLOCK, MD, WILLIAM C 21 HEMINGWAY ST PITTSBURGH PA 15213-1145 412-648-6070	*AN	VALKO, MD, ANNEMARIE S 2580 HAYMAKER ROAD MONROEVILLE PA 15146-4416 412-858-2440	AN	VODVARKA, DO, JAMES M 5151 KEINERS LANE PITTSBURGH PA 15205 412-777-6125	IM
TERNER, MD, IRWIN S 527 BROAD ST SEWICKLEY PA 15143-1780 412-741-4610	OPH	TOADVINE, MD, STEPHEN K 136 SPRUCE VALLEY DR PITTSBURGH PA 15229-2169 412-622-7343	FP	TURNER, MD, JOSEPH 3447 FORBES AVE PITTSBURGH PA 15213-3212 412-681-2300	OTO	VALLANO, MD, GARY 516 BLOSSOM DR PITTSBURGH PA 15236-2433 412-655-8656	CHP	VOGELEY, MD, EVA A 5361 RTE 8 GIBSONIA PA 15044-9644 412-443-0650	PD
TESSARO, MD, ANNE N PASSAVANT PROF BLDG PITTSBURGH PA 15237-5818 412-367-6700	R	TOKARS, MD, ROGER P 1145 BOWER HILL RD PITTSBURGH PA 15243-1342 412-279-3694	RO	TURNER, MD, OLIVER E 825 EISENHOWER DR PITTSBURGH PA 15228-1701 412-281-8299	IM	VALLIAPPAN, MD, SWAMINATHAN 707 IRVINE ST PITTSBURGH PA 15218-2423 VARAT, MD, MURRAY A 6950 ROSEWOOD ST PITTSBURGH PA 15208-2639 412-622-7400	ON	VOLSKY, MD, ROBERT L INFECTIOUS DISEASES ASSOC PITTSBURGH PA 15224-2040 412-681-0966	PH
TETRICK, MD, ELBERT L 510 WHITE BIRCH CT PITTSBURGH PA 15238-1324	OM	TOLLERUD, MD, DAVID J 130 DESOTO ST PITTSBURGH PA 15213-2535 412-624-3155	OM	TUROCY, MD, JOHN F 412 HAWTHORNE SO OAKDALE PA 15071-1064 412-647-1000	OBG	VARGA, MD, JEFFREY M 4778 LIBERTY AVE 2ND FL PITTSBURGH PA 15224-2156 412-578-5390	AN	VOLSKY, MD, ROBERT L INFECTIOUS DISEASES ASSOC PITTSBURGH PA 15224-2040 412-681-0966	ID
THAETE, MD, F LELAND 111 ROCKWOOD DR PITTSBURGH PA 15238-2333 412-647-7288	R	TOMARELLI, MD, RAYMOND C 4629 W LAWNVIEW AVE PITTSBURGH PA 15227-1125 TOMASELLI, MD, DAVID L 400 2ND AVE TARENTUM PA 15084 412-226-1400	FP	TUTTLE, MD, ALFRED LONGWOOD AT OAKMONT VERONA PA 15147 TUTTLE, MD, WILLIAM B 5750 CENTRE AVE STE 510 PITTSBURGH PA 15206-3761 412-661-6770	GS	VARGOT, SUZANNE L 5680 MUNHALL RD APT 8 PITTSBURGH PA 15217 VARINANI, MD, MAHESH 4314 PENN AVE PITTSBURGH PA 15224 412-687-7455	ST	VRABLIK, MD, KEVIN A 202 CENTER AVE PITTSBURGH PA 15215-3019 412-784-4232	FP
THASE, MD, MICHAEL E 3501 FORBES AVE # 916 PITTSBURGH PA 15213-2593 412-383-1218	P	TOMLEY, MD, JOHN E 7430 WASHINGTON AVE PITTSBURGH PA 15218-2521 412-271-5656	PD	TWERSKI, MD, ABRAHAM J GATEWAY REHAB CTR ALQUIPPA PA 15001 412-766-8700	HS	VASILE, MD, JOSEPH S 305 HOLMES PL PITTSBURGH PA 15213-4546	PD	VUCHINICH III, MD, THEODORE TARENTUM PA 15084 412-224-5159	PUD
THEIS, MD, STEVEN W 2001 WATERDAM PLAZA DR MCMURRAY PA 15317-2475 412-941-3886	ORS	TONGS, MD, DER-LONG 4 GREEN BRIER ALLISON PARK PA 15101-1600 412-367-3379	IM	TYLKA-HOFFMAN, MD, ELEANOR M HEALTH AMERICA PITTSBURGH PA 15220-2755 412-922-8490	PD	VARLEY, MD, WILLIAM J 53 HIGHLAND RD BETHEL PARK PA 15102-1835 VARM, MD, RAJIV R 1811 BLVD OF THE ALLIES PITTSBURGH PA 15219-5915 412-281-3939	R	VUJEVICH, MD, MARION M 1050 BOWER HILL RD STE 305 PITTSBURGH PA 15243-1870 412-572-6130	D
THOMAS, MD, CHRISTINE R 1465 HILLSDALE AVE PITTSBURGH PA 15216-2049 412-777-6161	AN	TOOR, MD, SHAISTA N 1253 HOLY CROSS DR MONROEVILLE PA 15146-4850 TORCHIA, MD, MARY J 2145 RIDGE RD MARS PA 16046-9416 412-547-5432	IM	TYMA, MD, CATHY S 1643 BLACKBURN HEIGHTS DR SEWICKLEY PA 15143-8627 412-621-1161	DR	VASILE, MD, JOSEPH S 305 HOLMES PL PITTSBURGH PA 15213-4546	*CHN	WACHS, MD, HIRSH 2405 BEECHWOOD BLVD PITTSBURGH PA 15217-2506 WADE, MD, MARCIA J 5433 NORTHUMBERLAND ST PITTSBURGH PA 15217-1128 412-622-7400	N
THOMAS, MD, DAVID E 100 DENNISTON AVE # 21 PITTSBURGH PA 15206-4033 412-363-3333	P		AN		RHU				
THOMAS, MD, JOHN W 211 N WHITFIELD ST STE 392 PITTSBURGH PA 15206-3031 412-363-7009	P								
THOMAS, MD, KEVIN R 844 FAIRWAYS DR OAKMONT PA 15139-1054	R								
THOMAS, MD, LISA C 153 ROSSMOR CT PITTSBURGH PA 15229-3109 412-359-3131	HEM								

ALLEGHENY

WADHWA, MD, RAJINDAR K 850 CLAIRTON BLVD PITTSBURGH PA 15236-4567 412-469-1990	AN	WATERS, MD, MICHAEL N 500 E BRUCETON RD PITTSBURGH PA 15236-4564 412-531-1375	IM	WEINBERG, MD, RICHARD L STERLING PLZ PITTSBURGH PA 15213-2619 412-622-7456	IM	WHITESIDE, MD, DEBORAH A 1832 TRAGONE DR PITTSBURGH PA 15241	ST	WILSON, MD, W LAWRENCE 3338 BROOKDALE DR PITTSBURGH PA 15241-1563	IM
WAHL, MD, LORETTA J 4015 HOLIDAY PARK DR MURRYSVILLE PA 15668-8531 412-325-1785	FP	WATKINS, MD, WALTER D UPMC PITTSBURGH PA 15213 412-648-6077	AN	WEINBERGER, MD, IRVING G 520 WASHINGTON RD PITTSBURGH PA 15228-2819 412-341-7707	* OPH	WHITING, MD, DONALD M 1490 HOLLOWTREE DR PITTSBURGH PA 15241-2920 412-228-1414	NS	WILSON JR, MD, CHARLES R 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-621-3661	IM
WALBERG, MD, HARRY W 280 N BALPH AVE PITTSBURGH PA 15202-2904	IM	WATSON, MD, CHARLES G UNIV OF PITT SURGERY PITTSBURGH PA 15261-2004 412-648-3173	GS	WEINBERGER, MD, MONTE B 5200 CENTRE AVE STE 617 PITTSBURGH PA 15232-1300 412-623-2972	NS	WHITMAN, MD, ROBERT S 3301 WILLIAM PENN HWY PITTSBURGH PA 15235-5242 412-371-1555	IM	WING, MD, EDWARD J UPMC DEPT OF INT MED PITTSBURGH PA 15213-2582 412-648-6401	ID
WALCZAK, MD, KATHERINE L 1910 COCHRAN RD PITTSBURGH PA 15220-1102	PD	WATSON, MD, JAMES R 10502 W SUTTERS GOLD LN SUN CITY AZ 85351-1660	GS	WEINSTEIN, MD, BARBARA J 20 WOODBROOK DR PITTSBURGH PA 15215-1544 412-429-0429	R	WHITTLE, MD, DONNA I 1350 LOCUST ST # 409 PITTSBURGH PA 15219-4738	IM	WINKLER, MD, MARTIN 2520 MOSSIDE BLVD MONROEVILLE PA 15146-3539 412-372-6858	OPH
WALD, MD, NIEL UNIV OF PITTS A510 PITTSBURGH PA 15261	PH	WATSON, MD, WILLIAM GRAY 500 RTE 909 # CH3 VERONA PA 15147-3855	GS	WEINSTEIN, MD, GARY S 239 4TH AVE STE 1014 PITTSBURGH PA 15222-1712 412-281-1030	OPH	WHOLEY, MD, MARK H 5230 CENTRE AVE PITTSBURGH PA 15232-1304 412-623-2083	R	WINTER, MD, PETER M UNIV OF PITT PITTSBURGH PA 15261-0001 412-648-9623	AN
WALDMAN, MD, CLIFFORD R HEALTH RELATED SERVICES PITTSBURGH PA 15222-2414 412-565-4160	FP	WATSON-GRAY, KATHIE L 1131 WALNUT ST PITTSBURGH PA 15221-3554	ST	WEINSTEIN, MD, GERALD S 4815 LIBERTY AVE STE 204 PITTSBURGH PA 15224-2194 412-621-1778	CDS	WIBLE, MD, LEROY C 199 BEALL DR PITTSBURGH PA 15236-2119 412-884-1244	AN	WISSINGER, MD, H ANDREW RR 2 BOX 938 FORD CITY PA 16226-9802	ORS
WALKER, MD, GREGORY E 120 HILLENDALE RD PITTSBURGH PA 15237-1918	IM	WATTERS, MD, EDMOND C 100 DELAFIELD RD STE 201 PITTSBURGH PA 15215-3247 412-782-5900	OPH	WEISBERG, MD, EDWARD S 2545 MOSSIDE BLVD MONROEVILLE PA 15146-4903 412-373-8710	OTO	WIECHMANN, MD, ROBERT J 490 E NORTH AVE STE 302 PITTSBURGH PA 15212 412-359-8820	TS	WITLIN, DO, ANDREA G 113 SAWYER CIR # 376 MEMPHIS TN 38103-0939	OBG
WALKER, MD, LEVI 211 NORTH WHITEFIELD ST PITTSBURGH PA 15206-3039 412-363-5200	IM	WAYLONIS, MD, J ROBERT 3200 FOREST RD BETHEL PARK PA 15102-1416	US	WEISBERG, MD, EDWARD S 2545 MOSSIDE BLVD MONROEVILLE PA 15146-4903 412-373-8710	OTO	WIENER, MD, EUGENE S CHILDRENS HOSPITAL PITTSBURGH PA 15213-2583 412-682-7288	POS	WITTMIG, MD, ROBERT L 107 CHAPEL CREST TER PITTSBURGH PA 15238-1505 412-682-7134	GER
WALKER, MD, MARY A 102 W 8TH ST PITTSBURGH PA 15215-2926	FP	WEAVER, DO, JEFFREY G 2305 N JAMES ST KIRKSVILLE MO 63501-5708	D	WEISBERG, MD, EDWARD S 2545 MOSSIDE BLVD MONROEVILLE PA 15146-4903 412-373-8710	FP	WILBERGER JR, MD, JAMES E ALLEGHENY GEN HOSPITAL PITTSBURGH PA 15212-4746 412-359-4323	NS	WOELFEL, MD, GEORGE F 100 BROADWAY AVE CARNEGIE PA 15106-2472 412-276-7340	CDS
WALL, MD, JOHN N 910 CALIFORNIA AVE PITTSBURGH PA 15202-2710 412-761-6900	OBG	WEAVER, MD, MILES L 2 ALLEGHENY CTR STE 527 PITTSBURGH PA 15212-5404 412-231-5300	GS	WEISKOPF, MD, JAY R 301 7TH ST NEW KENSINGTON PA 15068-6529 412-335-3433	OPH	WILCOX, MD, GEOFFREY H 301 OHIO RIVER BLVD STE 200 SEWICKLEY PA 15143-1300 412-741-8862	GS	WOLF III, ALBERT A 275 SILVER LN MCKEES ROCKS PA 15136-1065 412-264-6305	ST
WALLER, MD, LOUIS C 8933 EASTWOOD RD PITTSBURGH PA 15235-1420 412-362-2435	GP	WEBER, MD, DAVID R 1515 MAIN ST PITTSBURGH PA 15215 412-784-9440	IM	WEISS, MD, ELISSA 134 DENNIS DR GLENSHAW PA 15116-3004	N	WILCOX, MD, JULIA W 33 ALLENDALE PL PITTSBURGH PA 15228-1509	PM	WOLFF III, ALBERT A 275 SILVER LN MCKEES ROCKS PA 15136-1065 412-264-6305	ST
WALLEY III, MD, ROBERT E 1005 W SUTTER RD GLENSHAW PA 15116-1025 412-359-3155	AN	WEBER, MD, JOHN E 1763 HELEN DR PITTSBURGH PA 15216-1155	OBG	WEISS, MD, ELISSA 134 DENNIS DR GLENSHAW PA 15116-3004	IM	WILCOX, MD, MARK S 4412 PENN AVE PITTSBURGH PA 15224 412-622-4314	PM	WOLFF, MD, CHARLES R 752 MURFIELD CIR LANTANA FL 33462-1231	OS
WALLIA, MD, RAJNI 2574 ROSSMOOR DR PITTSBURGH PA 15241-2584 412-466-2220	NEP	WEBER, MD, LAWRENCE 5750 CENTRE AVE STE 270 PITTSBURGH PA 15206-3761 412-361-8355	AI	WEISS, MD, JAMES 5140 LIBERTY AVE MONROEVILLE PA 15224-2215 412-373-9280	NEP	WILCOX, MD, MARK S 4412 PENN AVE PITTSBURGH PA 15224 412-622-4314	PM	WOLFF, MD, REGIS A 10 ALLEGHENY CTR PITTSBURGH PA 15212-5245 412-281-9082	GE
WALSH, MD, ARTHUR C 307 S DITHRIDGE ST APT 202 PITTSBURGH PA 15213-3514 412-683-7111	P	WEBER, MD, STANLEY 1987 LAKE MARSHALL DR GIBSONIA PA 15044-7434 412-359-3155	AN	WEISS, MD, MALCOLM S 1295 GRAND BLVD MONESSEN PA 15062-1955 412-684-7500	FP	WILEN, MD, HOWARD O 515 WASHINGTON AVE BRIDGEVILLE PA 15017-2021 412-221-3200	GE	WOLFORD, MD, JACK A 415 AVON DR PITTSBURGH PA 15228-2103	P
WALSH, MD, JOHN J 130 RIDING TRAIL LN PITTSBURGH PA 15215-1500	U	WEBSTER, MD, JOHN H 250 THORN ST SEWICKLEY PA 15143-1204	ON	WEISS, MD, MICHAEL W 9104 BABCOCK BLVD STE 6111 PITTSBURGH PA 15237-5893 412-367-0600	ORS	WILKERSON, MD, LORNA A 532 S AIKEN AVE STE 300 PITTSBURGH PA 15232-1521 412-682-5080	OBG	WOLFSON, MD, BERNARD 800 FLINT RIDGE RD PITTSBURGH PA 15243-1102	AN
WALTER, MD, C LEE 4815 LIBERTY AVE PITTSBURGH PA 15224-2194 412-681-4080	CD	WEBSTER, MD, MARSHALL W UPMC PITTSBURGH PA 15213 412-648-9867	VS	WEISS, MD, MICHAEL W 9104 BABCOCK BLVD STE 6111 PITTSBURGH PA 15237-5893 412-367-0600	ORS	WILKINSON, MD, JOHN H 3646 FOREST AVE MUNHALL PA 15120-3004	IM	WOLFSON, MD, DAVID H 3471 5TH AVE PITTSBURGH PA 15213 412-621-2432	PD
WALTER, MD, WILLIAM J 4225 NORTHERN PIKE MONROEVILLE PA 15146-2731 412-372-8660	OBG	WECHSLER, MD, LAWRENCE R 220 MEYRAN AVE PITTSBURGH PA 15213-3311 412-681-2000	N	WEISS, MD, ROBERT F 575 COAL VALLEY RD PITTSBURGH PA 15236-0229 412-469-3016	* ORS	WILKS, MD, DAVID H 5316 ELLSWORTH AVE PITTSBURGH PA 15232-1424 412-648-6070	AN	WOLFSON, MD, JEROME H 3471 5TH AVE PITTSBURGH PA 15213-3221 412-621-2432	PD
WALTZ, MICHAEL D 6227 5TH AVE PITTSBURGH PA 15232-2902	ST	WECHSLER, MD, RICHARD L 220 MEYRAN AVE PITTSBURGH PA 15213-3311 412-681-3300	GE	WEITZEL, MD, WILLIAM K 11 HOLLAND RD PITTSBURGH PA 15235-5044	AN	WILLIAMS, MD, BRENDA A 34 COLLINWOOD DR PITTSBURGH PA 15215-1458 412-361-8346	FP	WOLINSKY, MD, ARTHUR P 220 N DITHRIDGE ST # 707 PITTSBURGH PA 15213-1423 412-622-7400	IM
WANGLEE, DO, DEBORAH W 5916 NICHOLSON ST 1ST FL PITTSBURGH PA 15217-2319 412-232-8112	IM	WECHT, MD, CYRIL H ST FRANCIS CENTRAL PITTSBURGH PA 15219-3594 412-281-9090	LM	WEITZEL, MD, WILLIAM K 11 HOLLAND RD PITTSBURGH PA 15235-5044	NS	WILLIAMS, MD, BRIAN A 618 OAKVIEW DR VERONA PA 15147-2227	AN	WOLLMAN, MD, MICHAEL R 3520 5TH AVE PITTSBURGH PA 15213-3313 412-681-9333	PHO
WAPENSKI, MD, JOSEPH A ST FRANCIS MED CTR PITTSBURGH PA 15201 412-622-4070	NM	WEDEMEYER, MD, ANNE L 1501 LOCUST ST STE 229 PITTSBURGH PA 15219-5128 412-391-1154	PDC	WELCH, MD, WILLIAM C 587 MOORHEAD PL PITTSBURGH PA 15232-1426 412-647-0972	AN	WILLIAMS, MD, KEITH N 564 OAKLYNN CT PITTSBURGH PA 15220-9025	ST	WOLMAN, MD, NORMAN ALLEGHENY GENERAL HOSPITAL PITTSBURGH PA 15212-4772 412-359-3336	GS
WARD, MD, BARBARA H 100 ACADEMY PL SEWICKLEY PA 15143-2061	DR	WEDEMEYER, MD, PHILLIPS P 1010 MACON AVE PITTSBURGH PA 15218-1030 412-571-2688	PD	WELDON, MD, JOHN P 125 TOWER ST MONONGAHELA PA 15063-1141	AN	WILLIAMS, MD, NORMAN S PO BOX 24 TURTLE CREEK PA 15145-0024	R	WOLMARK, MD, NORMAN ALLEGHENY GENERAL HOSPITAL PITTSBURGH PA 15212-4772 412-359-3336	PD
WARD, MD, W TIMOTHY CHILDRENS HOSPITAL PITTSBURGH PA 15213-2524 412-692-6868	ORS	WEI, MD, LAWRENCE M 103 BACKBONE RD SEWICKLEY PA 15143-9321 412-276-7340	CDS	WELDON, MD, JOHN P 125 TOWER ST MONONGAHELA PA 15063-1141	AN	WILLIAMS, MD, NORMAN S PO BOX 24 TURTLE CREEK PA 15145-0024	IM	WOLLYNN, MD, TODD H 5817 DARLINGTON RD APT 2 PITTSBURGH PA 15217-1642	OTO
WARDE, MD, DONAL A ALLEGHENY PROF BLDG PITTSBURGH PA 15212-4740 412-322-2622	CD	WEIDENHAMER, MD, MONICA L 4955 STEUBENVILLE PIKE PITTSBURGH PA 15205-9604 412-788-2711	PDC	WELDON, MD, JOHN P 125 TOWER ST MONONGAHELA PA 15063-1141	AN	WILLIAMS, MD, NORMAN S PO BOX 24 TURTLE CREEK PA 15145-0024	PD	WOLZ, MD, DEAN E 401 MOHICAN AVE PITTSBURGH PA 15237-4736 412-321-7500	ST
WARGO, MD, PETER J 7439 RICHLAND MNR DR PITTSBURGH PA 15208-2735	OBG	WEIDMAN, MD, DAVID A 220 MEYRAN AVE PITTSBURGH PA 15213-3311 412-681-2000	N	WELDON, MD, JOHN P 125 TOWER ST MONONGAHELA PA 15063-1141	AN	WILLIAMS, MD, NORMAN S PO BOX 24 TURTLE CREEK PA 15145-0024	US	WOOD, MD, JOHN M 103 NANTUCKET DR PITTSBURGH PA 15238-1909 412-784-1110	ST
WARHAFTIG, JEREMY P 120 RUSKIN AVE APT 226 PITTSBURGH PA 15213	ST	WEIGEL, MD, A LINN 2434 TRACI DR PITTSBURGH PA 15237-1600 412-367-0130	GS	WELDON, MD, JOHN P 125 TOWER ST MONONGAHELA PA 15063-1141	AN	WILLIAMS, MD, NORMAN S PO BOX 24 TURTLE CREEK PA 15145-0024	PD	WOOD, RANDOLPH B 8 ALLEGHENY CTR APT 607 PITTSBURGH PA 15212-5232	ST
WARNER, MD, ROBERT E 143 VILLAGE CT PITTSBURGH PA 15241-2471	GYN	WEIGEL JR, MD, JOHN E 67 BEL STONE RD PITTSBURGH PA 15235-5102 412-681-7388	OBG	WELDON, MD, JOHN P 125 TOWER ST MONONGAHELA PA 15063-1141	AN	WILLIAMS, MD, NORMAN S PO BOX 24 TURTLE CREEK PA 15145-0024	IM	WOLLEY, MD, CARL M 2619 WYNCOTE RD BETHEL PARK PA 15102-1707	US
WARNER, MD, ROBERT H 1050 BOWER HILL RD STE 101 PITTSBURGH PA 15243-1866 412-572-6180	OBG	WEIGLER, MD, RICHARD R 3500 5TH AVE PITTSBURGH PA 15213-3316 412-681-4822	A	WELDON, MD, JOHN P 125 TOWER ST MONONGAHELA PA 15063-1141	AN	WILLIAMS, MD, NORMAN S PO BOX 24 TURTLE CREEK PA 15145-0024	NM	WORRALL, MD, V THOMAS 5820 CENTRE AVE PITTSBURGH PA 15206-3753 412-661-5500	ORS
WARREN, MD, JONATHAN WESTERN PENNSYLVANIA HOSP PITTSBURGH PA 15224-1793 412-578-5000	IM	WEIKERS, MD, NORBERT J ALLEGHENY GEN HOSPITAL PITTSBURGH PA 15212-4746 412-321-2162	N	WELDON, MD, JOHN P 125 TOWER ST MONONGAHELA PA 15063-1141	AN	WILLIAMS, MD, NORMAN S PO BOX 24 TURTLE CREEK PA 15145-0024	GS	WRENN, MD, EDWARD H 7 ELLSWORTH TER PITTSBURGH PA 15213-2808	FP
WASHBURN, MD, VIRGINIA E 747 PINETREE RD PITTSBURGH PA 15243-1043 412-343-6660	GYN	WEINBAUM, MD, DAVID L 2062 BEECHWOOD BLVD PITTSBURGH PA 15217-1744 412-681-0966	ID	WELDON, MD, JOHN P 125 TOWER ST MONONGAHELA PA 15063-1141	AN	WILLIAMS, MD, NORMAN S PO BOX 24 TURTLE CREEK PA 15145-0024	IM	WRIGHT, MD, BRUCE A CLINICAL PSYCH ASSOC PITTSBURGH PA 15243-1324 412-429-9500	P
WASSIL, MD, JOHN G 118 WENGLER AVE SHARON PA 15146-2957	US	WEINBERG, MD, JOEL H 5200 CENTRE AVE # 203 PITTSBURGH PA 15232-1300 412-621-1200	PUD	WELDON, MD, JOHN P 125 TOWER ST MONONGAHELA PA 15063-1141	AN	WILLIAMS, MD, NORMAN S PO BOX 24 TURTLE CREEK PA 15145-0024	AN	WRIGHT, MD, DAVID G 4401 PENN AVE STE 1800 PITTSBURGH PA 15224-1342 412-621-3416	N
WATERS, MD, MARK H 285 MONTANA ST IRWIN PA 15642-4025 412-578-5000	IM	WEINBERG, MD, JOEL H 5200 CENTRE AVE # 203 PITTSBURGH PA 15232-1300 412-621-1200	PUD	WELDON, MD, JOHN P 125 TOWER ST MONONGAHELA PA 15063-1141	AN	WILLIAMS, MD, NORMAN S PO BOX 24 TURTLE CREEK PA 15145-0024	ST	WRIGHT, MD, L ALAN ST CLAIR OFC BLDG PITTSBURGH PA 15243-1334 412-429-9500	P

WRIGHT, MD, RICHARD E 3000 BROWNSVILLE RD PITTSBURGH PA 15227-2469 412-881-3655	GP	ZAKNOEN, MD, SARA L BARRETT CENTER CINCINNATI OH 45267-0501	HEM	ZITELLO, MD, PHILIP J 2137 CLAIRMONT DR PITTSBURGH PA 15241-3241 412-623-2167	* AN	GALLAGHER, MD, JOHN E 508 OWENSVIEW AVE APOLLO PA 15613-1616	GP	SOTOS, MD, PETER N RR 8 BOX 40 KITTANNING PA 16201-8877	ORS
WRIGHT JR, MD, GEORGE J 4401 PENN AVE PITTSBURGH PA 15224-1342 412-621-3419	N	ZANGRILLI, MD, JAMES G 4743 W BARLORD DR PITTSBURGH PA 15227-1135	U	ZITNER, MD, GEORGE L 5449 ALBEMARLE AVE PITTSBURGH PA 15217-1132	CHP	GARROTT, MD, JOHN W RR 8 PO BOX 59C KITTANNING PA 16201-8871	OBG	SUWAN, MD, NIPAPAN 415 MARKET ST FREEPORT PA 16229-1121	PD
WU, MD, TSUNG-TEH 7134 ROYCREST PL PITTSBURGH PA 15208-2738	PTH	ZANGWILL, MD, DONALD P 3471 5TH AVE STE 1216 PITTSBURGH PA 15213-3221	IM	ZIVIC, MD, EDWARD J 9909 FRANKSTOWN RD PITTSBURGH PA 15235-1647	FP	GELACEK, MD, PHILIP A PO BOX 308 FORD CITY PA 16226-0308	FP	SUWAN, MD, SAKDIDEJ 419 MARKET ST FREEPORT PA 16229	* IM
WYLLIE, MD, MARY E 209 HIGHLAND RD PITTSBURGH PA 15238-2111 412-624-6215	P	ZAPP, MD, JOHN J 3 FOREST LN LAWTON OK 73505-9673	AN	ZLOTOW, DAN A 5722 BEACON ST PITTSBURGH PA 15217	ST	GENOVESE, MD, FRANK N RR 7 KITTANNING PA 16201-9807	OPH	TOLMAN, MD, LEON M RR 8 BOX 55 KITTANNING PA 16201-8892	IM
XU, ANLIN 2123 CAYUGA DR PITTSBURGH PA 15239-2339	ST	ZAOA, MD, DINA OASEM 5740 ELMER ST APT 5 PITTSBURGH PA 15232-1925	IM	ZORA, DO, KEITH M 145 WETZEL RD PITTSBURGH PA 15209-1127	AN	GREENBAUM, MD, JAMES K MEDICAL ARTS BLDG KITTANNING PA 16201-8886	PD	VEGA, MD, ROGELIO E 1177 SOUTH 6TH STREET INDIANA PA 15701	* U
YACONO, MD, JOHN V 3096 FRANKLIN BLVD MORRISTOWN TN 37814	GE	ZARNICK, MD, PHILIP D HEALTH AMERICA WEXFORD PA 15090	OBG	ZORUB, MD, DAVID S SHADYSIDE MEDICAL CTR PITTSBURGH PA 15232-1300	NS	HEBDA, MD, WILLIAM B 308 SENECA ST OIL CITY PA 16301-1378	* FP	VOGAN, MD, CLIFFORD R PO BOX 168 COWANSVILLE PA 16218-0168	IM
YANCHUS, MD, ROBERT M 1100 WOODBERRY RD NEW KENSINGTON PA 15068-5310	ORS	ZAVADAK, MD, DANIEL G 61-B BETHANY DR PITTSBURGH PA 15215-1207	D	ZOVE, MD, DANIEL C 1800 PACIFIC AVE NATRONA HEIGHTS PA 15065-2101	PD	KAHN, MD, Y RAYMOND PO BOX 15 TARENTUM PA 15084-0015	GS	WILSON, MD, RICHARD A 227 COLE RD SARVER PA 16055-9540	* PM
YANG, MD, JAU-HSIN MERCY HOSPITAL PITTSBURGH PA 15219-5166	AN	ZAVARAS, MD, KATERINA A 226 LYTTON AVE PITTSBURGH PA 15213-1410	PD	ZUBRITZKY, MD, PAUL M 133 CHURCHILL RD MCKEES ROCKS PA 15136	OBG	KANG, MD, SE-BOO ARMSTRONG MEMORIAL HOSP KITTANNING PA 16201-9803	AN	WINGARD, MD, LARRY B 1 NOLTE DR STE 150 KITTANNING PA 16201	IM
YANKURA, MD, JOHN A 209 TROTWOOD W PITTSBURGH PA 15241-2002	DR	ZAVELA, MD, NORMAN G 215 NINA RD PITTSBURGH PA 15214-1025	AN	ZUCKERMAN, MD, KATALIN D 2500 BALDWIN RD PITTSBURGH PA 15205-4144	FP	KELLY, MD, ROBERT W 301 RIVERVIEW 1ST AVE TARENTUM PA 15084	* GS	YANG, MD, JAE-TAEK 443 BUTLER RD KITTANNING PA 16201-1901	GS
YAO, MD, YVONNE A HEALTH AMERICA PITTSBURGH PA 15213-1516	OBG	ZAVORAL JR, THOMAS W 1517 S NEGLEVE AVE PITTSBURGH PA 15217-1419	ST	ZUCKERMAN, MD, MYLES H 2500 BALDWIN RD PITTSBURGH PA 15205-4144	FP	KLEIN, MD, IRVING MEDICAL ARTS BLDG KITTANNING PA 16201-9808	OPH	YOCKEY, MD, ROBERT H 2345 SCENIC DRIVE MODESTO CA 95355-4576	OPH
YAROS, MD, JOHN G 510 ROBIN DR PITTSBURGH PA 15220-1621	FP	ZEH, MD, CYNTHIA M RR 2 BOX 2459 WAMPUM PA 15157-9016	AN	ZWEIG, MD, JULIE L 4128 SALINE ST PITTSBURGH PA 15217	OTO	KOHL, MD, DAVID H ONE NOLTE DR # 540 KITTANNING PA 16201-9808	* GS	BEAVER	
YATES, MD, ADOLPH J 309 EVANS RD BUTLER PA 16001-1612	TS	ZEHEL, MD, WENDELL E 1050 BOWHER HILL RD STE 108 PITTSBURGH PA 15243-1866	GS	ZWEIG, MD, NEAL 300 CEDAR BLVD PITTSBURGH PA 15228-1155	IM	KOST, MD, KENNETH R COUNTRY CLUB EST RR 7 KITTANNING PA 16201	GS	ABRAHAM, MD, WILLIAM D ALIOUIPPA MEDICAL CTR ALIOUIPPA PA 15001	ORS
YATES, MD, ANTHONY P 125 7TH ST PITTSBURGH PA 15222-3410	IM	ZEILER, MD, WILLIAM B 778 OSAGE RD PITTSBURGH PA 15243-1040	PTH	ARMSTRONG		MC NUTT, MD, FRANK H RR 3 BOX 417 KITTANNING PA 16201-8861	GP	ALBERTS, MD, NANCY K 229 STATE ST BADEN PA 15005-1943	* FP
YAUCH, MD, JOHN A 1624 ROYAL OAK DR SEWICKLEY PA 15143-8655	OBG	ZELKOVIC, MD, AUDREY A 4401 PENN AVE # 1400 PITTSBURGH PA 15224-1389	PD	ALLMAN, MD, JOHN H 637 FRANK DR NEW KENSINGTON PA 15068-4956	EM	MALIK, MD, KHALID M 810 4TH AVE FORD CITY PA 16226-1105	* IM	ALTMAN, MD, KEVIN C VALLEY NEUROLOGICAL ASSOC MONACA PA 15061-2510	N
YAW, MD, KENNETH M KAUFMANN BLDG # 1010 PITTSBURGH PA 15213-3221	ORS	ZELLER, MD, HARRY R 2349 CASSWELL DR BETHEL PARK PA 15102-1963	AN	BAKER, MD, MARVIN P 165 BRUGH AVE STE 310 BUTLER PA 16001-6472	* CD	MCLEOD, MD, RODERICK R 213 LOCUST LN KITTANNING PA 16201-2030	GP	ALTMAN, DO, RODNEY S 1399 ADAMS DR AMBRIDGE PA 15003-1304	P
YEASTED, MD, G ALAN 300 CEDAR BLVD PITTSBURGH PA 15228-1155	IM	ZELT, MD, ROGER P 200 IROQUOIS RD PITTSBURGH PA 15241-1122	OPH	BALASH, MD, WILLIAM R 1623 UNION AVE NATRONA HEIGHTS PA 15065-2136	IM	MCLEOD, MD, RODERICK R 213 LOCUST LN KITTANNING PA 16201-2030	P	AMBRIDGE PA 15003-1304	P
YONAS, MD, HOWARD UPMC DEPT OF NEUROSURGERY PITTSBURGH PA 15213	NS	ZERNICH, MD, MILAS 4 AUTUMN PATH LN PITTSBURGH PA 15238-2102	IM	BALESTRINO, DO, EDWARD E 296 CHURCH ST PETROLIA PA 16050	FP	MERCURIO, MD, RICHARD A PETROLEUM VALLEY MEDICAL CTR PETROLIA PA 16050-0335	* FP	ALTMAN, DO, SHARON L 1399 ADAMS DR AMBRIDGE PA 15003-1304	P
YOUNG, MD, PONGSOO D 507 SHADY AVE # C4 PITTSBURGH PA 15206-4478	TS	ZIAD, MD, RANA 348 S HIGHLAND AVE APT 201 PITTSBURGH PA 15206-4293	PD	BAUER, MD, JAMES E 300 CARLISLE ST NATRONA HTS PA 15065-1149	R	MINTZER JR, DO, DONALD W RR 1 BOX 970 WORTHINGTON PA 16262-9801	FP	ANOLIK, MD, STEVEN L 701 5TH ST BEAVER PA 15009-1955	* TR
YOSKIN, MAURICE P 325 ATWOOD ST APT 2 PITTSBURGH PA 15213-4025	ST	ZICCARDI, MD, VINCENT B KAUFMAN BLDG PITTSBURGH PA 15213-3221	GS	BIEBER, MD, EDWARD D 206 N JEFFERSON ST KITTANNING PA 16201-1324	GP	MONTGOMERY, MD, ERNEST J 726 FREEPORT RD BRACKENRIDGE PA 15014-1042	FP	APPGATE, DO, DAVID J 146 OKON DR BEAVER FALLS PA 15010-1125	FP
YOSKOSKY, MD, JAMIE D 305 DOGWOOD DR BELLE VERNON PA 15012-9466	R	ZIDAR, MD, BERNARD L ALLEGHENY GEN HOSPITAL PITTSBURGH PA 15212-4772	HEM	BONO, MD, JOHN RD 7 BOX 519 KITTANNING PA 16201-7543	OTO	MOORE, MD, JAMES P 710 4TH AVE FORD CITY PA 16226-1103	* FP	BAKER, MD, R J 516 TURNPIKE ST BEAVER PA 15009-2219	P
YOST, MD, RICHARD O 208-209 ROWAN RD AND RTE 19 MARS PA 16046	PD	ZIDO, MD, ALBERT J 123 MERRIE WOODE DR PITTSBURGH PA 15235-5142	FP	BUCK, MD, KEITH K KITTANNING PA 16201-1527	FP	MOORE, MD, TERENCE E 710 4TH AVE FORD CITY PA 16226-1103	* FP	BALDWIN, MD, THOMAS M 244 OAKVILLE RD BEAVER FALLS PA 15010-1210	OPH
YOUNG, MD, ADRIENNE M 110 WILLIAM PENN CIR SEWICKLEY PA 15143-8733	IM	ZIGROSSI, MD, RICHARD J 9000 BROOKTREE RD STE 400 WEXFORD PA 15090-9288	OBG	CHOWDHRY, MD, ZAFAR I PO BOX 217 NATRONA HEIGHTS PA 15065-0217	NS	PACEK, MD, ROBERT F VALLEY FAMILY PRACTICE CTR TARENTUM PA 15084-1805	GP	BANSIDHAR, MD, BHADRASINE 480 MCCLAIN ROAD BEAVER FALLS PA 15010-1062	EM
YOUNG, MD, CHENG DONG 7405 IRVINE AVE PITTSBURGH PA 15218-2423	GP	ZILLWEGER, MD, WILLIAM S 483 WINNERWOOD RD PITTSBURGH PA 15237-5647	IM	CORDEBA, MD, DIEGO R MEDICAL ARTS BLDG STE 140 KITTANNING PA 16201-8898	CD	PAUL, MD, JAY 165 BRAUGH AVE STE 310 BUTLER PA 16001-1954	CCM	BASKA, MD, JOHN K BEAVER INTERNAL MEDICINE BEAVER PA 15009-1955	IM
YOUNG, MD, ELIZABETH A 355 5TH AVE 800 PK BLDG PITTSBURGH PA 15222-2881	RHU	ZIMMER, MD, BEN ALLEGHENY GEN HOSP PSYCHIATRY PITTSBURGH PA 15212	P	CROSS JR, MD, SAMUEL 155 MULBERRY ST KITTANNING PA 16201-2433	GS	PITTS, MD, WILLIAM H 825 MAIN ST RURAL VALLEY PA 16249	* GP	BATCHELOR, MD, ALLISON J SENIORS HEALTH CONNECTION ALIOUIPPA PA 15001-1301	GER
YOUNGUE JR, MD, EUGENE L 7900 STUBBEVILLE PK STE 26 IMPERIAL PA 15126	FP	ZIMMER, MD, DANIEL V 300 6TH AVE STE 600 PITTSBURGH PA 15218	OPH	CROYLE, LUANN 416 PINE HILL RD KITTANNING PA 16201-2042	EXEC	PUGLIESE, MD, AUGUST A 1107 TENNYSON DR VANDERGRIFT PA 15690-1648	FP	BAYUK, MD, JOHN D 1254 ROUTE 30 CLINTON PA 15026-9801	FP
YOVANOF, MD, SILVANA 6012 PARKVUE DR PITTSBURGH PA 15236-2059	IM	ZIMMERMAN, MD, GREG A 101 N DITHRIDGE ST PITTSBURGH PA 15213-2650	PM	DAVID, MD, JEFFREY W WOMENS HLTH CARE ASSOC KITTANNING PA 16201	OBG	REDDY, MD, PUSHPAMALA P 2123 SHADY AVE-B-10 PITTSBURGH PA 15217-1855	NM	BECHIC, MD, STEPHEN C TRISTATE SURGICAL ASSOC W. BRIDGEWATER PA 15009-3116	GS
YUE, MD, ROBIN 710 FILBERT ST PITTSBURGH PA 15232-2404	IM	ZIMMERMAN, MD, KARL 10525 GRUBBS ROAD WEXFORD PA 15090-9425	CRS	DOERFLER JR, MD, FREDERICK B 260 S JEFFERSON ST KITTANNING PA 16201-2422	* IM	SCOTT, MD, ELAINE B 220 PRIMROSE DR SARVER PA 16055-9573	PM	BELL, MD, LAWRENCE D 1200 SHARON ROAD BEAVER PA 15009-3129	ORS
ZAFAR, MD, RAKHSHINDA P 1801 LINCOLN WAY REAR WHITE OAK PA 15131	IM	ZIMMERMAN, MD, RONALD L ST FRANCIS MED CTR PITTSBURGH PA 15201	PM	ELIAS, MD, GARTH A 511 N WATER ST KITTANNING PA 16201-1238	GS	SILVAGGI, MD, KATHY J ARMSTRONG CTY MEM HOSP KITTANNING PA 16201	* HEM	BELL, MD, MICHAEL C EDGEWORTH MEDICAL COMMONS SEWICKLEY PA 15143-1300	OTO
ZAHABI-UNWALA, MD, FEHMIDA 5537 CLAYBOURNE ST PITTSBURGH PA 15232-1654	IM	ZISKIND, MD, ZELDA 7152 ROYCREST PL PITTSBURGH PA 15208-2738	GP	FRABLEY, MD, HENRY W 147 MAIN ST LEECHBURG PA 15656-9224	* GP	SIM, MD, HYUN S 106 BLACKTHORN DR KITTANNING PA 16201-2011	AN	BHASNIN, MD, ARVIND TRI STATE GASTROENTEROLOGY ALIOUIPPA PA 15001	IM
ZAHORCHAK, MD, JOSEPH A 3447 FORBES AVE PITTSBURGH PA 15213-3212	PS	ZITELLI, MD, JOHN A 90 WOODLAND DR PITTSBURGH PA 15228-1760	D	FREDERICK, MD, PAUL L ONE NOLTE DR STE 510 KITTANNING PA 16201-9808	TS	SOTOS, MD, L NICHOLAS RR 8 BOX 40 KITTANNING PA 16201-8877	ORS	BLANKENSHIP, MD, LARRY L 1112 N BROADHEAD RD MONACA PA 15061-2510	N
412-681-2300		412-681-9400		412-545-7195		412-548-4120		412-775-8801	

BEAVER

BOAL, MD, ERWIN S 398 12TH ST FREEDOM PA 15042-1706 412-728-1551	GP	DAMAZO, MD, NATIVIDAD S 619 15TH ST BEAVER FALLS PA 15010-4122	GP	GAYDOS, MD, JOHN D PO BOX 226 AMBRIDGE PA 15003-0226 412-268-5040	GP	KULL, MD, RICHARD K MED CTR PSYCH DEPT BEAVER PA 15009-9700 412-728-7000	P	MICHEL, MD, JOHN P TRINITY FAMILY PRACTICE ASSOC BEAVER FALLS PA 15010 412-843-1498	FP
BOAL JR, MD, JOHN H 385 2D ST BEAVER PA 15009 412-774-5555	* OBG	DANAIE, MD, JAMSHID 42 CANTER DRIVE SEWICKLEY PA 15143-9119 412-857-1212	DR	GRAY, MD, HERBERT M 171 COCHRAN DR MONACA PA 15061-2741	GP	KUZMA JR, MD, PAUL M 255 3RD ST BEAVER PA 15009-2350 412-728-2848	OPH	MILCHAK, MD, MARK A 336 COLLEGE AVE BEAVER PA 15009-2231 412-728-7830	CD
BONTEMPO, MD, FRANKLIN A 186 BEAVER ST BEAVER PA 15009-2802	OTO	DANIEL, MD, STEPHEN D 103 CENTER GRANGE RD APT F ALIOUIPPA PA 15001-1418	FP	GREENSPAN, MD, ROBIN L 110 MC MILLAN AVE BEAVER FALLS PA 15010 412-728-7000	DR	KWIAT, MD, MICHAEL A 500 MARKET ST BRIDGEWATER PA 15009-2998 412-728-7000	P	MIN, MD, JUNG T 115 YANKEE COURT BEAVER PA 15009-8538 412-775-7100	PTH
BOOK, MD, MORRIS M BOOK BURKE & SNYDER SURG ASSC NEW BRIGHTON PA 15066-2204 412-842-3800	* GS	DANIELS JR, MD, GEORGE F 1700 3RD ST BEAVER PA 15009-1715 412-775-6446	U	GRIECO, MD, ROBERT L TRINITY FAMILY PRACTICE ASSOC BEAVER FALLS PA 15010-4216 412-843-1498	FP	LANCASTER, MD, STEWART L 363 THIRD STREET BEAVER PA 15009 412-728-7000	ON	MIN, MD, TAE C 115 YANKEE COURT BEAVER PA 15009-8538 412-728-7000	IM
BORKOVIC, MD, EMBRIE J 3808 3RD AVE BEAVER FALLS PA 15010 3338	GP	DAVIS JR, MD, EDWARD T 402 VERMONT AVE ROCHESTER PA 15074-2036	GP	HAGES, MD, FOSTER 2300 SHEFFIELD RD ALIOUIPPA PA 15001-2302 412-375-7709	FP	LAUER, MD, JAMES H 99 AUTUMN ST ALIOUIPPA PA 15001-1301 412-375-3100	OBG	MONYAK, MD, JOHN G 199 9TH STREET MONACA PA 15061-2014 412-775-4440	GP
BRANDT, MD, ROBERT I TWIN OAKS BEAVER FALLS PA 15010-9022	GS	DEJESUS JR, MD, ROMAN Y PO BOX 302 ENON VALLEY PA 16120-0302 412-728-7000	AN	HAVER, MD, PAUL M 559 MAPLEWOOD AVE AMBRIDGE PA 15003-2413 412-266-3239	GP	LEHMAN, MD, JOHN W 1415 6TH AVE BEAVER FALLS PA 15010-4215 412-843-7812	* ORS	MOSKOVITZ, MD, MORRY VALLEY GASTROENTEROLOGY ASSOC BEAVER PA 15009-3133 412-774-2700	GE
BRENNAN, MD, RICHARD E THE MEDICAL CENTER BEAVER PA 15009-9727 412-741-6744	DR	DELGRANDE, MD, RICHARD E 411 WOODLAND RD SEWICKLEY PA 15143-1050 412-728-7000	AN	HEDLUND, DO, TIMOTHY L RR 2 BOX 108 ALIOUIPPA PA 15001-9105 412-843-6000	FP	LEPIANE, MD, RICHARD M PO BOX 461 DARLINGTON PA 16115-0461 412-827-8137	FP	NADIGA, MD, CHANDRA S 204 WINDSOR DR MOON TOWNSHIP PA 15108-3258 412-843-1100	GP
BRETT III, MD, GEORGE W BEAVER INTERNAL MEDICINE BEAVER PA 15009-1955 412-774-8181	IM	DHAGAT, MD, SATISHCHANDRA 701 5TH ST BEAVER PA 15009-1955 412-775-6500	U	HEINLE, MD, MICHAEL S BEAVER INTERNAL MEDICINE BEAVER PA 15009 412-774-0232	IM	LEW, MD, CHUNG M 131 BRIERCLIFF RD BEAVER FALLS PA 15010-1387 412-728-3230	GP	NANJUNDASWAMY, MD, HUNASAGATTA C 855 WALNUT ST ELLWOOD CITY PA 16117-1465 412-758-7372	IM
BRODSKY, MD, STEVEN G WEST HILLS MEDICAL ASSOC CORAPOLIS PA 15108-2349 412-264-6002	IM	DOUGHERTY, MD, MICHAEL J 701 5TH ST BEAVER PA 15009 412-728-2225	RO	HEINLE JR, MD, EDWARD W BEAVER INTERNAL MEDICINE BEAVER PA 15009-1955 412-774-8181	ON	LINS, MD, JEFFREY A VALLEY INT MED & CARDIOLOGY BEAVER PA 15009-1957 412-728-8751	CD	NEELEY, MD, STEVEN W 113 WOODLAWN DR BEAVER PA 15009-9650 412-728-7000	AN
BRODY, MD, MICHAEL C BEAVER ANESTHESIA ASSOC BEAVER PA 15009-9727 412-728-7000	AN	DUGAN JR, MD, THOMAS M VALLEY NEUROLOGICAL ASSOC MONACA PA 15061-2510 412-775-8801	N	HELMICK, MD, WAYNE W 349 NEW YORK AVE ROCHESTER PA 15074-1924 412-775-0716	FP	LUCKIEWICZ, MD, WAYNE S 1 VAN LN BEAVER PA 15009-1717 LUSTBAUER, MD, MICHAEL L 1 PEARTREE WAY BEAVER PA 15009-1954 412-728-4224	AN	NOTARO, MD, JOHN 2349 MILL ST ALIOUIPPA PA 15001-2219 412-375-5401	* FP
BURGER, MD, JOSEPH G 125 DARLINGTON RD BEAVER FALLS PA 15010-3141	OBG	DUMPE, MD, KEVIN C THE MEDICAL CENTER BEAVER PA 15009-9727 412-728-7000	OBG	HERLUND, MD, WALTER J 1270 BARCLAY HILL RD BEAVER PA 15009-9312	ORS	LUSTBAUER, MD, MICHAEL L 1 PEARTREE WAY BEAVER PA 15009-1954 412-728-4224	EM	O'CONNOR, MD, WILLIAM F PATTERSON HEIGHTS BEAVER FALLS PA 15010-3262 412-728-7000	* AN
BURKE, MD, MARSHALL L BOOK & BURKE SURGICAL ASSN NEW BRIGHTON PA 15066-2204 412-843-3800	GS	DUMPE, MD, PAMELA M CENTER MEDICAL ASSOCIATES ALIOUIPPA PA 15001 412-375-3100	IM	HERALD, MD, GEOFFREY R THE GREENRIDGE BEAVER PA 15009 412-728-7123	GS	MADDER, DO, ROBERT D VALLEY INT MED & CARDIOLOGY BEAVER PA 15009-1957 412-728-8751	* U	ORSINI, MD, MICHAEL A 301 OHIO RIVER BLVD SEWICKLEY PA 15143-1300 412-741-2122	OTO
BUSH, MD, HERMAN 299 N RIVERSIDE DR POMPANO BEACH FL 33062-5019	FP	DUPLAGA, MD, MONICA L 2944 DARLINGTON RD APT 159 BEAVER FALLS PA 15010-9607 412-774-8181	IM	HINEMAN, MD, MAROUIS W 6087 TUSCARAWAS RD INDUSTRY PA 15052-1921 412-495-7188	GP	MALLINGER, MD, SAMUEL H 706 HEMLOCK DR ALIOUIPPA PA 15001-2218 MANOLUKAS, DO, PETER G 4348 BRODHEAD RD ALIOUIPPA PA 15001-4662 412-375-3900	IM	PAGAN, MD, HECTOR C 2500 HOSPITAL DRIVE ALIOUIPPA PA 15001 412-857-1376	* AN
BUTTER, MD, DESIREE B 3456 BATES ST PITTSBURGH PA 15213-3952 412-843-6000	FP	DUSENBERRY, MD, SARAH J 1390 DUTCH RIDGE RD BEAVER PA 15009-9733 412-728-7000	* EM	HONG, MD, SUNG H 1053 OLD ORCHARD DR GIBSONIA PA 15044 412-728-7000	ORS	MANTICA, MD, ROBERT P 301 GRANT ST SEWICKLEY PA 15143-1215 412-775-3660	GP	PAGE JR, MD, EDWIN H 1709 BEAVER GRADE RD MOON TOWNSHIP PA 15108-3103 412-262-1528	* GER
CAREY, MD, JOHN T VALLEY NEUROLOGICAL ASSOC MONACA PA 15061-2510 412-775-8801	N	EDWARDS, MD, ALAN E 820 MIDLAND AVENUE MIDLAND PA 15059 412-643-9339	FP	INGLESE, MD, ROBERTO VALLEY GASTROENTEROLOGY BEAVER PA 15009-3133 412-774-2700	GE	MARCUS, MD, GARY J 120 RIDGEVIEW DR BEAVER PA 15009-1129 412-728-7000	PTH	PALLONE, DO, LESLIE T 225 3RD ST BEAVER PA 15009-2301 412-728-0858	GP
CARTER, MD, JOHN A 336 COLLEGE AVE BEAVER PA 15009-2231 412-775-7200	* OS	EDWARDS JR, MD, ERNEST L 280 OHIO RIVER BLVD BADEN PA 15005 412-869-6002	FP	IOBAL, MD, NADEEM 2605 DOGWOOD CT WEXFORD PA 15090-7700 412-728-7000	DR	MARION, MD, ROY H 628 MARKET ST BRIDGEWATER PA 15009-2923 412-774-5700	GP	PANTALONE, MD, ALBERT RR 3 BOX 22 ALIOUIPPA PA 15001-9504 412-378-4512	GS
CARUGATI, MD, RICHARD K 926 8TH AVE BEAVER FALLS PA 15010-4504 412-843-1330	PTH	EHRENBERG, DO, ERIC E 1010 LAKEVIEW DR BEAVER FALLS PA 15010-1115 412-869-2000	FP	JACKSON, MD, TIMOTHY L VALLEY INT MED & CARDIOLOGY BEAVER PA 15009-2545 412-728-8751	IM	MARKSON, MD, VICTOR I 1001 CITY AVE APT EC205 WYNNWOOD PA 19096-3904	CD	PASCUA, MD, ALEXANDER V 2400 DARLINGTON RD BEAVER FALLS PA 15010-1325 412-847-2950	FP
CEREMUGA, DO, GEORGE J 540 TURNPIKE ST BEAVER PA 15009-2219 412-843-6000	FP	ELYADERANI, MD, MORTEZA K 7 KEVIN DR SEWICKLEY PA 15143-8523 412-857-1212	R	JAMSHIDI, MD, JAVAD 1221 3RD ST BEAVER PA 15009-2545 412-774-7733	OBG	MARSHALL, MD, JOHN S BEAVER INTERNAL MEDICINE BEAVER PA 15009-1955 412-774-0232	IM	PATEL, MD, MANOJKUMAR R 2448 MILL ST ALIOUIPPA PA 15001-2234 412-378-0591	OPH
CHAMOVITZ, MD, BRUCE N THE MEDICAL CENTER BEAVER PA 15009-9727 412-728-7000	IM	ESKENDARI, MD, NASSER 394 COLLEGE AVE BEAVER PA 15009-2254 412-774-2255	OBG	JANISMA JR, MD, DAVID R 608 CALIFORNIA AVE APT 1 ROCHESTER PA 15074-1608 412-375-3100	FP	MARSHALL, DO, SHEILA F CENTER MEDICAL ASSOC ALIOUIPPA PA 15001-1301 412-375-3100	* FP	PATRICK, MD, DAVID B 1700 3RD ST BEAVER PA 15009-1715 412-775-6446	U
COLAVINCENZO, MD, JOHN W 4 WINDYCREST DR BEAVER FALLS PA 15010-3041	AN	ESTRIN, MD, EDWARD H DEPT OF RADIOLOGY BEAVER PA 15009-9727 412-727-7000	R	JEROME-ZAPADKA, MD, KAREN M 701 5TH ST BEAVER PA 15009-1955 412-774-0232	GE	MARTSOLF, MD, JOHN 800 S 15TH ST SEBRING OH 44672	GS	PERRY, MD, LEE C 97 ST ANDREWS DR BEAVER FALLS PA 15010-3011 412-774-2310	* OBG
COLVIN, MD, CAROL A 1416 6TH AVE BEAVER FALLS PA 15010-4216 412-843-1498	FP	FADDEN, MD, ROBERT J B V GASTROENTEROLOGY BEAVER PA 15009-3133 412-774-2700	GE	KANG, MD, JASBIR S WESTERN PENN PSYCH CTR ALIOUIPPA PA 15001 412-375-1050	* P	MC CLURE, MD, JONATHAN K VALLEY INTERNAL MED SPEC BEAVER FALLS PA 15010-4213 412-843-4700	IM	PHILLIPS, MD, EMILIA 1 PEARTREE WAY BEAVER PA 15009-1954 412-728-4224	* U
CONRADY, MD, WILLIAM E 808 PINE CREEK LN NAPLES FL 33963-8522	R	FARR, MD, RUSSELL M 1234 OKLAHOMA AVE APT 2 PITTSBURGH PA 15216-2433	P	KAYE, MD, ANDREW S 78 TUSCARAWAS RD BEAVER PA 15009-1721 412-775-4242	ORS	MCCREARY III, MD, THOMAS W 1030 RIVER RD BEAVER PA 15009-2616 412-728-7000	IM	PRENDERGAST, MD, MAURICE D VALLEY INTERNAL MED SPEC BEAVER FALLS PA 15010-4213 412-843-4700	IM
COSSROW, MD, JOEL I 110 GATEHOUSE DR CORAPOLIS PA 15108-9772 412-728-7000	DR	FELDMER, MD, CURTIS J VALLEY INTERNAL MED SPEC BEAVER FALLS PA 15010-4213 412-843-4700	IM	KILPATRICK, MD, GERTRUDE E 1318 6TH ST BEAVER FALLS PA 15010-4305	FP	MC GUIRE, MD, FRANCIS E 215 SHAFER RD CORAPOLIS PA 15108-1058	GS	PUI, MD, PAUL A CUDDY PUI THOMPSON ASSOC BEAVER PA 15009 412-775-2112	GS
COURTNEY, MD, DENNIS J ALIOUIPPA HOSPITAL ALIOUIPPA PA 15001-2191 412-857-1376	* OS	FERRI JR, MD, WILLIAM A 363 3RD ST BEAVER PA 15009 412-774-0778	HEM	KIM, MD, UH G 419 SPRING AVE ELLWOOD CITY PA 16117-2336 412-758-7524	FP	MC KENNA, MD, JAMES P FAMILY PRACTICE CENTER BEAVER FALLS PA 15010 412-843-6000	FP	RADLER, MD, JOHN K 1925 TUSCARAWAS RD BEAVER PA 15009-1145	ORS
COZZA JR, MD, MICHAEL R PO BOX 475 BEAVER PA 15009-0475 412-728-7000	* PM	FRIEDMAN, MD, LAURENCE E 1050 BOWER HILL RD STE 204 PITTSBURGH PA 15243 412-572-6129	NEP	KLAGE, DO, JOSEPH V 4348 BRODHEAD RD ALIOUIPPA PA 15001-4662 412-375-0379	CD	MCCREARY III, MD, THOMAS W 1030 RIVER RD BEAVER PA 15009-2616 412-728-7000	IM	RAFALCO, MD, DAVID M SCAIFE RD SEWICKLEY PA 15143-9344 412-728-7800	* US
CRUMRINE, MD, RICHARD S 5230 TUSCARAWAS RD BEAVER PA 15009-9509 412-495-6502	OTO	FROMAN, MD, STEPHEN M 301 OHIO RIVER BLVD SEWICKLEY PA 15143-1300 412-741-2122	OTO	KNAPP, MD, ROBERT C 701 SHARON RD BEAVER PA 15009-3150 412-775-4797	END	MEDICH, MD, GEORGE F 1252 N BRODHEAD ROAD MONACA PA 15061-2519 412-774-4566	ORS	RAGOWANSI, MD, TULSIDAS N 113 WINDY GHOU L BEAVER PA 15009-1371 412-843-5300	CD
CUDDY, MD, VINCENT D CUDDY PUI THOMPSON ASSOC BEAVER PA 15009 412-775-2112	GS	FUNKHOUSER, MD, JAY L 721 5TH AVE NEW BRIGHTON PA 15066-1836 412-846-5250	* FP	KONRAD, MD, MARK G 437 MAPLE LANE SEWICKLEY PA 15143-1075	DR	MERRIMAN, MD, W CLAIR 1326 6TH AVE APT 601 BEAVER FALLS PA 15010-4265	PD	RAJASENAN, MD, VASUDEVAN 3RD AND LAWRENCE AVES ELLWOOD CITY PA 16117 412-758-4850	CD
CULYBA, MD, MICHAEL J FIVE GATEWAY CENTER PITTSBURGH PA 15222 412-553-7300	* IM	GAUSE, MD, TRENTON M ALIOUIPPA MEDICAL CTR ALIOUIPPA PA 15001 412-378-0888	ORS	KRAYER JR, MD, NICHOLAS H 300 S WALNUT LN APT 450 BEAVER PA 15009-1738	IM	MEUSER, MD, ROBERT M 1300 5TH ST EXT BEAVER PA 15009 412-775-2112	GS		

RAY, MD, ANNMARIE BEAVER INTERNAL MEDICINE BEAVER PA 15009-1955 412-774-8181	IM	TATUM, MD, JAMES K 109 ACADEMY DR ALIOUIPPA PA 15001-1633 412-378-8484	* FP	GRANA, MD, PHILIP C RR 1 BOX 152-A BEDFORD PA 15522-9621 ILLINGWORTH, DO, WILLIAM A 120 W JOHN STREET BEDFORD PA 15522-1707 814-623-8414	OPH	AMIN, MD, BHAVESH R 102-J COMMUNITY DR SHILLINGTON PA 19607-2090 610-378-2080	FP	BORGATTA, MD, LOUIS 108 GRANDE BLVD SINKING SPRING PA 19608-9681 610-375-4678	CD
READ, MD, JANE C 155 KENNEY DR SEWICKLEY PA 15143 412-843-6000	FP	THEL JR, MD, HENRY C PO BOX 249 BEAVER PA 15009-0249 412-774-5920	* OPH	JACKSON, MD, RAYMOND W 341 S JULIANA ST BEDFORD PA 15522-1737 814-523-8433	R	ANDERSON, MD, JOHN B 1340 PENN AVE WYOMISSING PA 19610-2132 610-375-4241	OBG	BOROFISKY, MD, MICHAEL A 401 BUTTONWOOD ST WEST READING PA 19611-1124 610-375-4251	RHU
REYES, MD, SATURNINO M 1360 SHARON RD BEAVER PA 15009-3128 412-728-1223	GS	THOMPSON, MD, BRADFORD R CUDDY PUPI THOMPSON ASSOC BEAVER PA 15009 412-775-2112	GS	KERSTETTER, MD, DAVID L RR 1 BOX 80E EVERETT PA 15537-9512 814-623-9039	PD	ARNOLD, MD, JAMES L 18 EGRET CIR DENVER PA 17517-9622	CHP	BOWER, MD, JOHN R 2640 WESTVIEW DR WYOMISSING PA 19610-1186 610-678-2656	GYN
REZNICK, MD, BARRY R VALLEY NEUROLOGICAL ASSOC MONACA PA 15061-2510 412-775-8801	N	THOMPSON, MD, LINDA G VALLEY ORTHOPEDICS BEAVER PA 15009-1721 412-775-4242	ORS	MAYLOCK, MD, JOHN H J C BLAIR MEMORIAL HOSPITAL HUNTINGDON PA 16652 814-643-8636	PTH	ASCANIO JR, MD, GUIDO J 211 LINDA LN READING PA 19606-3511 610-374-4818	AN	BOWER SR, MD, JOHN R PO BOX 6649 WYOMISSING PA 19610-0649 610-678-2656	P
RICHARDSON, MD, HARRISON H 1530 RIVER RD BEAVER PA 15009-2411	R	TOMASI, MD, SAMUEL J 1119 6TH AVE BEAVER FALLS PA 15010-4420	D	NEWMAN, MD, WILLIAM R 300 S JULIANA ST BEDFORD PA 15522-1736	R	ASHWORTH, MD, HALBERT E 1161 OLD MILL LN WYOMISSING PA 18610-2726	CDS	BOWERS, MD, DAVID N 5 ANDREW DR MOHNTON PA 19540 610-775-8354	PM
ROONEY, MD, JOSEPH W 701 SHARON RD BRIDGEWATER PA 15009 412-843-1015	CD	TRECHA, MD, GREGORY T 111 HAMILTON CT BADEN PA 15005-9631 412-728-7000	DR	PALIN, MD, WILLIAM E PO BOX 637 BEDFORD PA 15522-0637	GS	ATWELL, MD, MARGARET S 2525 N 12TH ST READING PA 19612-3396 610-939-7234	OM	BOYER, DO, MICHAEL A 232 N 5TH ST READING PA 19601 610-375-8507	* FP
ROWAN, MD, BRUCE W 934 ATLANTIC AVE MONACA PA 15061-2014	FP	TRITSCHLER, MD, JOSEPH P 1515 3RD AVE APT 4-D NEW BRIGHTON PA 15066-2258	GP	RINARD, MD, GRAFFIOUS L 345 E JOHN STREET BEDFORD PA 15522-1428	GP	AYEDISSIAN, MD, MICHAEL G 301 S 7TH AVE WEST READING PA 19611-1410	CD	BRACKBILL, MD, ELIZABETH J BERKS HEIM READING PA 19603-1495	GP
RUTH, MD, D HENRY OMNI HEALTHCARE RUTH CENTER MIDLAND PA 15059-1500 412-643-6664	FP	TUNICK, MD, STEPHEN E 336 COLLEGE AVE BEAVER PA 15009-2231 412-266-0707	CD	RINCON, MD, GEORGE A 1500 EAGLE RIDGE DR APT 1309 MONROEVILLE PA 15146-1786	* EM	AVELLA, MD, BERARD N 301 S 7TH AVE STE 225 WEST READING PA 19611-1410 610-376-8004	IM	BRAUN, MD, MARIA A 600 HIGH BLVD KENHORST PA 19607-0347 610-775-2799	FP
SANKAR, MD, NAGANATHAN S 1024 CLAY AVE SCRANTON PA 18510-1134	IM	VOGEL JR, MD, JULIUS A WINDY GHOL ESTATES BEAVER PA 15009-1356	PD	SHARBAUGH, MD, DONALD G PO BOX 328 CARROLLTOWN PA 15722-0329	GP	BAKER, DO, TERENCE R PO BOX 26 OLEY PA 19547-0026 610-987-9870	* GP	BRIGHAM, MD, ROBERT A 301 S 7TH AVE STE 315 WEST READING PA 19611-1451 610-378-9667	VS
SARAC, MD, ERDAL S 1031 BRODHEAD RD ALIOUIPPA PA 15001-2722	IM	WARE, MD, WILLIAM B MYSTIC MEDICAL CENTER MYSTIC CT 06355-2809 203-536-1666	GS	SHOPE, MD, EARL S RR 1 BOX 80S EVERETT PA 15537-9512 814-623-2152	PTH	BANEY JR, MD, CHARLES M LAKE HAUTO NESQUEHONING PA 18240-9629	FP	BROWN, MD, MICHAEL T 301 S 7TH AVE WEST READING PA 19611-1410 610-373-4151	GS
SCHMIDT, SANDRA M 650 CORPORATION ST STE 303 BEAVER PA 15009-2712 412-775-3330	EXEC	WEIGEL, MD, JOSEPH H 914 ATLANTIC AVE MONACA PA 15061-2014	P	SIMONS, MD, LAWRENCE M PO BOX 631 BEDFORD PA 15522-0631 814-623-6161	AN	BARRETT, MD, JAMES P 1304 FARR RD READING PA 19611-1712 610-777-8845	AN	BROWN, MD, PATTI J READING REHAB HOSPITAL READING PA 19607-9727 610-796-6354	* PM
SCHNURER, MD, MARK A 126 WOODCOCK DR SEWICKLEY PA 15143-8356 412-728-7000	R	WILCOX, MD, SIMON L 1100 BRODHEAD RD MONACA PA 15061-2510 412-774-1515	FP	SLICK, MD, GREGORY RR 5 BOX 28 BEDFORD PA 15522-8704 814-623-6917	* IM	BARRIOS, MD, MARIO F 530 LAUERS LN WYOMISSING PA 19610-2616 610-921-2341	FP	BRZOZOWSKI, MD, LAWRENCE A 200 N 13TH ST STE 311 READING PA 19604-2956 610-376-3981	N
SCHUMACHER, MD, DAVID L 1301 RIVERSIDE DR BRIDGEWATER PA 15009-3196 412-728-8300	GS	WRIGHT JR, MD, JOHN C Y 363 3RD ST BEAVER PA 15009-2335 412-774-6100	OBG	TORRES, MD, FLORA M 220 W MAIN ST EVERETT PA 15537-1134 814-652-6107	FP	BATCHELDER, MD, BARRON M 26 BLOSSOM CT BERNVILLE PA 19506-9320 610-378-6589	* AN	BROWN, MD, IVAN 1874 LINCOLN AVE WYOMISSING PA 19610-2637 610-373-2119	FP
SEGAL, MD, ALLAN TRISTATE SURGICAL ASSOC W BRIDGEWATER PA 15009-3116 412-728-8300	GS	YAKISH, MD, SAMUEL D VALLEY ORTHOPEDICS BEAVER PA 15009-1721 412-775-4242	ORS	TORRES, MD, ROBIN G 220 W MAIN ST EVERETT PA 15537-1134 814-652-6107	OBG	BAZARNIC, MD, MARGARET L 353 GREENBRIAR COURT WYOMISSING PA 19610-2730 610-378-6108	R	BUCH, MD, SANDHYA Y 517 ELM ST READING PA 19601-3305 610-374-7333	FP
SESTITO, MD, CARL G 701 5TH AVE BEAVER PA 15009 412-774-0232	IM	ZAMBELLI JR, MD, GEORGE R 380 ADAMS ST ROCHESTER PA 15074-2138 412-728-5000	OPH	TOUSI, MD, ABBAS H 602 E PITT ST BEDFORD PA 15522-1503 814-623-8712	OBG	BECKER, MD, WARD G THE LUTHERAN HOME TOPTON PA 19562 610-682-2145	FP	BULATAO, MD, AGAPITO V PO BOX 70 TOWANDA PA 18848-0070 717-265-2191	* GS
SHETTY, MD, K NARAYAN 2349 MILL ST ALIOUIPPA PA 15001-2219 412-375-4500	* CD	ZDUNEK, DO, JAY R 21 7TH ST MIDLAND PA 15059-1452 412-643-4852	FP	VREELAND, MD, JAMES H RR 1 BOX 80D EVERETT PA 15537-9512 814-623-8761	GS	BEEM, MD, JOHN W WEST READING OPHTHALMIC WEST READING PA 19611-1411 610-378-1344	OPH	BURNS, MD, DONALD T 1500 PENN AVE WYOMISSING PA 19610-2136 610-376-8237	OPH
SHETTY, MD, RATNAKAR S 1307 6TH AVE NEW BRIGHTON PA 15066-2129 412-847-2870	IM	ZERNICH, DO, GREGG S 1598 VIRGINIA AVE MONACA PA 15061-1957 412-775-5833	FP	WHITMORE, MD, JOHN T PO BOX 3675 LAVALLE MD 21504-3675	IM	BEETEL, MD, CHRISTOPHER J 600 MUSEUM RD READING PA 19611-1427 610-375-2214	VS	BUTTERWORTH, MD, THOMAS 411 WALNUT ST READING PA 19601-3905 BUZAS, MD, JEROME W 2650 WESTVIEW DR WYOMISSING PA 19610-1187 610-670-2211	D
SHUGERT, MD, GUY S 124 WINDY GHOL ESTATES BEAVER PA 15009-1356	GP	ZERNICH, MD, MICHAEL R MEDICAL ARS CHIPPEWA BEAVER FALLS PA 15010-1276 412-378-0888	US	WIKERT, MD, GARY A RD 1 BOX 343A EVERETT PA 15337 814-623-0552	* U	BELL, MD, RICHARD T 301 S 7TH AVE WEST READING PA 19611-1410 610-374-4421	* PUO	CAIRNS, MD, LUCY J 806 APPLE DR WYOMISSING PA 19610-1404 610-678-4552	D
SHUGERT, MD, JOHN H 175 ORCHARD ST BEAVER PA 15009-2538	US	ZERNICH, MD, WALLACE MEDICAL CENTER ALIOUIPPA PA 15001 412-378-0830	FP	ZUBAK, MD, GEORGE M 300 N SPRING ST EVERETT PA 15537-1011 814-652-5133	* FP	BERGER, MD, MARC S FAMILY HEALTH CARE CENTER WYOMISSING PA 19610-6052 610-378-6198	FP	CALATA, MD, ELISEO R READING REHABILITATION HOSP READING PA 19607-9727 610-796-6338	D
SIA, MD, JOSE K 3978 BRODHEAD ROAD ALIOUIPPA PA 15001-2813 412-378-8320	GP	ZERNICH JR, MD, STEPHEN MEDICAL CENTER ALIOUIPPA PA 15001 412-378-0822	GS	BERKS		BERTOLETTE, MD, RICHARD D 810 KENHORST BLVD READING PA 19611-1722 610-372-8443	P	CALDER, MD, PETER D 560 VAN REED RD STE 102 WYOMISSING PA 19610 610-372-0712	PM
SINGH, MD, AMARJEET R CARDIOLOGY CENTER ALIOUIPPA PA 15001-2150 412-378-3440	CD	ZIMMERMAN, MD, EDWARD M CENTER MEDICAL ASSOC ALIOUIPPA PA 15001-1301 412-375-3100	FP	ABRAMS, DO, BRAD J 4885 DEMOSS RD STE 202 READING PA 19606 610-779-8010	D	BIALAS, MD, HENRY N 727 PENN AVE WEST READING PA 19611-1005 610-374-1976	GP	CAMMARANO III, DO, DOMINIC J 3611 PERKIOMEN AVE READING PA 19606-2712 610-779-6550	* OBG
SKOLNICK, MD, KENNETH B 1106 OHIO RIVER BLVD STE 604B SEWICKLEY PA 15143-2048 412-741-2556	OTO	BEDFORD		AGNEW, MD, EDWARD A 1544 ROSE VIRGINIA RD WYOMISSING PA 19610-2843	GP	BISHOP, MD, JERRY W 1075 BERKSHIRE BLVD STE 950 WYOMISSING PA 19610-1227 610-375-8225	FP	CAMPANELLA, MD, KARLA M 116 CEDAR ST NARVON PA 17555-9369 610-378-2080	FP
SLEMENDA, MD, WILLIAM D 4348 BROADHEAD RD ALIOUIPPA PA 15001-4662 412-375-0379	CD	BABRA, MD, SUDHA T 251 COLLEGIATE DR JOHNSTOWN PA 15904-3205	IM	AGOURDIS, MD, NICHOLAS T 25 M DIMELA ST GLYFADA GREECE 16674	OBG	BITETTO, MD, NICOLA BERKS CARDIOLOGISTS LTD READING PA 19604-2964 610-375-4679	* FP	CANNER, MD, GARY C 2201 RIDGWOOD RD WYOMISSING PA 19610-1189 610-375-4949	ORS
SMITH JR, MD, JAMES W BEAVER PATHOLOGY BEAVER PA 15009-9727 412-728-7000	PTH	DELASALAS, MD, ERNESTO M 118 S ANDERSON ST BEDFORD PA 15522-1403 814-623-2146	IM	AL-TURK, MD, ISSAM A 4790 NUGENT DR COLUMBUS OH 43220-2958	FP	BLACK, MD, JONATHAN D 301 S 7TH AVE STE 100 WEST READING PA 19611 610-375-6226	CD	CAPOBIANCO, MD, LUCIAN F 200 N 13TH ST STE 100 READING PA 19604 610-378-2440	FP
SNYDER, MD, DAVID C BOOK & BURKE SURGICAL ASSN NEW BRIGHTON PA 15066-2204 412-843-3800	GS	ERLICHMAN, DO, KATHERINE C 1 BOX 78A EVERETT PA 15537-9998 814-623-1969	* OPH	ALLEN, MD, DAVID W 606 MUSEUM RD READING PA 19611-1427 610-373-4007	* R	BLAUSER, MD, ROBERT B 260 STATE ST HAMBURG PA 19526-1823 610-562-3066	FP	CAPP, MD, ROBERT J 2866 W PHILA AVE OLEY PA 19547-9345 610-987-3451	PD
STIEGEL, MD, ROBERT M 701 5TH ST BEAVER PA 15009-1955	* D	FINDER, MD, MARC J WEST STRAUB ESTATES BUFFALO MILLS PA 15534-9617 814-623-6161	* EM	ALLEN, DO, TIMOTHY L 6 HEARTHSTONE CT STE 106 READING PA 19606-3053 610-779-9488	NS	BONNER, MD, JAMES J ROCKLAND PROF CENTER READING PA 19604-1544 610-921-8751	OBG	CARIM, MD, HYDER M 1125 BERKSHIRE BLVD STE 100 WYOMISSING PA 19610-1232 610-378-8691	PD
STURM, MD, PATRICK W 1425 3RD ST BEAVER PA 15009-2427 412-728-7820	IM	FOOR, MD, JEFFREY L 14 E 3RD AVE EVERETT PA 15537-1305 814-652-2141	* PD	ALLEY, MD, SAMIE A 1146 ELM ST READING PA 19604-2958 610-375-7237	FP	BONNER, MD, MARY J 101 W LANCASTER AVE SHILLINGTON PA 19607-1879 610-777-6516	IM		
SUTTON JR, MD, JOHN C 937 BOWMAN RD APT 332 MT PLEASANT SC 29464-3228	GP	GALLAGHER, MD, MICHAEL D PO BOX 11 BEDFORD PA 15522-0011	FP	ALTMAN, MD, ROBIN A READING HOSP & MED CTR K BLDG WEST READING PA 19611 610-378-6231	CHP				
SWICK II, MD, J HOWARD 137 NAUGLE RD BEAVER FALLS PA 15010-1447	GP	GLAH, DO, JAMES J 909 S JULIANA ST BEDFORD PA 15522-1933 814-623-5007	ORS						
TAPYRIK, MD, NICHOLAS 1425 3RD ST BEAVER PA 15009-2427 412-728-7820	PUD	GORDON, MD, JAMES K RR 5 BOX 67 BEDFORD PA 15522-9707	OBG						

CARIM, MD, MOIZ M 1981 STATE HILL RD WYOMISSING PA 19610-1605 610-376-1981	OPH	COPE, MD, DAVID A 1029 PARKSIDE DR N WYOMISSING PA 19610-2233 610-376-9728	OTO	EBERSOLE, MD, THOMAS M 640 WALNUT ST STE 301 READING PA 19601-3525 610-376-6668	* OBG	GALLEN, MD, JOHN H 2950 VAN REED RD SINKING SPRING PA 19608-1035 610-678-7000	GP	GRUBB, MD, WILLARD Y 143 W PHILADELPHIA AVE BOYERTOWN PA 19512-1429	FP
CARLSON, MD, ARTHUR S 5002 CLUB DR READING PA 19606-2473 610-779-7146	PTH	CRAIG, MD, PAUL C PENNSWOOD VILLAGE APT 113D NEWTOWN PA 18940-2401	OPH	EDMUNDS, MD, ELIZABETH H 514 CARSONIA AVE READING PA 19606-1521	FP	GANSNER, MD, ROBYN K READING REHAB HOSP READING PA 19607-9727 610-796-6354	PM	GRUBER, MD, JOHN W 301 S 7TH AVE WEST READING PA 19611-1410 610-375-6565	CD
CARLSON, MD, JOHN E 301 S 7TH AVE READING PA 19611-1410 610-378-6108	DR	CRAMP, MD, LLOYD L 15 CONGRESSIONAL CIR READING PA 19607-3416	GS	ELLENBERGER, MD, PAMELA M BERKS PLASTIC SURGERY INST READING PA 19606	GS	GARCIA, MD, ANTONIO S PO BOX 185 HAMBURG PA 19526-0185 610-562-3133	GP	GRUNDY, MD, PAUL H 1114 COMMONS BLVD READING PA 19605 610-926-0960	OM
CARLSON, MD, STEPHEN E 6 HEARTHSTONE CT STE 303 READING PA 19606-3053 610-779-4449	GE	CRANDALL, MD, TONIE L 301 S 7TH AVE STE 245 WEST READING PA 19611-1451 610-374-2214	* OBG	EMKEY, MD, KENNETH D 301 S 7TH AVE STE 215 WEST READING PA 19611-1450 610-374-4401	GE	GEHMAN, MD, M JACK 11 NORTHBRIDGE DRIVE WEST MOHNTON PA 19540-1238	GP	GUAY JR, MD, ROBERT C 1848 READING BLVD WYOMISSING PA 19610-2626 610-378-6108	DR
CARNEY, MD, EDWARD A 341 W 3RD ST MT CARMEL PA 17851-1939	FP	DAMM, MD, CHRISTOPHER J 114 W MORELAND AVE PHILADELPHIA PA 19118-4030 215-662-6876	* CD	EMKEY, MD, RONALD D 401 BUTTONWOOD ST WEST READING PA 19611-1124 610-375-4251	RHU	GEHRIS, MD, LEROY A HIGHLANDS AT WYOMISSING WYOMISSING PA 19610-2723 610-775-4471	US	GUILLES-LACHINA, DO, AMY A 1126 MEADE ST READING PA 19611-1850 610-775-2799	FP
CARTER, MD, FRANK M 1075 BERKSHIRE BLVD STE 900 WYOMISSING PA 19610 610-375-6000	* CRS	DATLOF, MD, STEVEN B 999 BERKSHIRE BLVD STE 130 WYOMISSING PA 19610-1229 610-374-4577	P	ERTEL, MD, D GREGORY 301 S 7TH AVE STE 215 WEST READING PA 19611-1450 610-374-4401	GE	GERHART, MD, GEORGE R 3351 PERKLOMEN AVE READING PA 19606-2736 610-779-3500	FP	HANNA, MD, EZZAT A KENHORST FAMILY MEDICAL CTR KENHORST PA 19607-0347 610-775-2799	FP
CARUANA, MD, BRUCE J 6 HEARTHSTONE CT STE 303 READING PA 19606-3053 610-779-4449	GE	DEBENEDICTIS, MD, KENNETH J 301 S 7TH AVE WEST READING PA 19611-1410 610-374-9523	ID	FALLON III, MD, EDWARD C READING HOSPITAL & MED CTR READING PA 19612-6052	DR	GEYER, MD, DAVID W 1539 READING BLVD WYOMISSING PA 19610-2443 610-378-6269	AN	HARE, MD, JEFFREY L 855 N PARK RD APT T303 WYOMISSING PA 19610-1335 610-372-0844	* DR
CASEY JR, MD, JOHN D 401 BUTTONWOOD ST W READING PA 19603-1124 610-376-8671	ORS	DEBIAS, MD, DENNIS A 352 RIVER RD COLLEGEVILLE PA 19426-3026 610-539-0835	FP	FARBER, MD, DAVID N 1515 ALSACE RD READING PA 19604-1859	OPH	GHIATTAS, MD, JANETTE G 12 BUCKINGHAM DR READING PA 19605-1098 610-779-3330	OBG	HARMELIN, DO, MICHAEL C 145 N 6TH ST READING PA 19601 610-376-1900	AN
CAVORSI, MD, JOSEPH P 627 WALNUT ST READING PA 19601-3524 610-374-8841	GS	DEIBERT, MD, DAVID C 560 VAN REED RD STE 304 WYOMISSING PA 19610-1799 610-373-7743	END	FARBER, MD, ERIC B 606 COURT ST STE 200 READING PA 19601-3542 610-374-5885	OPH	GIACCIA, MD, AMATO 800 SCHUYLKILL AVE READING PA 19601-2640 610-373-1618	GP	HARRIS, MD, LAWRENCE K COMMUNITY GENERAL HOSPITAL READING PA 19601-3501 610-375-4679	CD
CEFARATTI, MD, MICHAEL D 606 COURT ST STE 200 READING PA 19601-3542 610-374-5885	OPH	DELP JR, MD, CHARLES W 810 E PHILADELPHIA AVE BOYERTOWN PA 19512-1307 610-367-2259	FP	FARBER, MD, HAROLD I 1511 HAMPTON BLVD READING PA 19604-1829 610-478-9131	IM	GIESECKE, MD, SUSAN B 1634 MEADOWLARK RD WYOMISSING PA 19610-2821 610-378-2230	DR	HARRISON, MD, DIANE D 1340 PENN AVE WYOMISSING PA 19610-2132 610-375-4241	OBG
CESCON, MD, TERENCE P 301 S 7TH AVE WEST READING PA 19611-1410 610-374-4404	HEM	DELVECCHIO, MD, LEONARD M 103 AUGUSTA CIR KERRVILLE TX 78028-6512	FP	FAUST, MD, DONALD S READING HOSPITAL & MED CTR READING PA 19612-6052 610-378-6067	TR	GILFILLAN III, MD, A GEORGE 1125 BERKSHIRE BLVD STE 100 WYOMISSING PA 19610-1232 610-378-8691	PD	HARVEY, MD, AMY L 1323 POLO RUN RD YARDLEY PA 19607-7204 215-547-0505	OBG
CHARLES-MARCEL, MD, ZENO L READING REHABILITATION HOSP READING PA 19607-9727 610-796-6330	IM	DEMKO, MD, TRUDY M 4650 PAINTED SKY RD READING PA 19606-9517 610-378-6640	* IM	FEASTER, MD, MARSHALL M 1235 PENN AVE WYOMISSING PA 19610-2100 610-374-5000	CDS	GINSBERG, MD, GARY 429 E LANCASTER AVE SHILLINGTON PA 19607 610-375-4542	U	HASSAN, MD, JOSEPH R 4201 KUTZTOWN RD TEMPLE PA 19560-1836 610-921-2094	IM
CHASTKA, MD, EDWARD A 301 S 7TH AVE STE 120 WEST READING PA 19611 610-374-1950	P	DENBY, MD, ROBERT A 25 STEVENS AVE WEST LAWN PA 19609-1424 610-678-4455	GP	FEHNEL, MD, STEPHEN H 301 S 7TH AVE WEST READING PA 19611-1410 610-374-2214	* OBG	GLESSNER, MD, CAROL A 1008 BEN FRANKLIN HWY W DOUGLASSVILLE PA 19518 610-385-3010	FP	HASSEL, MD, JEFFREY L 640 WALNUT ST STE 305 READING PA 19601-3525 610-376-0353	* IM
CHELIUS, MD, ALAN B 536 FRANKLIN ST READING PA 19602-1051 610-373-6251	FP	DENGLER, MD, ERNEST H STAPELEY IN GERMANTOWN PHILADELPHIA PA 19144-2596	OPH	FEICK, MD, RALPH H WILLOW VALLEY ESTATES WILLOW STREET PA 17584-9205	FP	GLOSSER, MD, WILLIAM E 42 PHILADELPHIA DR WERNERSVILLE PA 19565-2013	EM	HASSLER, MD, CARL W 606 WELLINGTON AVE READING PA 19609-2342 610-777-2643	FP
CHENSEE, MD, JASPER G 4720 OLEY TURNPIKE RD READING PA 19606-9113 610-378-2200	* PTH	DERR, MD, CRAIG A 560 VAN REED RD WYOMISSING PA 19610-1799 610-378-1601	IM	FEINBERG, MD, STANFORD S 290 RIDINGSWAY BROAD AVE PA 19002-5246 610-378-5428	* N	GOLDMAN, MD, ALLA 120 VALLEY VIEW CIR PHOENIXVILLE PA 19460-3185 610-378-2080	FP	HAUSER, MD, RAYMOND J THE LUTHERAN HOME TOPTON PA 19562 610-682-2145	FP
CHIRIELEISON, MD, ROCCO F 301 S 7TH AVE WEST READING PA 19611-1410 610-376-8004	* IM	DERSH, MD, JEROME 606 COURT ST STE 200 READING PA 19601-3542 610-374-5885	OPH	FERRY, MD, GERALD W 200 N 13TH ST STE 304 READING PA 19604-2956 610-378-5200	OBG	GOLDSTEIN, MD, ALLAN 404 ORCHARD VIEW LN READING PA 19606-3214 610-376-2100	AN	HAWKE, MD, WILLIAM 29 FLINT RIDGE DR SHILLINGTON PA 19607-3016 610-378-6589	* AN
CHOWDHURY, MD, A RAB 8 N 11TH ST READING PA 19601-3706 610-375-3962	GE	DETHOFF, MD, JOHN C COMMONWEALTH ORTHO ASSOC READING PA 19606 610-375-8471	ORS	FINCH, MD, FRANK G 333 NORMAL AVE STE 201 KUTZTOWN PA 19530 610-683-8363	IM	GOODSON, MD, BRUCE M 20 MAPLE AVE READING PA 19607-1216 610-378-2080	FP	HEFFERNAN, MD, J MICHAEL 560 VAN REED RD WYOMISSING PA 19610-1799 610-378-1601	IM
CHRIST, MD, NICHOLAS J 141 N WALNUT ST BIRDSBORO PA 19508-2005	FP	DEVINE, MD, RAYLENE A 6 W PENN AVE WERNERSVILLE PA 19565-1502 610-670-2141	* PD	FISCHER, MD, EDWARD C READING HOSPITAL & MED CTR READING PA 19612-6052 610-378-6108	R	GORDON, MD, DANIEL J 2418 N 14TH ST READING PA 19604-2968 610-378-6000	IM	HEIN, MD, EDWARD W BERKSHIRE ALLERGY AND ASTHMA WYOMISSING PA 19610-1232 610-375-6708	* AI
CHRIST, MD, PETER J ST JOSEPH HOSPITAL READING PA 19603 610-378-2000	* PTH	DIETRICH, DO, LEONARD M PO BOX 243 KUTZTOWN PA 19530-0243 610-683-6085	US	FISHER, DO, CLAUDIA C 150 SLIM LN MOHNTON PA 19540 610-775-1400	FP	GORDON, MD, MICHAEL E COMMUNITY GEN HOSP READING PA 19601-3501 610-376-2100	R	HEISEY, MD, JOHN C 4885 DEMOSS RD STE 200 READING PA 19606 610-779-0300	IM
CHRISTENSEN, MD, DAVID W BIRDSBORO FAM MEDICAL CTR BIRDSBORO PA 19508 610-582-1561	* FP	DIETRICH, DO, MARCIA C 8 CHURCH LN DOUGLASSVILLE PA 19518-1824 610-385-3022	FP	FLEISCHER, MD, ALAN N 200 N 13TH ST STE 201 READING PA 19604 610-372-2351	U	GRABIAS, MD, STANLEY L 301 S 7TH AVE STE 100 WEST READING PA 19611-1449 610-375-6226	ORS	HEKLER, MD, EMILIAN M 181 UNIVERSITY MANOR EAST HERSHEY PA 17033-2824 717-531-8692	IM
CITRO, MD, LAURENCE A COMMUNITY GENERAL HOSPITAL READING PA 19601-3501 610-378-8355	DR	DIETRICH, MD, SCOTT A 142 VICTORIA LN WYOMISSING PA 19610-1456 610-589-2555	FP	FLORES, MD, EVELYN R 200 N 13TH ST STE 311 READING PA 19604-2956 610-376-3981	N	GRAHAM, MD, BARRY E 1340 PENN AVE WYOMISSING PA 19610 610-375-4241	OBG	HELINKE, MD, GERARD L READING HOSPITAL & MED CTR READING PA 19612-6052 610-378-6108	R
CLEMENTS, MD, WILLIAM T 260 E WASHINGTON ST WERNERSVILLE PA 19565-2116 610-678-9841	* FP	DIPILLO, MD, MARK A WEST READING OPHTHALMIC WEST READING PA 19611 610-378-1344	OPH	FOLDES-ROTH, MD, ELISABETH 3300 DARBY RD # 7203 HAVERFORD PA 19041-1074	GYN	GRANADOS, MD, NICANOR G 1555 SCHUYLKILL AVE READING PA 19601-1312 610-378-0107	IM	HELINKE, MD, THOMAS G 2001 STATE HILL RD STE 104 WYOMISSING PA 19610 215-955-2788	DR
CLOSE, MD, RICHARD A 601 SPRUCE ST WEST READING PA 19611-1443 610-375-4567	NS	DIRENZO, MD, DENNIS P 40 BERKSHIRE CT WYOMISSING PA 19610-1224 610-374-7400	PD	FORD, MD, JOHN P SJH DEPT OF ONCOLOGY READING PA 19603 610-378-2105	* ON	GREENBERG, MD, ROBERT N 200 N 13TH ST STE 204 READING PA 19604-2955 610-376-8244	PD	HELLER, MD FREDERICK S M 300 KENHORST BLVD READING PA 19611-1716 610-775-7133	GS
COFFEY, MD, JAMES A 301 S 7TH AVE STE 315 WEST READING PA 19611-1451 610-378-9667	VS	DONOVAN, MD, ROBERT S 1 BALTHASER ROAD SINKING SPRING PA 19608-9333 610-926-2168	FP	FORD, DO, STACEY G 250 N 12TH ST READING PA 19604-2952 610-374-0970	OBG	GREENE, MD, LUCILLE T 38 BEECHWOOD DR READING PA 19606-3134 610-374-2435	* GP	HENNINGER, MD, WILLIAM H 189 OAKMONT CT READING PA 19607-3406 610-378-6108	AN
COHEN, MD, BRUCE A 1795 MARMOT CIR NW SILVERDALE WA 98383-9512 610-378-2191	FP	DOOLEY, MD, THOMAS W 1754 GARFIELD AVE WYOMISSING PA 19610-2334 610-796-1000	PS	FRANCO, MD, FRANK A 1425 OLD MILL RD WYOMISSING PA 19610-2834	IM	GREENE, MD, RICHARD J 39 E LANCASTER AVE SHILLINGTON PA 19607-2631 610-777-9883	* A	HENRY, MD, JOHN M 950 FRANKLIN ST WYOMISSING PA 19610-3003 610-372-8995	U
COHN, MD, C HAROLD 137 HAWTHORNE CT WYOMISSING PA 19610-1034 610-372-8044	TS	DUDA, MD, ANDREW M 11 PHOEBE DR WYOMISSING PA 19610-2858 610-372-1050	* TS	FRANCOIS, MD, MAX B 2021 FRANKLIN PL WYOMISSING PA 19610-1425 610-478-9600	GP	GREGORY, MD, GEORGE W 1235 PENN AVE WYOMISSING PA 19610-2100 610-374-5000	CDS	HERMANOVICH JR, MD, JOHN 301 S 7TH AVE STE 205 WEST READING PA 19611-1450 610-375-6565	CD
COMESS, MD, RAYMOND R 1801 ECKERT AVE READING PA 19602-1405	GS	DUFFY, MD, SCOTT S 301 S 7TH AVE WEST READING PA 19611-1410 610-376-8004	* IM	FRIEDMAN, MD, ELLIS F 320 ABINGTON DR WYOMISSING PA 19610-1898 610-678-4525	* OBG	GROTH, MD, WARREN E 401 BUTTONWOOD ST WEST READING PA 19611-1101 610-375-4251	RHU	HEY JR, MD, E BERRY 301 S 7TH AVE STE 205 WEST READING PA 19611-1450 610-375-6565	CD
CONNERTON, MD, GEORGE E 1921 STURBRIDGE DR WYOMISSING PA 19610-2678 610-376-2100	PTH	EAGER, MD, J MICHAEL 1340 PENN AVE WYOMISSING PA 19610-2132 610-375-4241	OBG	FUSCO-RIPKA, MD, GIOVANNA D 1216 MEADE ST READING PA 19611-1852	OS	GROSS, MD, LAWRENCE S EXETER PEDIATRICS READING PA 19606-9562 610-779-9550	* PD		
CONSOLI, MD, DEBORAH P 640 WALNUT ST STE 301 READING PA 19601-3525 610-376-6668	* OBG	EARLY JR, MD, ROBERT F 1418 OLD MILL RD WYOMISSING PA 19610-2852 610-378-6269	AN						

WIEHLE, MD, J FREDERICK 1748 GARFIELD AVE WYOMISSING PA 19610-2334 610-678-6108	DR	JOHNSON, MD, CRAIG H 301 S 7TH AVE STE 365 WEST READING PA 19611-1436 610-373-5138	NS	KRALJEVIC, MD, JUAN E 403 N 13TH ST READING PA 19604 610-375-8577	IM	LOEPER, MD, DONALD J 214 W 6TH ST BOYERTOWN PA 19512-1008 LOGUE III, MD, JAMES G 1802 HOLLY RD READING PA 19602-1511 610-376-1900	FP	MATHIS, MD, JAMES G 1905 STURBRIDGE DR READING PA 19810-2678 610-378-6269	AN
HIGH, MD, BERTRAND J 11A FLYING HILLS VILLAGE CTR FLYING HILLS PA 19607 610-775-4500	* IM	JOHNSON, MD, WILLIAM T 170 WHITE HALL RD REINHOLDS PA 17569-9549 610-378-6589	* AN	KRAMER, MD, RANDALL K 226 E WYOMISSING AVE MOHNTON PA 19540-1812 610-775-3710	FP	LONGENECKER, MD, BENJAMIN E 901 ELMORE AVE TEMPLE PA 19560-1827 LONGENECKER, MD, ROGER N EAST PENN MEDICAL CENTER BLANDON PA 19510 610-926-2168	FP	MATSKO, MD, JANE R RR 4 BOX 429 TAMANEND PA 18252-9310 610-378-2080	FP
HOCH, MD, WILLIS S 444 DONALYN LN BERWYN PA 19312-1007 610-373-2544	PTH	JONES JR, DO, ROBERT S 1010 HUNTERS RD MOHNTON PA 19540 610-374-9523	ID	KRIEBEL, MD, DOROTHY E 232 PHEASANT RUN LANSDALE PA 19446-5846 KRING, MD, CARROLL S 24055 PASEO DEL LAGO # 851 LAGUNA HILLS CA 92653-2643	GP	KROL, MD, RONALD C 1940 N 13TH ST STE 101 READING PA 19604-1543 610-929-2433	GP	MAZZA, MD, PATRICK A 533 N 10TH ST READING PA 19604-2714 610-372-8600	R
HOFFMAN, MD, DAVID A 1330 PENN AVE WYOMISSING PA 19610-2132 610-373-4271	OS	KAO, MD, WINIFRED W 301 S 7TH AVE STE 155 WEST READING PA 19611-1410 610-376-9728	OTO	KUBACKI, MD, JOSEPH J 421 S 5TH AVE WEST READING PA 19611-1301 215-427-5058	PUD	LORD, MD, KENNETH J TRHMC FAMILY PRACT CTR READING PA 19612-6052 610-378-6856	ORS	MC BRYAN JR, MD, DONALD J 9 PENNSYLVANIA AVE SHILLINGTON PA 19607-1920 MC TAMMAY, MD, J ROBERT 429 E LANCASTER AVE SHILLINGTON PA 19607-1363 610-775-2246	CD
HOFFMAN, MD, NEIL A READING HOSP AND MEDICAL CTR READING PA 19612-6052 610-378-6088	* PTH	KAPLAN, MD, LAWRENCE M COMMUNITY GENERAL HOSPITAL READING PA 19601-3501 610-373-3100	DR	KURJANOWICZ, MD, WADIM 2050 MT LAUREL ROAD FLEETWOOD PA 19522-8709 KUTSCHER, MD, HARLAN A 200 N 13TH ST READING PA 19604-2961 610-372-2351	OPH	LOUGH, MD, FREDERICK C 1235 PENN AVE WYOMISSING PA 19610-2100 610-374-5000	FP	MEHARG JR, MD, JOHN G 11 E LANCASTER AVE SHILLINGTON PA 19607 610-777-7827	FP
HOLM, MD, ERIC K 806 MUSEUM RD READING PA 19611-1427 610-373-4007	NS	KAPLAN, MD, SHELDON J WEST READING OPHTHALMIC ASSOC WEST READING PA 19611-1411 610-378-1344	OPH	LAMANN, MD, JOHN V 40 KENHORST BLVD READING PA 19607 610-796-1000	AN	LUECKE, MD, GAIL A READING HOSPITAL & MED CTR READING PA 19612-6052 610-378-6108	DR	MELLON, MD, ROBERT 9C RIVER ST APT C11 NEWMARKET NH 03857-1123 MEMON, MD, PARVEZ A 200 N 13TH ST STE 100 READING PA 19604 610-378-2080	CHP
HOPKINS, MD, JOHN E 6TH & SPRUCE STS WEST READING PA 19611 610-378-6269	AN	KARABELNIK, MD, DON 325 E LANCASTER AVE SHILLINGTON PA 19607-2633 610-775-3316	FP	LAKSHMIN, MD, MURALI COMMUNITY GENERAL HOSPITAL READING PA 19601-3501 610-376-2100	PS	LUSCH, MD, CHARLES J 301 S 7TH AVE WEST READING PA 19611-1410 610-374-4404	ON	MENDELSON, MD, EUGENE 911 N 26TH ST READING PA 19606-1415 610-779-5770	OBG
HORAN, MD, JENNIFER 40 BERKSHIRE CT WYOMISSING PA 19610 610-374-7400	PD	KARVER, MD, SLOAN B 52 GARDEN ST STROUDSBURG PA 18360-1308 717-424-6120	FP	LAMANN, MD, JOHN V 40 KENHORST BLVD READING PA 19607 610-796-1000	FP	LYONS, MD, CLIFFORD H RR 4 BOX 4221 HAMBURG PA 19526-9502 610-562-3066	OTO	MENGEL, MD, ROGER G 301 S 7TH AVE STE 130 WEST READING PA 19611-1449 610-374-4421	FP
HORAN, MD, KEVIN F 200 N 13TH ST STE 203 READING PA 19604 610-374-4816	* AN	KASE, MD, JAMES J 112 N 11TH ST READING PA 19601-3707 610-376-9112	IM	LANTINI, MD, DANTE B 200 N 13TH ST STE 100 READING PA 19604 610-378-2140	CD	MAHMOOD, MD, EDNA Z WEST READING OPHTHALMIC WEST READING PA 19611-1411 610-378-1344	CD	MENGES JR, MD, JOE F 1424 PENN AVE WYOMISSING PA 19610 610-374-4474	ORS
HORNER, MD, SCOTT A 318 N 5TH ST READING PA 19601 610-378-5121	* U	KASTENBAUM, MD, MICHAEL 101 W LANCASTER AVE SHILLINGTON PA 19607-1879 610-777-6516	IM	LATTIN, MD, GARY M BERKS CARDIOLOGISTS LTD READING PA 19604-2964 610-375-4679	ORS	MAIDAN, MD, IGOR 61 MEDINAH DR READING PA 19607-3313 610-378-6269	OPH	MERCURIO, MD, TERESA 301 S 7TH AVE WEST READING PA 19611-1410 610-374-4404	ON
HORST, MD, ELMER L 715 LAKE AVE WYOMISSING PA 19610-2429	P	KEARNEY, MD, JOHN M 1130 SHELBOURNE RD READING PA 19606-9771 KEFFER, MD, WILLIAM H 1424 MONROE AVE WYOMISSING PA 19610-2436	GS	LEASURE, MD, NICK C 301 S 7TH AVE STE 220 WEST READING PA 19611-1450 610-374-4404	CD	MALICK, MD, GERALD P 301 S 7TH AVE WEST READING PA 19611-1410 610-375-8493	* AN	MILLER, MD, JAY B 301 S 7TH AVE STE 340 WEST READING PA 19611-1451 610-375-4579	EM
HOVANITZ, MD, E PAUL 200 N 13TH ST STE 215 READING PA 19604 610-378-2676	CDS	KEISER, MD, E LEE 310 GRACE COMMUNITY MYERTOWN PA 17067-2208 KELLER, MD, LYNNWOOD V 1334 GIRARD AVE WYOMISSING PA 19610-2420	OS	LEE, MD, JUNG-PIL 318 N 5TH ST READING PA 19601-3002 610-376-5121	FP	MANCANO, MD, MARYANN P 200 N 13TH ST STE 100 READING PA 19604-2954 610-278-2080	CD	MINCH, MD, KEITH A 1917 STURBRIDGE DR WYOMISSING PA 19610-2678 610-378-6269	U
HOYNIK, MD, ANN L C/O BERKS COUNTY MED SOC READING PA 19604-1544	US	KILLIAN III, MD, CALEB L 2508 HAMPTON BLVD READING PA 19604-1009 610-921-3924	GP	LEINBERRY, MD, CHARLES F COMMONWEALTH ORTHO ASSOC READING PA 19606 610-375-8471	HEM	MANUBAY, MD, JOHN M 536 FRANKLIN ST READING PA 19602 610-373-6251	* OBG	MINTZ, MD, PAUL S READING HOSP AND MED CTR READING PA 19612 610-378-5946	CD
HOYT, MD, RALPH C RR 3 BOX 2082 BIRDSBORO PA 19508-9547	GE	KIM, MD, CHUNG S 140 W WINDSOR ST READING PA 19601-2059 610-376-2230	FP	LEISAWITZ, MD, ELLIOTT G 101 W LANCASTER AVE SHILLINGTON PA 19607-1879 610-777-6516	* U	MARCHINSKI, MD, LEONARD J 301 S 7TH AVE STE 101 WEST READING PA 19611-1449 610-375-6147	FP	MITCHELL, MD, DAVID J 206 S 6TH AVE WEST READING PA 19611 215-378-1344	OPH
HUBBARD, MD, RAYMOND J 40 BERKSHIRE COURT WYOMISSING PA 19610 610-374-7400	PD	KIMBALL, MD, C EVE J 236 N 5TH ST READING PA 19601-3325 610-372-9222	IM	LEON, MD, JOSEPH 931 PENN AVE WYOMISSING PA 19610-3021 610-372-8995	U	MARSHALL, MD, JOHN E 2431 CYPRESS DR PAWLEYS ISLAND SC 29585-5631 610-589-2555	ORS	MITNICK, MD, PAUL D 301 S 7TH AVE WEST READING PA 19611-1410 610-376-7365	NEP
HUDSON, MD, MARY P 1702 JAMES ST SINKING SPRING PA 19608-1427 610-378-6198	FP	KIMBALL JR, MD, DANIEL B DIRECTOR DEPT MED BOX 16052 READING PA 19612-6052 810-378-6133	FP	LEONARD, MD, ALAN P 4885 DEMOSS RD READING PA 19606 610-779-0300	IM	MARIGLIO, MD, JOSEPH A 1940 N 13TH ST STE 101 READING PA 19604-1543 610-929-2433	CLP	MORROW, MD, BERT A 12 MAPLE AVE SHILLINGTON PA 19607-1216 610-375-5203	PD
HUNTER, MD, JOHN S 2000 CAMBRIDGE AVE APT 84 WYOMISSING PA 19810-2722	GP	KIMMEL, MD, CRAIG A 301 S 7TH AVE WEST READING PA 19611-1410 610-376-9728	OTO	LEVINE, MD, ALAN P 4885 DEMOSS RD READING PA 19606 610-779-0300	DR	MARTIN JR, MD, JOHN A COMMONWEALTH ORTHO ASSOC READING PA 19606 610-375-8471	FP	MORROW, MD, BERT A 12 MAPLE AVE SHILLINGTON PA 19607-1216 610-375-5203	ORS
IMBER, MD, IRVING HIGHLANDS AT WYOMISSING WYOMISSING PA 19610-2737 610-775-7833	IM	KING, MD, WEIR L PO BOX 48 LIMEKILN PA 19535-0048 KLEIN JR, MD, WILLIAM J 301 S 7TH AVE WEST READING PA 19611-1410 610-376-7365	* PD	LEVY, MD, KAREN R 602 CHESWOLD CT WAYNE PA 19087-5640 LEVY, MD, PAUL F 200 N 13TH ST READING PA 19604-2961 610-374-9808	GE	MARTINEZ, MD, ZEGERINO 640 WALNUT ST STE 303 READING PA 19601-3525 610-375-4900	ORS	MOSER, MD, JOHN C TWIN VALLEY MEDICAL CENTER MORGANTOWN PA 19543-0529 610-286-9071	* FP
IMPINK, MD, ROBERT R 125 ORCHARD PL SHILLINGTON PA 19607-3226	GS	KLEINER, MD, ANTON J 301 S 7TH AVE WEST READING PA 19611-1410 610-375-8493	IM	LIGNELLI, MD, GREGORY J TRI COUNTY NEUROSURGERY ASSOC POTTS TOWN PA 19464-3244 610-327-0380	IM	MARYNIAK, MD, GIRARD M 1543 MEADOWLARK RD WYOMISSING PA 19610-2820 610-374-4282	OBG	MOUSSA, MD, SAMI H 1811 E CAMBRIDGE ST ALLEN TOWN PA 18103 610-378-6000	IM
INNIS, MD, PATRICIA A RR 1 BOX 333 HAWLEY PA 18428	FP	KLOMBERS, MD, LEE A WEST READING OPHTHALMIC WEST READING PA 19611-1411 610-378-1344	* OPH	LLOYD, MD, BENJAMIN J 8 BALTRASER RD SINKING SPRING PA 19608-9334 610-378-6480	FP	MASSANGALE, MD, ALEXANDER T 301 S 7TH AVE STE 115 WEST READING PA 19611-1449 610-372-2800	OBG	MOY, MD, KAI H 4905 BRIARWOOD CIR READING PA 19606-2484 610-378-5788	PD
IZZO, MD, DOMENIC C 560 VAN REED RD STE 102 WYOMISSING PA 19610-1799 610-372-0712	OPH	KLEPPINGER, MD, RICHARD K 301 S 7TH AVE WEST READING PA 19611-1410 610-374-2214	GYN	LODER, DO, DONALD I 143 E WALL ST LEESPORT PA 19533 610-926-2123					
JACOBSON, MD, MARTIN A 4201 KUTZTOWN RD TEMPLE PA 19560-1836 610-921-2094	IM	KOCHU, MD, STEVE 560 VAN REED RD WYOMISSING PA 19610-1799 610-373-7743	END						
JAMES, MD, EDWARD K 29 DEER HILL AVE OANBURY CT 06810 203-748-4709	NPM	KOHL, MD, STEPHEN D 640 WALNUT ST STE 301 READING PA 19601-3525 610-376-6668	* OBG						
JAMES, MD, JEFFREY R 1650 PENN AVE APT D WYOMISSING PA 19610-2307 610-678-6861	IM	KOREY JR, MD, JOSEPH J 250 N 12TH ST READING PA 19604-2952 610-374-0970	OBG						
JARDINE, MD, JILL C 88-B KALE HOUSE DOUGLASSVILLE PA 19518 610-378-2440	FP	KOVALSKY, MD, KENNETH 9 BRISTOL CT WYOMISSING PA 19610-1805 610-678-1140	OBG						
JAXHEIMER, MD, ERIC C 801 S TRENT AVE WYOMISSING PA 19610-2253 610-378-9687	VS								
JAY JR, MD, W THOMAS 518 LYNNE AVE WYOMISSING PA 19610-2225 JENCKES III, MD, GEORGE A 345 GREEN BRIAR CT WYOMISSING PA 19610-2730 610-376-8004	IM								
JIMMERSON, MD, CEDRIC C DORAL DR #7-B READING PA 19607	GS								
JOHNSON, MD, ALFRED T PHOEBE BERKS VILLAGE WERNERSVILLE PA 19565-2022 610-678-1140	FP								

BERKS

MUALLEM, MD, NABIL S 110 GAIL CIR WYOMISSING PA 19610-3106 610-373-3738	OBG	PENTA, MD, JOHN M 301 S 7TH AVE STE 305 WEST READING PA 19611-1451 610-376-6990	OTO	ROBERTSON, MD, JOHN J 30 E MAIN ST KUTZTOWN PA 19530-1513 610-683-7393	* GP	SEO, MD, JIN S BERKS ANESTHESIA ASSOC INC READING PA 19604-2991 610-378-2459	AN	STELMACH, MD, JOHN P 1715 ALSACE RD READING PA 19604-1625 610-375-8471	ORS
MUHLNBERG, MD, J PETER 1125 BERKSHIRE BLVD STE 100 WYOMISSING PA 19610-1232 610-376-8691	PD	PERILSTEIN, MD, MICHAEL D 200 N 13TH ST STE 310 READING PA 19604-2956 610-378-1658	RHU	ROBINSON, MD, GARY 50 PEARL ST APT 110 READING PA 19602-2658 610-378-2330	EM	SERGI, MD, MICHAEL A 40 BERKSHIRE CT READING PA 19610-1224 610-374-7400	PD	STELMACH, MD, PAUL 1940 N 13TH ST READING PA 19604 610-929-2433	PUD
MULLIGAN, MD, ROBERT L 600 N BROBST ST SHILLINGTON PA 19607-1210	R	PERLMUTTER, MD, GORDON S 1711 READING BLVD WYOMISSING PA 19610-2605 610-378-6108	* R	ROBINSON, MD, MICHAEL L 60 DOWNING DR WYOMISSING PA 19610-3109 610-378-6108	DR	SERGI, MD, TIFFANY L 40 BERKSHIRE CT WYOMISSING PA 19610 610-374-7400	PD	STELMACH, MD, PETER 1500 OAK LN READING PA 19604-1895 610-373-7833	IM
MUNTHUR, MD, ANTOINE S 200 N 13TH ST READING PA 19604-2961 610-376-8244	GS	PIEGARI, MD, GUY N BERKS CARDIOLOGISTS LTD READING PA 19604-2964 610-375-4679	CD	ROGERS JR, MD, ROBERT M WOMENS CLINIC WEST READING PA 19611-1410 610-374-2214	* OBG	SEXTON JR, MD, GEORGE L 301 S 7TH AVE WEST READING PA 19611-1410 610-374-2214	* GYN	STELMACH, MD, W PETER 1500 OAK LN READING PA 19604-1895 610-373-7833	FP
NAGLE, MD, ARLINGTON A 855 N PARK RD APT 201 READING PA 19610-1330	FP	PLUCINSKY, MD, FRANCIS C 403 ARROWHEAD TRL SINKING SPRING PA 19608-9581 610-378-6269	* AN	ROMIG, MD, RONALD S 301 S 7TH AVE STE 335 WEST READING PA 19611-1410 610-376-5331	CRS	SHADDUCK, MD, SNEED P READING HOSPITAL & MED CTR READING PA 19612-6052 610-378-6269	AN	STOLZ, MD, JOHN C 8420 E CLUB RD BOCA RATON FL 33433-1506 610-378-6269	R
NAGY, MD, ROBERT 150 N 11TH ST READING PA 19601-3707 610-373-6486	D	PLYMYER, MD, RAY E 2601 MERRITT PKY WEST LAWN PA 19609-1029	A	ROSENBERG, MD, LAURENCE J ST JOSEPH HOSPITAL READING READING PA 19603-2962 610-374-4816	* AN	SHAFFER, MD, EUGENE M 301 S 7TH AVE STE 310 WEST READING PA 19611-1451 610-378-7900	GS	STOLZ, MD, JONATHAN L COMMUNITY GENERAL HOSPITAL READING PA 19601-3501 610-376-2100	R
NAYAK, MD, RAMESH M 715 OLD MILL RD APT J15 WYOMISSING PA 19610-2651 610-374-4816	AN	PODOLSKY, DO, JOEL 244 N 5TH ST READING PA 19601-3304 610-372-8822	* P	ROSENDO, MD, LEYBERTH M PO BOX 13702 READING PA 19612-3702 610-378-2080	FP	SHAFFER, MD, IRVING G 2200 LORRAINE RD READING PA 19604-1304 610-378-2080	AN	STOLZ, MD, PAUL K 39 SHEEP HILL RD FLEETWOOD PA 19522-9609 610-378-2080	R
NG, MD, ROMEO READING HOSP AND MED CTR READING PA 19612-6052 610-378-6000	FP	POLITZER, MD, FRANK E 1218 VAN STEFFY AVE WYOMISSING PA 19610-2446 610-375-4679	CD	ROSENZWEIG, MD, SETH E 301 S 7TH AVE STE 215 WEST READING PA 19611-1450 610-374-4401	GE	SHAH, MD, HARNISH V 501 WARWICK DR WYOMISSING PA 19610-1825 610-921-1111	PD	STOUT, DR, KATHY J 711 N 5TH ST READING PA 19601-2209 610-376-7645	FP
NICHOLAS JR, MD, PETER D 401 BUTTOWNWOOD ST WEST READING PA 19611-1124 610-375-4251	RHU	POMERANTZ, MD, PHILIP A 403 N 13TH ST READING PA 19604-2822 610-375-8577	NEP	ROTEBERG, MD, LARRY A 560 VAN REED RD STE 301 WYOMISSING PA 19610-1799 610-378-9601	P	SHAPIRO, MD, JOHN A 301 S 7TH AVE STE 130 WEST READING PA 19611-1449 610-374-4421	PUD	STRAUSE JR, MD, HAROLD L 289 LEVAN ST READING PA 19606-2808 610-378-6269	* OPH
NIEHLS, MD, BEVERLY J 316 LAURELWOOD DR DOUGLASSVILLE PA 19518-1010 610-378-2330	* FP	POTKONSKI, MD, LEOPOLD A 245 ROSEDALE DR POTTSTOWN PA 19464-4935 610-372-8822	P	ROWAN, MD, SANDRA K 310 N 11TH ST READING PA 19604-2904 610-373-1605	PD	SHARMA, MD, P V PATHANJALI 200 N 13TH ST READING PA 19604-2961 610-376-8118	VS	STROBEL JR, MD, GEORGE E RR 1 BOX 106 WERNERSVILLE PA 19565-9722 610-377-8645	* AN
NORD, MD, D SCOTT 2201 RIDGEWOOD RD STE 250 WYOMISSING PA 19610 610-375-4949	ORS	PRIOR, MD, PAUL A 208 PEMROKE DR SHILLINGTON PA 19607-2436 610-378-6000	OBG	ROZANSKI, MD, STANLEY J 941 FRANKLIN ST READING PA 19602-1751 610-374-9624	FP	SHEFFER, MD, M LEONARD 310 FAIRVIEW CHAPEL RD BIRDSBORO PA 19508-8816 610-582-2848	GP	SUN, MD, HSIANG-CHUN 400 HIGH STREET READING PA 19606-1527 610-378-2080	FP
NUTTING, MD, RON D 1235 PENN AVE WYOMISSING PA 19610 610-374-5000	CDS	PROBST, MD, SUSAN J 740 PENN AVE WEST READING PA 19611-1006 610-376-3700	* OBG	RUBRIGHT, MD, GEORGE L 600 FAIRMONT AVE WERNERSVILLE PA 19565-9756 610-678-2631	GP	SHEMANSKI, MD, CLEM J PHOEBE BERKS VILLAGE WERNERSVILLE PA 19565-2019 610-378-2080	GER	SUTHERLAND, MD, ROBERT D 401 BUTTOWNWOOD ST WEST READING PA 19611-1124 610-376-8671	ORS
OHNSMAN, MD, CHRISTINA M 560 VAN REED RD STE 102 WYOMISSING PA 19610 610-372-0712	OPH	PUTNAM, MD, MARK A 2020 MILLER RD CHESTER SPINGS PA 19425-1307 610-208-8827	P	RUDOLPH, MD, ROBERT I 1134 PENN AVE WYOMISSING PA 19610-2034 610-374-4463	* D	SHULTZ, MD, BARRY S 301 S 7TH AVE STE 340 WEST READING PA 19611-1451 610-375-4579	U	TALLMAN, MD, EDWIN H 27 ST PAULIA LANE OLEY PA 19547-9734 610-378-6269	* AN
OPLINGER, MD, ARTHUR F 2509 PERKIOMEN AVE READING PA 19606-2051 610-779-2107	FP	QUIRANTES, MD, MIRTA 1676 SHERIDAN LN NORRISTOWN PA 19403-3370 610-376-8004	IM	RUNYON, MD, WILLIAM K 301 S 7TH AVE STE 375 WEST READING PA 19611-1436 610-378-2117	GS	SHUMAN, MD, JOHN F 301 S 7TH AVE STE 130 WEST READING PA 19611-1449 610-374-4421	PUD	TAN, MD, JACQUELINE G 200 N 13TH ST STE 100 READING PA 19604 610-378-2440	* TR
OROQUIZA, MD, CLODUALDO S 931 PENN AVE WYOMISSING PA 19610-3021 610-372-8995	U	RAHMANIAN, MD, NADER 3625 STOUTS FERRY BRIDGE RD READING PA 19605-1444 610-376-3936	* IM	SACKS, MD, DAVID READING HOSP READING PA 19612-6052 610-378-6108	R	SHUMAN, MD, NANCY A 301 S 7TH AVE STE 130 WEST READING PA 19611-1449 610-374-4421	IM	TASE, MD, DOUGLAS S COMMONWEALTH ORTHO ASSOC READING PA 19606 610-375-8471	ORS
PACIULLI, MD, RAFFAELE 11 FAIRLANE RD READING PA 19606-9567 610-375-8471	ORS	RAMSEY JR, MD, HARRY E 301 S 7TH AVE WEST READING PA 19611-1410 610-374-4404	HEM	SAHOO, MD, KASHINATH ST JOSEPHS HOSPITAL READING PA 19603 610-378-2117	* TR	SHULMAN, MD, NANCY A 301 S 7TH AVE STE 130 WEST READING PA 19611-1449 610-374-4421	U	TETBOHL, MD, RALPH H 25 STEVENS AVE WEST LAWN PA 19609-1424 610-678-2266	* GP
PADIYAR, MD, RAMDAS B 15 GLADWYN DR READING PA 19606-9592 610-378-2459	* AN	REED, MD, CLIFFORD A 301 S 7TH AVE WEST READING PA 19611-1410 610-372-0813	* N	SAKOL, MD, PETER J 855 N PARK RD APT CC 101 WYOMISSING PA 19610-1308 610-678-4552	OPH	SILVERMAN, MD, EDWARD J 600 MUSEUM RD READING PA 19611-1427 610-375-0260	U	TETBOHL, MD, RALPH H 25 STEVENS AVE WEST LAWN PA 19609-1424 610-678-2266	FP
PALLAS, MD, RANDOLPH S 1639 MEADOWLARK RD WYOMISSING PA 19610-2820 610-375-6565	CD	REED, MD, MARK S 333 WHEATLAND AVE SHILLINGTON PA 19607-1370 610-375-6565	CLP	SALILENG, MD, FILEMON F 1023 CENTER ST ASHLAND PA 17921 717-875-3665	FP	SKORPINSKI, MD, EDWARD W 40 BERKSHIRE CT WYOMISSING PA 19610 610-374-7400	* IM	TOSOL, MD, GIANFRANCO F 301 S 7TH AVE WEST READING PA 19611-1410 610-376-9278	PD
PAN, MD, EDWARD L COMMONWEALTH ORTHOPAEDICS READING PA 19606 610-375-8471	ORS	REES, MD, DAVID B 401 BUTTOWNWOOD ST WEST READING PA 19611-1124 610-376-8671	ORS	SANTORO, MD, WILLIAM 3212 KUTZTOWN RD READING PA 19605-2661 610-929-3380	FP	SMITH, MD, BARTON L 301 S 7TH AVE WEST READING PA 19611-1410 610-374-4401	FP	TREXLER, MD, ETHAN L PHOEBE BERKS VILLAGE WERNERSVILLE PA 19565-2019 610-378-2080	OTO
PANDIT, MD, NIRAJ P 222 N 12TH ST READING PA 19604-2964 610-375-4679	CD	REHR, MD, ROGER B 2 MERRYMOUNT RD WYOMISSING HILL PA 19609-1718 610-375-6565	* CD	SCHAEFER, MD, M LEE 7 CORNELL AVE WEST LAWN PA 19609-2318 610-377-2643	FP	SMITH, MD, RAYMOND L 926 PENN AVE WYOMISSING PA 19610-3017 610-372-2130	GE	TRUAX JR, MD, RAYMOND C 601 SPRUCE ST WEST READING PA 19611-1443 610-375-4567	* PS
PAOLINI, MD, MAURO J 1125 BERKSHIRE BLVD STE 100 WYOMISSING PA 19610-1232 610-376-8691	PD	REIFSNYDER, MD, WILLIAM H 560 VAN REED RD STE 101 WYOMISSING PA 19610-1799 610-378-1601	* IM	SCHWARTZ, MD, PETER A READING HOSPITAL & MED CTR READING PA 19612-6052 610-278-6827	OPH	SMITH, MD, RONALD E 960 WAYNE AVE WYOMISSING PA 19610-2272 610-378-6269	AN	VALANCIA, MD, CELEDONIO C 357 PENNSYLVANIA AVE SHILLINGTON PA 19607-1313 610-378-2080	FP
PARCELLA, MD, PHYLLIS A READING HOSPITAL & MED CENTER READING PA 19612-6052 610-378-6269	* AN	REILEY, DO, MARGARET A 822 MARIETTA AVE STE 21 LANCASTER PA 17603 610-374-4491	PD	SCHWEIZER, MD, ROBERT R 137 E PENN AVE ROBESONIA PA 19551-1527 610-693-5831	GP	SMOKER-JOHNSTON, MD, CYNTHIA B 2866 W PHILADELPHIA AVE OLEY PA 19547 610-987-3451	FP	VILLARS, MD, FREDERICK 200 N 13TH ST STE 215 READING PA 19604 610-378-2676	NS
PARIKH, MD, SHIRISH N 73 S HAMPTON DR WYOMISSING PA 19610-3108 610-376-4033	IM	REINER, MD, REBECCA L 1258 PENN AVE WYOMISSING PA 19610-2130 610-374-4491	PD	SCHWARTZ, MD, PETER A READING HOSPITAL & MED CTR READING PA 19612-6052 610-278-6827	OBG	SOFFER, MD, STEPHEN R 2201 RIDGEWOOD RD WYOMISSING PA 19610-1189 610-375-4949	AN	WAGNER, MD, JOHN B 600 MUSEUM ROAD READING PA 19611 610-376-1340	FP
PATADIA, MD, CHANDRAKANT 2309 ALSACE RD READING PA 19604-1115 610-372-8260	IM	RENKERT, MD, ELIZABETH E RTE 401 ELVERSON PA 19520-0218 610-286-6806	FP	SCORNAVACCHI SR, MD, JOSEPH M 111 CLUBHOUSE DR BERNVILLE PA 19506-9536 610-376-8671	CD	SOUDERS, MD, THOMAS B VAN REED PROF BLDG WYOMISSING PA 19610-1799 610-372-0712	ORS	WANCZYK, MD, CASIMIR J 4550 OLEY TURNPIKE RD READING PA 19606-9574 610-374-0970	U
PAUL, MD, LEENA BERKS ANESTHESIA ASSOC READING PA 19604 610-378-2459	AN	RESTREPO, MD, JAMES P 222 N 12TH ST READING PA 19604-2964 610-374-4491	OTO	SCORNAVACCHI JR, MD, JOSEPH M 111 CLUBHOUSE DR BERNVILLE PA 19506-9536 610-376-8671	FP	STABLER, MD, ROBIN J 2948 ST LAWRENCE AVE READING PA 19606-2233 610-779-9438	U	WEAVER, MD, KENT E 2509 PERKIOMEN AVE READING PA 19606-2051 610-779-2107	FP
PAYAR, MD, JEAN M WOMEN'S CLINIC WEST READING PA 19611 610-374-2214	* OBG	REUBEN, MD, MARK S 40 BERKSHIRE CT WYOMISSING PA 19610-1224 610-374-7400	PD	SCOVEN, MD, HENRY 2001 STATE HILL RD WYOMISSING PA 19610-1607 610-478-1737	AI	STANTON, MD, ELIZABETH L 412 SCYAMORE RD WEST READING PA 19611-1540 610-378-2080	* FP	WEAVER, MD, M FAY COMMUNITY HEALTH CTR READING PA 19603-1728 610-478-8704	OBG
PEARAH, MD, J DAVID 455 PENN AVE SINKING SPRING PA 19608-1109 610-678-4552	OPH	REYNER, MD, PETER C MUHLENBERG MEDICAL ASSOC TEMPLE PA 19560 610-921-2094	IM	SEDA, MD, HECTOR J 301 S 7TH AVE WEST READING PA 19611-1410 610-376-9728	D	STEIN, MD, WALTER PO BOX 6109 WYOMISSING PA 19610-0109 610-376-1900	HNS		
PELLECCIA, MD, DENNIS J 102 ROBERT RD WYOMISSING PA 19610-3116 610-378-6265	* AN	RIGHTMYER, MD, JOHN N 15 SCENIC DR HAMBURG PA 19526-9519 610-376-9519	FP						
PELLEGRINI, MD, VINCENT A 119 GAIL CIR WYOMISSING PA 19610-3106 610-374-2214	* OBG	RIST, MD, KEVIN E 105 LUCINDA LN WYOMISSING PA 19610-1026	CD						

WEIDMAN, BRUCE R 1940 N 13TH ST STE 248 READING PA 19604-1544 610-929-8853	EXEC			CARDAKLI, MD, U. FUSUN 501 HOWARD AVE STE F1 ALTOONA PA 16601-4818 814-946-0821	OPH		FISCHER, MD, EDWARD P 2613 8TH AVE STE4C ALTOONA PA 16602-2000 814-949-9507	GS	JENKINS, MD, BENJAMIN C 815 EAST ST ALTOONA PA 16602-5464 814-942-3595	* FP
WEIDNER, MD, SANDRA L 4 HIDDEN POND DR READING PA 19607 610-376-8695	PD		ZINNER, MD, ELI S AGES OBGYN WYOMISSING PA 19610 610-375-4241	OBG			FLYNN, MD, J DENNIS NASON HOSPITAL ROARING SPRING PA 16673-1202 814-224-6204	R	JOHNSON, MD, DANIEL W 601 HAWTHORNE DR HOLLIDAYSBURG PA 16648-2257 814-695-5500	* FP
WEISBERG, MD, JEROME S 401 BUTTWOOD ST WEST READING PA 19611-1124 610-375-4251	RHU		ZOBIAN, MD, EDWARD J WEST READING OPTHALMIC WEST READING PA 19611-1411 610-378-1344	OPH			FOCHLER, MD, FRANCIS J 5825 BEALE AVE ALTOONA PA 16601-5102	GS	JOHNSON, MD, JOHN H 620 HOWARD AVE 7TH FL ALTOONA PA 16601-4804 814-946-7877	AN
WELSH, MD, JAMES F 870 IMPERIAL DR MOHNTOWN PA 19540-9710	PTH		ZOLGHADRI, MD, SIAVASH 6 HEARTHSTONE CT STE 303 READING PA 19606-3053 610-779-4449	GE			FORMANEK, MD, GREGORY A INTOWNE SO ALTOONA PA 16601-3106 814-942-4321	* ON	JONES, MD, LARRY W COUNTRYSIDE ESTATE MARTINSBURG PA 16662-9401 814-224-4439	OPH
WEST JR, MD, WILLIAM J 111 LUCINDA LANE WYOMISSING PA 19610-1026 610-376-6668	* OBG		BLAIR				FRIDAY, MD, DANIEL M 3 HOSPITAL DR STE 3 TYRONE PA 16686 814-684-0592	OBG	JOURDAIN, MD, LUIS M DEPT OF LABORATORY SERVICES ALTOONA PA 16601 814-946-2170	* PTH
WESTCOTT, MD, RICHARD J 640 WALNUT ST READING PA 19601-3525 610-372-3824	* GS		ABDELMALEK, MD, EZZAT T 143 WOODLAWN TER HOLLIDAYSBURG PA 16648-2951	* P			FULCHIERO, MD, GREGORY J 2727 BEALE AVE ALTOONA PA 16601-1705 814-944-4531	* ORS	KACZOR, MD, STANLEY F 3006 4TH AVE ALTOONA PA 16602-1934 KANSAL, MD, KUSUM R 714 6TH AVE ALTOONA PA 16602-2626 814-942-5466	GP
WIENER, MD, STEPHEN G 1212 LIGGETT AVE READING PA 19611-1838 610-777-6161	D		AIGNER, MD, WILLIAM J 2301 BROAD AVE ALTOONA PA 16601-1937 814-944-3569	GP			GATTUSO JR, MD, JOSEPH W 2613 8TH AVE STE 2E ALTOONA PA 16602-2000 814-942-2411	* IM	KANSAL, MD, RAJ G 714 6TH AVE ALTOONA PA 16602-2626 814-942-8045	* OBG
WILLIAMS, MD, HERMAN J 1801 CAMBRIDGE AVE APT A1 WYOMISSING PA 19610-2640	GP		ANASTASI, MD, JOHN S ALTOONA HOSPITAL ALTOONA PA 16601 814-946-2328	CD			GIBBONS, MD, WILLIAM P 703 BEAUMONT DR ALTOONA PA 16602-2909	PS	KARUNARATNE, MD, ESIRI R ALTOONA HOSPITAL ALTOONA PA 16601 814-946-2695	* U
WILLIAMS, MD, JOHN J 1907 MEADOW LN WYOMISSING PA 19610-2705 610-775-9668	GP		ARANEDA, MD, LUIS O 162 MT VIEW DR HOLLIDAYSBURG PA 16648-9001 814-696-1116	* AN			GILOT, MD, JEAN M 3009 2ND AVE ALTOONA PA 16602-1923 814-946-2877	AN	KENNEL, MD, DELIA R 202 HOUTZ LN PORT MATILDA PA 16870-9559 814-684-1255	DR
WINANS, MD, LEWIS E 560 VAN REED RD WYOMISSING PA 19610-1799 610-378-1601	IM		ARBITMAN, MD, MICHAEL 540 E IRVIN AVE STATE COLLEGE PA 16801-6603 814-949-4478	DR			GORCHESKY, MD, MARK S ALTOONA ANESTHESIA ASSOC ALTOONA PA 16602-2935 814-946-2103	AN	KHALOUF, DO, FRED K 351 CEDAR ST HOLLIDAYSBURG PA 16648-2711 814-941-3272	EM
WINN, MD, RANDALL S 63 DOWNING DR WYOMISSING PA 19610-3111 610-378-6108	NM		AYERS, MD, LLOYD R RR 2 BOX 178 HOLLIDAYSBURG PA 16648-9724	* IM			GRAB, MD, EDMUNDO M 1701 12TH AVE BLDG A ALTOONA PA 16601-3100 814-944-5062	* OBG	KIHM, MD, RONALD H DEPT OF RADIOLOGY ALTOONA PA 16601 814-946-2695	AN
WINSTON, MD, JOSEPH M SAINT JOSEPH HOSP READING PA 19603 610-378-2230	R		BASILE, MD, JOSEPH CLAY AVENUE MEDICAL CENTER TYRONE PA 16686 814-684-3101	* ORS			GURMAN, MD, ANDREW W 515 26TH ST ALTOONA PA 16602-2026 814-942-1166	* ORS	KIMBLE, DO, GREGORY A 129 LOGAN BLVD HOLLIDAYSBURG PA 16648-2603 814-742-8446	* R
WINSTON, MD, NORMAN J 2110 HARBOURSIDE DR APT 556 LONGBOAT KEY FL 34228-4259	R		BEERS, MD, KENNETH L 310 CHESTNUT AVE ALTOONA PA 814-946-9000	* FP			HAAS, MD, CHARLES M MERCY HOSPITAL ALTOONA PA 16602 814-949-4495	* PTH	KIVITZ, MD, ALAN J 711 LOGAN BLVD ALTOONA PA 16602-4165 814-943-2088	* IM
WIRTH, MD, TIMOTHY M 3200 READING CREST AVE READING PA 19605-1656 610-921-2366	IM		BEGLEY, MD, CHRISTOPHER J 213 STONEHEDGE RD HOLLIDAYSBURG PA 16648-9774 814-942-5541	PUD			HALL, MD, JAMES P 111 SARAH DR ALTOONA PA 16601-9430 814-672-5141	FP	KLINE, MD, MICHAEL S 4202 2ND AVE ALTOONA PA 16602-1504 814-946-1655	* RHU
WITTELS, MD, EMANUEL 325 E LANCASTER AVE READING PA 19607 610-775-3316	FP		BHATNAGAR, MD, MUKUL 1528 PLEASANT VALLEY BLVD ALTOONA PA 16602-4641 814-944-4340	CD			HARKER, MARJORIE E 503 E PLANK RD 2ND FL ALTOONA PA 16602-4114 814-942-8691	EXEC	KUBICKA, MD, KURT T 1201 2ND ST JUNIATA ALTOONA PA 16601-4964 814-946-2701	IM
WOLF, MD, FRANKLIN M 200 N 13TH ST STE 204 READING PA 19604-2955 610-376-8244	GS		BIESINGER, MD, GEORGE J 1701 12TH AVE BLDG A ALTOONA PA 16601-3100 814-944-5062	* OBG			HARVEY, DO, CHARLES J 515 26TH ST ALTOONA PA 16602-2026 814-942-1166	* ORS	KUNKEL, MD, FRANK A 620 HOWARD AVE 7TH FL ALTOONA PA 16601-4804 814-946-7877	FP
WONG, MD, JAMES 403 N 13TH ST READING PA 19604-2822 610-375-8577	IM		BISACCO, MD, STEPHEN J PO BOX 912 ALTOONA PA 16603-0912 814-944-6055	OBG			HASABNIS, MD, SUHAS P 501 HOWARD AVE ALTOONA PA 16601-4819 814-946-0429	OBG	KUPSON, DO, WALTER 207 31ST ST ALTOONA PA 16602 814-946-2020	AN
WORNAS, MD, CHRISTIAN G 5500 S FAIRWAY DR READING PA 19606-3614	IM		BISHOP, MD, DAVID W RR 4 BOX 165A ALTOONA PA 16601-9751	IM			HIGGINS, MD, DAVID E 501 HOWARD AVE ALTOONA PA 16601-4819 814-944-5357	* OTO	KWON, MD, JONG D DEPT OF RADIOLOGY ALTOONA PA 16601 814-946-2599	R
WOTRING, MD, JOHN M 2000 CAMBRIDGE AVE APT 328 WYOMISSING PA 19610	OPH		BIZOUSKY, DO, FRANKLIN P 715 FOX CHAPEL RD DUNCANSVILLE PA 16635-7527 814-946-2020	FP			HILL, MD, ROBERT J 57 CLOVER DR HOLLIDAYSBURG PA 16648-2511	ORS	LEE, MD, KANG S 712 PEACHTDALE LN DUNCANSVILLE PA 16635-7517 814-941-3326	PM
WOYNAROWSKI, MD, DAVID M 1830 LORRAINE RD READING PA 19604-1638 610-374-6518	IM		BLACK, MD, HOWARD M 102 HILLCREST DR ROARING SPRING PA 16673-0253 814-224-2215	CRS			HIMES JR, MD, RALPH F 180 STONEHEDGE RD HOLLIDAYSBURG PA 16648-9764	OPH	LEVIN, MD, ROBERT M 242 STONEHEDGE HOLLIDAYSBURG PA 16648-9777 814-949-4478	DR
WOYNAROWSKI, MD, JOHN A 826 N 5TH ST READING PA 19601-2212 610-374-6518	FP		BRADLEY, MD, VERNON F 1212 13TH AVE ALTOONA PA 16601-3434 814-946-0414	* OBG			HOFFMAN, MD, SALEE L 219 LOGAN BLVD ALTOONA PA 16602-3116 814-946-1655	* ON	LEWIS, MD, KATHRYN A 450 W 15TH ST TYRONE PA 16686-2049 814-684-3176	PD
WUMMER, MD, BRIAN A CONRAD WEISER MEDICAL GROUP WOMELSDORF PA 19567-9721 610-589-2555	FP		BRAY, MD, JOHN P ALTOONA HOSPITAL ALTOONA PA 16601 814-946-7877	AN			HOOVLER, MD, PHILIP W ALTOONA HOSPITAL ALTOONA PA 16601 814-946-2226	* FP	LOCKE, MD, DARRON B COVE MEDICAL CENTER ROARING SPRING PA 16673 814-224-5132	FP
YEAGLEY, MD, HEBER E 1409 OLD MILL RD WYOMISSING PA 19610-2834	DR		BRIDENBAUGH, MD, ROBERT P COVE MEDICAL CENTER ROARING SPRING PA 16673 814-224-5132	FP			HORMELL, MD, JOHNSON G 601 HAWTHORNE DR HOLLIDAYSBURG PA 16648-2257 814-695-5500	* FP	LOUTON, MD, ROBERT B INTOWNE SO ALTOONA PA 16601-3100 814-949-7280	* PS
YEE, MD, MARIA R 920 BRITNEY TER DOWNTOWN PA 19335-4422 610-378-9601	P		BRUMBAUGH, DO, JANELLE L 3950 JANELLE RD DUNCANSVILLE PA 16635-8169 814-695-5591	FP			HOYNE, MD, PATRICIA M 1701 12TH AVE ALTOONA PA 16648-9767 814-944-5062		LOVELL, MD, DONALD R 401 MAIN ST BELLWOOD PA 16617-2198 LUKACS, MD, KORNEI 1195 VALLEY VIEW BLVD ALTOONA PA 16602-6527 814-944-3347	GP
YOH, MD, HAROLD N GRACE COMMUNITY APT G-71 MYERTOWN PA 17067-2202	GP		BUDD, MD, ROBERT M 501 HOWARD AVE ALTOONA PA 16601-4819 814-946-0821	OPH			HUMPHREY, DO, MICHAEL L 112 SANDSTONE DR HOLLIDAYSBURG PA 16648-9787 814-946-7550	* END	MAGEE, MD, RICHARD S BLAIR MEDICAL CTR ALTOONA PA 16601-4819 814-946-0891	N
YOUNGBERG, MD, RUSSELL E READING REHAB HOSPITAL READING PA 19607-9727 810-796-6380	PM		BULGER, MD, DONALD W RR 1 BOX 579 CLAYSBURG PA 16625-9705 814-239-2211	* FP			HURST, MD, JOHN W 1215 23RD AVE ALTOONA PA 16601-3050 JACOBUS, MD, JUDITH L 1017 S CARLISLE LN ALTOONA PA 16602-7454 814-944-8012	* R	MAITRA, MD, SUBHASHIS 2613 8TH AVE STE 4B ALTOONA PA 16602-2042 814-942-6038	* PS
YUEN, MD, ALBERT READING HOSP AND MED CENTER READING PA 19612-6052 610-378-6067	RO		BULGER, MD, RICHARD H PO BOX 47 NEW ENTERPRISE PA 16664-0047	* GP			JANAKIRAMAN, MD, VIJAYARA G 1528 PLEASANT VALLEY BLVD ALTOONA PA 16602-4641 814-944-4340	FP	MANGLIA, MD, ANTHONY J 702 18TH ST ALTOONA PA 16602-2309 814-943-3913	* ACS
ZAPATA, MD, WILLIAM A 4201 KUTZTOWN RD TEMPLE PA 19560-1836 610-921-2094	IM		BURKET, MD, LOUIS C 1213 24TH AVE ALTOONA PA 16601-2921	PD						
ZAVATSKY, MD, ALBERT R 101 W LANCASTER AVENUE SHILLINGTON PA 19607-1879 610-777-6516	* IM		BURKET, MD, RAMON C COVE MEDICAL CENTER ROARING SPRING PA 16673 814-224-2213	FP						
ZELNICK, MD, ERIC B 301 S 7TH AVE STE 215 WEST READING PA 19611-1450 610-374-4401	GE									

BLAIR—BRADFORD—BUCKS

MARLOWE, MD, SCOTT D 3413 ONEIDA AVE ALTOONA PA 16602-3229 814-949-4478	DR	RECKER, MD, SCOTT F 648 CEDARCREST DR DUNCANVILLE PA 16635-7408 814-949-4463	* PM	TOLIS, MD, BASILE D 112 UNION AVE ALTOONA PA 16602-3246 814-942-1782	GS	FLOOD, MD, JAMES M GUTHRIE CLINIC LTD SAYRE PA 18840	D	SHELLING, MD, RICHARD E GUTHRIE CLINIC LTD SAYRE PA 18840 717-888-5858	IM
MARTIN, MD, MARYANNE 118 LIMESTONE RD HOLLIDAYSBURG PA 16648-9779	P	RICE, MD, DONALD H PO BOX 268 BEMUS POINT NY 14712-0268	DR	TRYBUS JR, MD, ADAM G 5 DEVON DR HOLLIDAYSBURG PA 16648-2801	* DR	GARMAN, MD, RAY F 113 EDWARD ST ATHENS PA 18810 717-888-5858	PUD	SHUNG-LU, MD, TA 720 WYNDRISE DR BLUE BELL PA 19422-2904	AN
MATGOURANIS, MD, PETER M ANESTHESIA DEPT ALTOONA PA 16601-4804 814-946-7877	AN	ROBINSON, MD, JAY A 806 LOGANDALE DR ALTOONA PA 16601 814-672-5141	FP	TSAL, MD, MING C RR 2 BOX 567 HOLLIDAYSBURG PA 16648-9753	IM	HANDELMAN, MD, WILLIAM N 777 HEMLOCK ST BOX 69 MACON GA 31208 HORAN, MD, PARIS B 34 NICHOLAS AVE DANVILLE PA 17821-1667	* CD	SMAHA, MD, LYNN A GUTHRIE CLINIC LTD SAYRE PA 18840 717-882-3010	CD
MATHIS, MD, JERRY L EXECUTIVE HOUSE II ALTOONA PA 16601 814-942-2141	* A	RODRIGUEZ, MD, JULIO A 5891 MADISON RD VENICE FL 34293	ORS	TUSHIM, MD, JOSEPH N RR 4 BOX 210 ALTOONA PA 16601-9752	GP	JACOBSON, MD, HORACE H 802 S MAIN ST ATHENS PA 18810-1012	TR	TAMA, MD, LAWRENCE RR 1 TOWANDA PA 18848-9801	FP
MC CONNELL, MD, PETER J 601 HAWTHORNE DR HOLLIDAYSBURG PA 16648 814-695-5500	FP	ROSCH, MD, JULIUS C 4737 DOLPHIN CAY LANE SOUTH ST PETERSBURG FL 33711	IM	VERMA, MD, RAKESH C 1701 12TH AVE STE B-3 ALTOONA PA 16601-3100	AI	JOHNSON, MD, ELTING C 12 WALNUT ST TOWANDA PA 18848-1939	IM	WANAMAKER, MD, JOHN L GUTHRIE CLINIC LTD SAYRE PA 18840 717-882-2279	* CD
MC CLAIN, DO, DIANE M 812 CHURCH ST HOLLIDAYSBURG PA 16648-2458 814-946-7877	AN	ROWE, DO, JANE E 112 SANDSTONE DR HOLLIDAYSBURG PA 16648-9787	D	WALSHIN, MD, DAVID B 103 COUNTRY CLUB TER HOLLIDAYSBURG PA 16648-2525	* OBG	JOHNSON, MD, GLEN GUTHRIE CLINIC LTD SAYRE PA 18840 717-888-5858	* AN	WINSTON, MD, RALPH B RR 1 BOX 250 TOWANDA PA 18848 717-265-8649	CD
MC KINNEY, MD, HENRY D 1800 GRANT AVE ALTOONA PA 16602-4508 814-944-7109	D	SALTZBURG, DO, MICHAEL C EXECUTIVE HOUSE I STE 200 ALTOONA PA 16601-4858	* ORS	WEAVER, MD, LUNDA E PO BOX 247 MARTINSBURG PA 16662-0247	PM	KELLY, MD, JOHN A GUTHRIE CLINIC LTD SAYRE PA 18840	PTH	WOHLTMANN, MD, CHRISTOPHER D 301 MAPLE ST SAYRE PA 18840-1505	GS
MIKE-MAYER, MD, HENRIK 2727 BEALE AVE ALTOONA PA 16601-1705 814-949-6575	* ORS	SANKARAN, MD, MANICKAM 901 VALLEY VIEW BLVD STE 101 ALTOONA PA 16602 814-943-5198	IM	WETZEL, MD, MARIE A 501 HOWARD AVE ALTOONA PA 16601-4819	FP	KIKKAWA, MD, KAZUTOSHI GUTHRIE CLINIC LTD SAYRE PA 18840	R	YAEGER, MD, THOMAS A GUTHRIE CLINIC FAMILY PRAC SAYRE PA 18840 717-882-3288	FP
MONCMAN, DO, MICHAEL-GERARD 1701 12TH AVE STE F2 ALTOONA PA 16601-3100 814-944-7810	* NS	SANTILLAN, MD, VICTOR H 2 HOSPITAL DR TYRONE PA 16686-1801	* GS	WILEY, MD, BERT C RR 4 BOX 215 BEDFORD PA 15522-8932	OBG	KING, MD, ARTHUR B 728 S MAIN ST ATHENS PA 18810-1010	NS	ABIR, MD, ISAAC RICHBORO NEWTOWN RD RICHBORO PA 18954	PD
MORGAN, MD, VINCENT F 114 ALLEGHENY CT HOLLIDAYSBURG PA 16648-9239 814-944-6334	PM	SCHATANOFF, MD, DAVID 108 ELM ST HOLLIDAYSBURG PA 16648-2929	TR	WINGERT JR, MD, J PAUL 6520 WINGED FOOT DR STUART FL 34997	PM	KULCZYCKI, MD, EDWARD 721 S MAIN ST ATHENS PA 18810-1009	OPH	ABRAHAM, DO, RONALD 325 E STREET RD FEASTERVILLE PA 19053-7711	PM
MUHLFELDER, MD, WARREN J 400 PLEASANT VLY BLVD ALTOONA PA 16602-6404 814-944-5744	P	SCHMIDT, MD, STEPHEN L 102 HILLCREST DR ROARING SPRING PA 16673-0253	GS	WUSTROW, MD, H JUERGEN 4329 6TH AVE ALTOONA PA 16602-1525	RO	LIANG, MD, JEFFREY Y 814 W SCOTTWOOD DR PEORIA IL 61615-1053	IM	ABRAMOWITZ, DO, ALAN I 5000 COOKS LN DOYLESTOWN PA 18901	IM
NAJI, MD, MUHAMMAD G 107 HAWTHORNE ST HOLLIDAYSBURG PA 16648-3004 814-946-8998	IM	SCHOCKER, MD, JACK D DEPT OF RAD/ONCOLOGY ALTOONA PA 16601 814-949-4280	RO	YLOUSHAW, MD, DENNIS G BLAIR MEDICAL CTR ALTOONA PA 16601-4819	GS	ROSEMARIE L 319 S WILBUR AVE SAYRE PA 18840-1607	IM	ADELIZZI, MD, PAUL J 14 KINGS CROSS CIR DOYLESTOWN PA 18901-2470	R
NOVAKOVIC, MD, RACHEL L TYRONE HOSPITAL TYRONE PA 16686 814-684-7438	GS	SCHULTZ, MD, EDWARD D BOX 578 CLAYSBURG PA 16625-0578	GP	ZAVAHIR, MD, M FEIZAL 2 N JUNIATA ST HOLLIDAYSBURG PA 16648-1906	PD	LUFT, MD, WILLIAM C RR 2 BOX 520 ATHENS PA 18810-9508	PTH	ADIBI, MD, FERREYDOON 750 S WEST END BLVD QUAKERTOWN PA 18951-2662	OBG
OPIDA, MD, CICERON L 1915 VALLEY VIEW BLVD ALTOONA PA 16602-6527 814-946-5000	* N	SHAUB JR, MD, HOWARD G 817 PENN ST HOLLIDAYSBURG PA 16648-1549	CLP	ZIMMERMAN, MD, A LEONARD 501 HOWARD AVE ALTOONA PA 16601-4819	* OTO	MC GOVERN JR, MD, THOMAS M GUTHRIE CLINIC LTD SAYRE PA 18840	TS	ADLER, DO, DONALD J 103 PROGRESS DR DOYLESTOWN PA 18901	D
OPIDA, MD, MARINA PO BOX 912 ALTOONA PA 16603-0912 814-946-8080	OBG	SHEEDY, MD, JOHN G 116 UNION AVE ALTOONA PA 16602-3246	FP	ZWERLING, MD, ALDEN P 302 COVENTRY CT HOLLIDAYSBURG PA 16648-2931	* FP	MEIKLE, MD, CHARLES E 417 N MAIN ST BOX 246 ATHENS PA 18810-1817	GP	AGARWAL, MD, RAVI 501 BATH RD BRISTOL PA 19007-3101	* PD
OSGOOD, MD, CARROLL P 501 HOWARD AVE ALTOONA PA 16601-4819 814-946-9150	NS	SHINDEL, MD, JAMES H RR 3 BOX 212 ALTOONA PA 16601-9210	R	BERNETT, MD, TIMOTHY M RD 1 BOX 91-C SAYRE PA 18840	* GS	MIKAYA, MD, MARTIN L 3 OAK HILL DR SAYRE PA 18840-9646	EM	AIELLO, MD, STEPHEN A PENNWOOD VILLAGE RETIREMENT NEWTOWN PA 18940	IM
PANDIT, DR, RASHMIKANT S 16 CIRCLE DR HOLLIDAYSBURG PA 16648-9244 814-944-7000	IM	SILVERMAN, MD, JOSEPH S BLAIR MED CTR ALTOONA PA 16601-4811	* P	BECK, MD, JAN GUTHRIE CLINIC LTD SAYRE PA 18840	IM	MURTLAND, MD, ALBERT M GUTHRIE CLINIC LTD SAYRE PA 18840	ORS	AIMETTE, MD, ALEXANDER A 404 E BROAD ST SOUDERTON PA 18964-1214	OPH
PATEL, MD, ARUN R DEPT OF RADIOLOGY ALTOONA PA 16601 814-946-2836	* DR	SKERL, MD, ANTON O 2502 2ND AVE ALTOONA PA 16602-3304	FP	ALLEN, MD, ROBERT L GUTHRIE CLINIC LTD SAYRE PA 18840	ORS	NARAYANAN, MD, EDATHIL K GUTHRIE CLINIC LTD SAYRE PA 18840	PD	AKRUK, MD, SAMIR R 1790 YARDLEY LANGHORNE RD YARDLEY PA 19067-5523	IM
PATEL, MD, KISHOR D 313 BRISTOL LN HOLLIDAYSBURG PA 16648-2948 814-944-5000	PD	SKRENTNY, MD, THOMAS T RR 3 BOX 329A ALTOONA PA 16601-9215	FP	ARONSTAM, MD, ROBERT H 433 PARK AVE WAVERLY NY 14892-1446	OPH	NAZAR, MD, JOSE E 100 5TH ST TOWANDA PA 18848-1014	ORS	ALAND, MD, CHRISTOPHER M 584 MIDDLETOWN BLVD STE A-80 LANGHORNE PA 19047	* ORS
PAZMINO, MD, ROY R PO BOX 274 TYRONE PA 16686-0274 814-684-2583	OBG	SMITH, MD, VICTORIA T 207 LAKEMONT PARK BLVD ALTOONA PA 16602-5945	PM	BECK, MD, JAN GUTHRIE CLINIC LTD SAYRE PA 18840	GS	NOONE, MD, JAMES P MEDICAL ARTS BLDG TOWANDA PA 18848	GP	ALBRECHT, MD, JAMES B 256 TRUMBIAUSVILLE RD QUAKERTOWN PA 18951-2651	FP
PIKE, MD, DEBRA S 104 HILLCREST DR ROARING SPRING PA 16673 814-224-5455	OBG	SNEFF, MD, EUGENE M 119 SANDY RIDGE RD STATE COLLEGE PA 16803-1226	* PTH	BLOOD JR, MD, JOSEPH B GUTHRIE S SAYRE PA 18840	* IM	PELECHATY, MD, MICHAEL J 317-B HAYDEN ST SAYRE PA 18840-1615	IM	PERKASIE, MD, RAYMOND A RR 1 BOX 197B TOWANDA PA 18848-9757	OBG
POLLOCK, MD, ARTHUR E 7 PINEVIEW MNR DR HOLLIDAYSBURG PA 16648	GP	SOLLENBERGER, MD, LAURA B 2613 8TH AVE STE 3 ALTOONA PA 16602-2000	* IM	BOSELLI, MD, BRUCE D 106 HILLCREST DR SAYRE PA 18840-1006	ON	PERRY, MD, RAYMOND A RR 1 BOX 197B TOWANDA PA 18848-9757	IM	ALTMAN, DO, RISA 195 PENN AVE TELFORD PA 18969	PD
PONTZER, MD, PETER F 1414 8TH AVE ALTOONA PA 16602-2496 814-946-1655	FP	SOMMER, MD, VICKI M 711 LOGAN BLVD ALTOONA PA 16602-4165	PD	BOYEK, MD, MICHAEL F GUTHRIE CLINIC TOWANDA PA 18848-2132	* FP	PETERSON, MD, KARL R 111 TAYLOR AVE BOX 127 WYALUSING PA 18853	* GP	APPLESTEIN, MD, BRUCE 303 W STATE ST DOYLESTOWN PA 18901-3559	* CD
PORT, MD, JOSHUA 516 26TH ST ALTOONA PA 16602-2027 814-942-1166	* ORS	STOKER, MD, JOHN W JUNIATA GAP ALTOONA PA 16601-9758	* GYN	CADY, MD, JOSEPH B 23 PITNEY ST SOUTH WAVERLY PA 18840-2721	CD	PINSON, MD, THOMAS B 618 N ELMER AVE SAYRE PA 18840-2219	US	AZAR, MD, REZA R 712 HARVEST HILL DR CHALFONT PA 18914-1527	AN
PRICE, MD, TODD A 109 BONNIE LANE HOLLIDAYSBURG PA 16648-9220 814-949-4416	AN	STOWELL, MD, JOSEPH M BLAIR MEDICAL CTR ALTOONA PA 16601-4819	* GS	CAMA, MD, JOSEPH 213 PINE ST TOWANDA PA 18848-1713	FP	PRINCE, MD, BEVERLY C GUTHRIE CLINIC LTD SAYRE PA 18840	OTO	BADAYONS, MD, ALICIA P 16 N FRANKLIN ST STE 303 DOYLESTOWN PA 18901-3536	* P
RAINEY, MD, EDWARD C 424 CLARK ST HOLLIDAYSBURG PA 16648-2102 814-696-1144	* OBG	SULLIVAN, MD, ROBERT D 2323 BROAD AVE ALTOONA PA 16601-1937	* IM	CAREY, MD, KEVIN V GUTHRIE CLINIC LTD SAYRE PA 18840	GE	RANCK, MD, SIDNEY G GUTHRIE CLINIC LTD SAYRE PA 18840	OBG	BAKSHI, MD, KINNARI K 2742 KNIGHTS RD BENSLEM PA 19020-3526	OPH
RAJU, MD, PADMA I 501 HOWARD AVE BLDG E ALTOONA PA 16601-4819 814-944-7777	RO	TAYLOR, MD, MARK A 515 26TH ST ALTOONA PA 16602-2026	* ORS	CHADWICK, MD, HAROLD H PO BOX 277 WYSOX PA 18854-0277	GP	REDDING, MD, WILLIS A 1070 SW 20TH TER APT 111 DELRAY BEACH FL 33445-6033	FP	BARBA III, MD, WILLIAM P CENTRAL BUCKS PEDIATRICS DOYLESTOWN PA 18901-2503	PD
RAJU, MD, RUDEARAJU P 501 HOWARD AVE ALTOONA PA 16601-4819	TR	TICK, MD, ROBERT C ALTOONA HOSPITAL ALTOONA PA 16601-4804	AN	DIENHART, MD, KARL J GUTHRIE CLINIC LTD SAYRE PA 18840	CD	ROBINSON JR, MD, ELLIOTT S 395 SCHUYLER AVE KINGSTON PA 18704-2746	OBG	BARNES, MD, DENICE M 370 MIDDLETOWN BLVD LANGHORNE PA 19047-1840	PD
REBELLO, MD, SUNIL D MAINE MEDICAL CLINIC MAINE NY 13802	FP	TIPTON, DO, MARY E 501 S 9TH ST BELLWOOD PA 16617 814-944-0845	IM	FEDELE, MD, CHARLES R GUTHRIE CLINIC LTD SAYRE PA 18840	D	SCOTT, MD, KELLY L 83 FROST HOLLOW RD BARTON NY 13734	IM	BARONE, MD, FRANCES A 719 LEHIGH DR QUAKERTOWN PA 18951-1534	PD

BARRER, MD, MITCHELL J 700 LAWN AVE SELLERSVILLE PA 18960-1548 215-453-4550	AN	BRESSLER, MD, LAWRENCE P 10 BRECKENRIDGE DR IVYLAND PA 18974-1275 215-788-1465	NEP	CHIN, MD, BYOUNG KWON 763 GROVE AVE SOUTHAMPTON PA 18966-3438 215-357-0733	IM	DE MARIA, MD, GAIL R 508 CORPORATE DR W LANGHORNE PA 19047-8011 215-860-4380	FP	ESCHBACH, MD, EUGENIE M BOX 32 SELLERSVILLE PA 18960-0032 215-257-6551	P
BARRIS, MD, BRUCE J 8100 BROOKSIDE RD PHILADELPHIA PA 19117-2402 215-946-1500	IM	BROTMAN, MD, DAVID N 140 FORREST DR HOLLAND PA 18966 215-579-2634	* VS	CHOBY, MD, JOHN J 4380 WISMER RD DOYLESTOWN PA 18901-9321 215-340-2229	OBG	DE SANTOS, MD, MARCELINO A WEATHERVANE OFFICE COMMONS RICHBORO PA 18954 215-355-2229	PD	FACCENDA, MD, DEBORAH R 711 LAWN AVE SELLERSVILLE PA 18960-1575 215-257-2727	PD
BARTOLANZO, MD, ROBERT A 1589 RAMBLEWOOD LN JAMISON PA 18929-1426 412-771-6462	PD	BROWN, MD, STEPHEN T 43013 BENNETT PL HOLLAND PA 18966 215-893-7559	PM	CIAFRANI, MD, PETER M 925 MAIN ST PENNSBURG PA 18073-1631 215-679-4421	FP	DEGROOF, MD, ELLEN P L 145 WATER CREST DR DOYLESTOWN PA 18901-3267 215-453-4550	AN	FALCONE, DO, JOSEPH P DELAWARE VALLEY MEDICAL CTR LANGHORNE PA 19047 215-949-5000	ORS
BASEMAN, MD, ALAN S 164 MAIN ST SILVERDALE PA 18962 215-257-7550	FP	BROWN, MD, SUSAN J CENTRAL BUCKS PEDIATRICS DOYLESTOWN PA 18976 215-345-6090	PD	CICONE, MD, PATRICK E JOHNSON AND JOHNSON - MERCK FT WASHINGTON PA 19034 215-233-8656	* P	DELVECCHIO, MD, FREDESUNDA P 2392 DIXON AVE CROYDON PA 19021-5123	GP	FANELLI, DO, ANDREW T 301 OXFORD VALLEY RD STE 1103 YARDLEY PA 19067-7706 215-750-7124	* GE
BELOFF, MD, LOUIS BEAVER HILL CONDO UNIT 424 JENKINTOWN PA 19046-2605 215-674-1372	GP	BROWN JR, MD, WILLIAM C COMMONWEST STE 10 NEWTOWN PA 18940-1737 215-860-0909	OPH	CICCOTELLI, MD, ALDO A 813 CLIFF ROAD BENSALEM PA 19020-4071 215-757-1525	* FP	DEPENA, MD, CHARLES A 700 LAWN AVE SELLERSVILLE PA 18960-1548 215-453-4000	R	FASS, MD, BARRY D 325 E STREET RD FEASTERVILLE PA 19053-7711 215-322-2777	OS
BENNOV, MD, BENJAMIN Z 7622 OGENTZ AVE PHILADELPHIA PA 19150 215-224-8980	* IM	BROWN V, MD, THOMAS W 750 S WEST END BLVD QUAKERTOWN PA 18951-2662 215-536-1133	GS	CIRIGLIANO, MD, DANIEL A FLOURTOWN COMMONS STE 213 FLOURTOWN PA 19031-1111 215-233-2810	PM	DERRICK, MD, BRUCE M 16 N FRANKLIN ST DOYLESTOWN PA 18901-9450 215-348-7080	GS	FAST, MD, WILLIS B 157 WILLOW DRIVE LEVITTOWN PA 19054-3116 FERRARA, MD, JOSEPH D 355 MAPLE AVE DOYLESTOWN PA 18901-4411 215-756-8844	GS
BERK, MD, ROBERT L ST MARY MEDICAL BUILDING LANGHORNE PA 19047 215-750-6440	OBG	BRYAN JR, MD, JOHN S PO BOX 662 DOYLESTOWN PA 18901-0662	ORS	CLARKE, MD, FRANKLYN R 376 S BELLEVUE AVE LANGHORNE PA 19047-2840 215-757-3030	P	DERSHAW, MD, BRUCE B 333 N OXFORD VALLEY RD #510 FAIRLESS HILLS PA 19030-2618	PUD	FERRY, MD, NICHOLAS J 238 WILLOW DR LEVITTOWN PA 19054-3119 215-943-3333	GP
BERNAL, MD, GUILLERMO J 613 E MELISSA CIR YARDLEY PA 19067-4482 215-788-8261	* PM	BUCHER, MD, ROBERT G CHERRY LN WYCOMBE PA 18980 215-598-3821	FP	CLIPP, MD, SAMUEL W 1070 KRAUSSDALE RD E GREENVILLE PA 18041-2118 215-453-4463	R	DESSABLES, MD, DANIEL R 22 SPRING VALLEY RD NEWTOWN PA 18940-9218 215-579-7343	IM	FIELDS, MD, RONALD H 28 BASHORE DR NEWTOWN PA 18940-3805 215-750-7818	AN
BERNARDINO JR, MD, VITALIANO B PO BOX 397 LANGHORNE PA 19047-0397 215-752-7194	* OPH	BUCKLER, MD, RICHARD A 920 LAWN AVE SELLERSVILLE PA 18960-1560 215-257-4900	N	COHLER, MD, ALAN 24 W BUTLER AVE CHALFONT PA 18914-3016 215-822-3767	* TR	DETWEILER, JOHN S 200 APPLE ST STE 3 QUAKERTOWN PA 18951-1686 215-536-8665	EXEC	FINLEY, MD, JOHN G 440 LAWRENCE RD HUNTINGDON VLY PA 19006-2335 215-741-0336	CD
BERNSTEIN, MD, DEBORAH R 595 W STATE ST DOYLESTOWN PA 18901-2554 215-345-2372	PM	BUCKWALTER, MD, JEFFREY A 14 SANDY KNOLL DR DOYLESTOWN PA 18901-2425 215-348-1152	FPS	COLETTA, MD, DANIEL J 730 SPRING VALLEY RD DOYLESTOWN PA 18901-3256 215-348-3382	OBG	DEVENUTO JR, MD, JOSEPH J SUGAR RD BOX 154 SOLEBURY PA 18963 215-345-6100	OPH	FLASHNER, MD, STEVEN C 377 BIRDSONG WAY DOYLESTOWN PA 18901-4895 215-230-0600	EM
BERNSTEIN, DO, HENRY H 711 LAWN AVE SELLERSVILLE PA 18960-1575 215-257-2727	PD	BUDD, MD, CATHERINE B 1039 LAFAYETTE DR YARDLEY PA 19067-2830	OBG	COLLINS, MD, DEIRDRE M 3655 RTE 202 STE 205 DOYLESTOWN PA 18901 215-348-8020	NEP	DEVINE, MD, PETER J 6 PHEASANT DR HOLLAND PA 18966-1949	OM	FLOCK, MD, STEVEN 920 LAWN AVE SELLERSVILLE PA 18960-1560 215-257-1193	R
BERNSTEIN, MD, MARK H 593 BETHLEHEM PIKE STE 4 MONTGOMERYVILLE PA 18936-9709 215-282-2224	* P	BUMGARDNER, MD, JAMES L LAWN AVE PROF CTR SELLERSVILLE PA 18960 215-257-3789	ORS	CONAHAN, MD, BERNARDIN Q 327 DORSET CT DOYLESTOWN PA 18901-2500	PD	DIMOIA, MD, MARGARET M 301 FAIRVIEW AVE LANGHORNE PA 19047-5113 215-752-8433	PD	FLACCO, MD, ALBERT J 78 REDBERRY ROAD LEVITTOWN PA 19056-2306 215-741-0336	PD
BIUCKIANS, MD, EDWARD 1517 DURHAM RD PENNDL PA 19047-5707 215-752-1541	* P	BURKE, MD, GERRIANNE 5 BROOK LN CHALFONT PA 18914-1309	IM	CONNORS JR, MD, EARL K ST MARY HOSPITAL LANGHORNE PA 19047-1295 215-750-2006	FP	DINESEN, DO, SCOTT A 212 STAGS LEAP CIR DOYLESTOWN PA 18901 610-954-4670	OBG	FLANDERS, MD, STEVEN C 377 BIRDSONG WAY DOYLESTOWN PA 18901-4895 215-230-0600	* U
BLACKBURN JR, MD, LAURENCE H 22 WATER CREST DR DOYLESTOWN PA 18901-3240	OM	BURKE, MD, JEROME M 836 LAWN AVE SELLERSVILLE PA 18960-1550 215-257-3011	GE	CONRAD, MD, JAMES L 1301 N 5TH ST PERKASIE PA 18944-2256 215-257-5128	GP	DIRENZO, MD, ENRICO J 833 DURHAM RD PENNDL PA 19047-5736 215-752-5433	* FP	FLOWERS, MD, DAVID M PO BOX 215 TYLERSPORT PA 18971-0215 215-257-1127	CD
BLACKBURN JR, MD, LAURENCE H 22 WATER CREST DR DOYLESTOWN PA 18901-3240	OBG	BURMEISTER, MD, CHARLES W 4158 DILLON RD DOYLESTOWN PA 18901 215-766-8844	GP	COSTANTINO, MD, GEORGE N 402 MIDDLETOWN BLVD STE 214 LANGHORNE PA 19047-1822 215-750-1511	* GS	DIX, MD, DAVID G 39 MEADOWBROOK RD NORTH WALES PA 19454-3649 215-453-4000	DR	FLY-MITCHELL, DO, ERIN M QUAKERTOWN MEDICAL ASSOC QUAKERTOWN PA 18951 215-538-1111	* IM
BLOCK, MD, STEVEN 920 LAWN AVE SELLERSVILLE PA 18960-1560 215-257-1193	OBG	BYER, MD, HAROLD H 2901 HONEY RUN RD AMBLER PA 19002	* OPH	COSTELLO, DO, THOMAS P 12 SOLEBURY MT RD NEW HOPE PA 18938-1113 215-757-1900	AN	DOBROTA, MD, JOHN S UB MEDICAL ARTS BLDG SELLERSVILLE PA 18960-1549 215-257-5071	GE	FODERARO, MD, ANTHONY E GRANDVIEW HOSPITAL SELLERSVILLE PA 18960 215-453-4511	DR
BLOOM, MD, SANDRA L 1110 N WEST END BLVD QUAKERTOWN PA 18951-4122 215-538-2666	* P	CAMPBELL, MD, NEIL P 300 MIDDLETOWN BLVD STE 100 LANGHORNE PA 19047-1822 215-547-2670	* OBG	COVERDALE, MD, PAUL J 3560 BURNT HOUSE HILL RD DOYLESTOWN PA 18901-1523 215-348-4800	IM	DOWNS, DO, CAROLYN R 119 CHAPEL RD NEW HOPE PA 18938-1007 215-862-3371	FP	FORD, MD, FRANCIS W FRANKLIN AND WOOD ST DOYLESTOWN PA 18901-1925 215-348-7080	GS
BLORE JR, MD, JAMES P GENERAL DELIVERY PLUMSTEADVILLE PA 18949-9999 215-766-8844	FP	CANDIA, MD, ANDREA J DOYLESTOWN HOSPITAL DOYLESTOWN PA 18901 215-345-2299	DR	COVERDALE III, MD, EDWARD J RR 2 WATSON DR DOYLESTOWN PA 18901-9802	IM	DRAGANOSKY, MD, EUGENE A 1288 NEW RODGERS RD LEVITTOWN PA 19056-1601 215-757-8200	OBG	FORSTER, MD, TERRENCE J 70 SOUTH WEST STREET DOYLESTOWN PA 18901-4136 215-340-1660	RHU
BLUMENTHAL, MD, JEFFREY R 333 N OXFORD VALLEY RD FAIRLESS HILLS PA 19030-2605 215-946-1500	* IM	CAPPIELLO, MD, WILLIAM A 19622 N PALO VERDE DR SUN CITY AZ 85373-1135	GS	COYLE, MD, THOMAS J 670 LAWN AVE SELLERSVILLE PA 18960 215-257-3697	GS	DREZNER, MD, MALCOLM E ST MARY MED BLDG STE 400 LANGHORNE PA 19047 215-757-8400	GS	FRANKLIN, MD, IRVIN D 205 NEWTOWN RD STE 215 WARMINSTER PA 18974-5207 215-672-6509	GS
BLUMENTHAL, MD, MELVIN S 1472 GREENMEADOWS RD YARDLEY PA 19067 215-321-4214	CD	CARESTIA, MD, JOHN G 12 NEWBURYPORT RD LANGHORNE PA 19053-1556 215-860-4110	AN	COYNE, MD, VERONICA E 5049 SWAMP RD BOX 375 FOUNTAINVILLE PA 18923 215-348-0717	* IM	DSILVA, MD, HENRY I ST MARY MED OFFICE #404 LANGHORNE PA 19047-1223 215-757-5772	NEP	FREDRICKSON, MD, VICTOR J 29 PARCHMENT DR NEW HOPE PA 18938-1040 215-757-5772	GP
BOLAND JR, MD, FRANCIS B 140 MEMORIAL DR DOYLESTOWN PA 18901 215-348-2022	* ORS	CARLOS, MD, HECTOR J 670 LAWN AVE STE 3B BOX 6 SELLERSVILLE PA 18960-1571 215-257-6906	PS	CRASTNOPOL, MD, DAVID H 3850 RUCKMAN WAY DOYLESTOWN PA 18901-6500 215-453-4810	AN	DUFFIELD, MD, THOMAS E 408 FLORAL VALE BLVD MORRISVILLE PA 19067-5526 215-579-9260	FP	FRIEDBERG, MD, JAY G 172 MIDDLETOWN BLVD STE 200 LANGHORNE PA 19047-1822 215-752-3511	OPH
BOLANOWSKI, MD, DEBORAH J 195 PENN AVE TELFORD PA 18969-1916 215-723-7177	PD	CARROLL, DO, EDMUND T 1621 FARRAGUT AVE BRISTOL PA 19007-5406 215-788-5594	AI	CRITTENDEN, MD, DONALD W 424 GRANDVIEW AVE PERKASIE PA 18944	GP	DUNN, MD, JEFFREY M LOWER BUCKS HOSP BRISTOL PA 19007-3101 215-785-9030	CDS	FRIEDMAN, MD, PHILLIP 131 S BELLEVUE AVE LANGHORNE PA 19047-2803 215-757-4334	* GP
BONNER, MD, DENNIS J 1205 LANGHORNE NEWTOWN RD LANGHORNE PA 19047 215-752-0200	PM	CARVALJAL, MD, ROBERTO T 2105 YARDLEY RD YARDLEY PA 19067-3065 215-752-4110	IM	CULOTTA, MD, DOMINIC A BOX 105F FEASTERVILLE PA 19053-0105 215-355-1155	* OTO	DUPREE, MD, BETH B ST MARY MED BLDG STE 106 LANGHORNE PA 19047 215-757-4040	GS	GALUETTA, MD, MARYANN C PO BOX 623 YARDLEY PA 19067-8623 215-493-0556	GER
BONNER, MD, WILLIAM F 333 N OXFORD VALLEY RD FAIRLESS HILLS PA 19030-2605 215-547-6611	* PM	CASALE, MD, LOUIS J 709 W SANDY RIDGE RD DOYLESTOWN PA 18901-2129 215-471-2761	PD	CURCI, MD, JOSEPH J 16 GOLFVIEW RD DOYLESTOWN PA 18901-4904 215-348-7080	GS	DYCKMAN, MD, SHARON 131 RAYNHAM RD MERION STATION PA 19066-1735 215-925-6428	OPH	GALLAGHER, MD, JOHN T 275E W STREET RD FEASTERVILLE PA 19047 215-355-1155	* OTO
BORAH, MD, BISHNU C 380 MIDDLETOWN BLVD # 702 LANGHORNE PA 19047-1822 215-752-9100	* PD	CAUFFMAN, MD, WILLIAM J 1723 WOODBOURNE RD LEVITTOWN PA 19057-5205	IM	DADDARIO, MD, RICHARD T 920 LAWN AVE SELLERSVILLE PA 18960-1560 215-257-4900	N	EBERHART, MD, JOSEPH C 824 DUCHESS DR YARDLEY PA 19067-4620 215-493-5535	FP	GARNER, MD, BLAINE R 309 E WASHINGTON AVE NEWTOWN PA 18940-2127 215-968-2348	GP
BRACKIN, MD, GEORGE G DOYLESTOWN HOSPITAL DOYLESTOWN PA 18901-2598 215-345-2290	R	CHAI, MD, CHIU L 256 TRUMBAUERSVILLE RD QUAKERTOWN PA 18951-2651 215-536-0655	FP	DANZIS, DO, JEFFREY J 202 N MAIN ST CHALFONT PA 18914-2916 215-822-3113	FP	EICHER, MD, WENDELL P 750 S WEST END BLVD QUAKERTOWN PA 18951-2662 215-536-1133	GS	GASTON, MD, NOREEM M 1112 TAYLORSVILLE RD WASHINGTON XING PA 18977-1140 215-493-8080	* IM
BRECHER, MD, JEFFREY A 205 NEWTOWN RD WARMINSTER PA 18974-5275	IM	CHAU, DO, BRUCE 444 OXFORD VALLEY RD STE 100 LANGHORNE PA 19047 215-946-5575	PS	DAVIS, MD, HARRIET J PENNSWOOD VILLAGE C113 NEWTOWN PA 18940-2401	PDA	ERLICHMAN, MD, I FULTON 2 SHADYWOOD RD LEVITTOWN PA 19056-1706	IM	GAUL, MD, JAMES J SAINT MARY MEDICAL BUILDING LANGHORNE PA 19047 215-757-5800	* N
BRENNEMAN, MD, PAUL G 365 IRON HILL RD DOYLESTOWN PA 18901-2016	FP	CHAWLA, MD, HARISH C 1411 WOODBOURNE RD LEVITTOWN PA 19057-1504 215-943-2000	PM	DE ANTONIO, MD, SONDRAM 1609 WOODBORNE ROAD LEVITTOWN PA 19057	N				

BUCKS

GETZOW, MD, MARTIN B 501 DOYLESTOWN RD LANSDALE PA 19446 215-368-2200	* FP	HARR, MD, DOUGLAS P 2305 MILL HILL RD OUAKERTOWN PA 18951-3904	IM	JAVIAN JR, MD, THOMAS A ST MARY MED BLDG STE 301 LANGHORNE PA 19047 215-752-8228	ORS	KUCER, MD, KATHLEEN A 817 LAWN AVE SELLERSVILLE PA 18960 215-257-0196	D	LOUGHRAN, DO, DAVID H 50 OPAL CT NEWTOWN PA 18940-2434 215-581-9666	ID
GITTLEN, MD, STANFORD D 800 W STATE ST STE 204 DOYLESTOWN PA 18901-5842 215-348-1310	* PUD	HARRISON, MD, BRETT M FRANKLIN AND WOOD ST DOYLESTOWN PA 18901 215-348-7080	GS	JENNINGS, MD, JOHN F STONERIDGE PROFESSIONAL CTR SELLERSVILLE PA 18960-1571 215-257-6898	HS	KUHN, MD, MARK D 2222 TRENTON RD LEVITTOWN PA 19056-1421 215-547-0505	OBG	LOUX, MD, NORMAN L PENN FOUND FOR MEN HLTH SELLERSVILLE PA 18960-0032 215-257-6551	P
GODSHALL, MD, RICHARD W PROF CENTER SELLERSVILLE PA 18960-1575 215-257-3700	* ORS	HARTENBAUM, MD, DAVID 1600 WHITEHOUSE RD MAPLE GLEN PA 19002-3121 215-945-3300	OPH	JUNG, MD, JENNIFER L 700 LAWN AVE SELLERSVILLE PA 18960-1548 215-453-4810	AN	KUTNER, MD, BARRY N 301 OXFORD VALLEY RD STE 801A YARDLEY PA 19067 215-493-7330	OPH	LUDWICK, MD, DAVID J 890 CENTURY DR MECHANICSBURG PA 17055 717-697-1414	OPH
GOLDBERG, MD, HARVEY E 401 RADCLIFFE ST BRISTOL PA 19007-5126 215-785-6531	IM	HASSAN, MD, MOHAMED H 1 MAKEFIELD RD APT H342 MORRISVILLE PA 19067-5032 215-943-3300	US	KALCHMAN, MD, STEVEN H LOWER BUCKS HOSPITAL BRISTOL PA 19007 215-785-9333	R	LANDES, MD, RAY P 35 W RELIANCE RD SOUDERTON PA 18964-1637 LANE, MD, BARBARA 117 BARBERY CT CHALFONT PA 18914-2133 215-723-7177	IM	LUSCOMBE, MD, HERBERT J 1400 NEW RODGERS RD 107 LEVITTOWN PA 19056 215-752-4433	FP
GOLDBERG, MD, MICHAEL E 80 POST RD CHURCHVILLE PA 18966-1160 609-933-6688	AN	HEDRICK, MD, G WINFIELD 24 FOXGLOVE CT DOYLESTOWN PA 18901-2644	FP	KARNIK, MD, SUBASH S 205 NEWTOWN RD STE 215 WARMINTON PA 18974-5207 215-672-6509	GS	LANE, MD, JOHN D 833 DURHAM RD PENNDDEL PA 19047-5736 215-752-5433	* FP	LYONS, MD, WILBERT A 333 S 3RD ST PERKASIE PA 18944-1817 215-956-1321	P
GOLDFARB, MD, RICHARD M 9 BAYSHORE DR NEWTOWN PA 18940-3805 215-741-4321	* GS	HEINE, MD, MARILYN J 900 TWINING RD DRESHER PA 19025-1726 215-785-9400	IM	KASIRSKY, DO, GILBERT 66 BUCK RD HOLLAND PA 18966-1705 215-322-2444	* GP	LAUANDOS, MD, IBRAHIM E 522 VALLEY VIEW RD LANGHORNE PA 19047 LAUDENSLAGER, MD, ELMER C 272 W COURT ST DOYLESTOWN PA 18901-4043	PS	MACKELL, MD, THOMAS E 800 W STATE ST STE 202 DOYLESTOWN PA 18901-5842 215-348-3936	* ORS
GOLDSTEIN, MD, ARNOLD L 170 MIDDLETOWN BLVD STE 101 LANGHORNE PA 19047-1822 215-757-8100	IM	HERMANN, MD, CHRISTOPHER P 301 S MAIN ST STE 2 DOYLESTOWN PA 18901-4870 215-348-4800	IM	KAUFMAN, MD, ALAN C 920 LAWN AVE SELLERSVILLE PA 18960-1560 215-257-8858	ON	LEVIN, MD, GENE D 71 E ASHLAND ST DOYLESTOWN PA 18901-4631 215-348-2223	GP	MADANY, MD, BAHU H 919 DURHAM RD PENNDDEL PA 19047-5738 215-752-2260	U
GOLDSTEIN, MD, RICHARD S 390 MIDDLETOWN BLVD STE 612 LANGHORNE PA 19047-1822 215-741-4910	CRS	HERMANY, MD, PAUL R PO BOX 186 HILLTOWN PA 18927-0186 215-257-1127	CD	KENNEDY, DO, JULIA M 1680 FRANKLYNN DRIVE FURLONG PA 18925-1441 KENNEDY, MD, THOMAS I PENRIDGE PEDIATRIC ASSOC SELLERSVILLE PA 18960-1583 215-257-2727	IM	LEEDS, MD, SEYMOUR 370 MIDDLETOWN BLVD STE 502 LANGHORNE PA 19047-1840 215-741-0336	PTH	MADDERN, MD, FRANCIS P 5 MERRYDELL DR CHURCHVILLE PA 18966-1133 215-322-1899	IM
GOODMAN, MD, BRUCE A 8 SNOWDROP PLACE NEWTOWN PA 18940-1250 215-598-3830	IM	HIDALGO, MD, HORACIO A 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 215-945-6500	FP	KIM, MD, IN-SOON 801 W TRENTON AVE MORRISVILLE PA 19067-3516 215-736-9500	PD	LEE, MD, CHANCHI 2230 OXFORD VALLEY RD LEVITTOWN PA 19057-1303 215-945-4640	PD	MADDERN, MD, ROBERT A 3554 HULMEVILLE RD STE 106 BENSEALEM PA 19020-4312 215-245-4006	* IM
GOODMAN, MD, MICHAEL S 205 NEWTOWN RD STE 213 WARMINTON PA 18974-5207 215-674-9133	U	HIDALGO JR, MD, HORACIO A 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 215-945-6500	FP	KIM, MD, YOUNG W 36 SUTPHIN RD YARDLEY PA 19067-3450 KIM, MD, YUNG S 1532 PARK AVE OUAKERTOWN PA 18951-1615 215-536-7185	AN	LEE, MD, HOWARD J 1205 LANGHORNE-NEWTOWN RD LANGHORNE PA 19047 215-757-1414	U	MAHAN, MD, JOHN P 1205 LANGHORNE-NEWTOWN RD LANGHORNE PA 19047 215-757-1414	IM
GORDON, MD, GREGORY R 333 N OXFORD VLY RD RM 201 FAIRLESS HLS PA 19030 215-946-1500	* FP	HIGHTOWER, MD, MARTIN C 1303 TYLER WAY LANSDALE PA 19446-4445 215-453-4000	RO	KITTEMBERGER, MD, WILLIAM C PO BOX 72 SELLERSVILLE PA 18960-0072 KLEEMAN, MD, AUDREY K 825 TOWN CENTER DR STE 150 LANGHORNE PA 19047-1752 215-752-8700	FP	LEISTER, MD, HOWARD A 400 WASHINGTON AVE NEWTOWN PA 18940-2130 215-968-2167	PUD	MANNARINO, MD, ANTHONY P 103 MILL ST BRISTOL PA 19007-4806 215-781-2020	OPH
GORDON, MD, RICHARD D 380 MIDDLETOWN BLVD STE 704 LANGHORNE PA 19047-1822 215-757-5665	RHU	HIPP, MD, THOMAS J 711 LAWN AVE SELLERSVILLE PA 18960-1575 215-257-2727	PD	KMETZOW, MD, JAMES J 303 W STATE ST DOYLESTOWN PA 18901-3559 215-345-1900	IM	LEVIN, MD, LARRY L 503 WARMINTON RD APT 8 HATBORO PA 19040-4101 215-355-4036	* FP	MARCHANT, MD, ERIC A 708 SHADY RETREAT RD STE 502 DOYLESTOWN PA 18901-2503 215-230-0400	PS
GREENSPAN, MD, MITCHELL M 3 LIFEMARK DR SELLERSVILLE PA 18960-1598 215-257-1127	* CD	HIRSCH, DO, WILLIAM S 658 ALDER CT YARDLEY PA 19067-6335 HOLLAND-HULL, MD, NORMAN E 73 ROCKRIDGE ROAD UPPER BLACK EDDY PA 18972-9559 215-897-8563	IM	KNAPP, MD, MICHAEL A 205 NEWTOWN RD STE 219 WARMINTON PA 18974-5207 215-672-4726	GYN	LEVENTHAL, MD, LINDA C 680 KORIS DR HUNTINGDON VLY PA 19006-2224 215-752-7500	* D	MARCOUX, MD, ANNE-MARIE C 390 MIDDLETOWN BLVD STE 612 LANGHORNE PA 18901-1822 215-741-4910	CRS
GRESS, MD, JEFFREY P 303 W STATE ST DOYLESTOWN PA 18901 215-345-1990	* CD	HOLLAND-HULL, MD, NORMAN E 73 ROCKRIDGE ROAD UPPER BLACK EDDY PA 18972-9559 215-897-8563	P	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	IM	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	ORS	MARFATIA, MD, SUDHIR K 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	CD
GRIEB, MD, JOHN J 800 SPRING VALLEY RD DOYLESTOWN PA 18901-3252	OBG	HOLLANDER, MD, IRWIN J GRAND VIEW HOSPITAL SELLERSVILLE PA 18960 215-453-4522	PTH	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	* CD	LEVIN, MD, LARRY L 503 WARMINTON RD APT 8 HATBORO PA 19040-4101 215-355-4036	* IM	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	ON
GRIFFITH, MD, ANNETTE Y ABINGTON MEMORIAL HOSPITAL ABINGTON PA 19001-3788 215-947-7851	DR	HORWITZ, MD, MILTON R 103 PROGRESS DR DOYLESTOWN PA 18901 215-348-1152	OTO	KNAPP, MD, MICHAEL A 205 NEWTOWN RD STE 219 WARMINTON PA 18974-5207 215-672-4726	* IM	LEVIN, MD, MOISEY 70 SNOWFLAKE RD HUNTINGDON VLY PA 19006-1527 LEVIN, MD, MORRIS UPPER BUCKS RADIOLOGY ASSOC SELLERSVILLE PA 18960-0168 215-538-4610	N	MARFATIA, MD, SUDHIR K 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	GE
GUAGLIARDO, DO, JOSEPH P 253 W STATE ST DOYLESTOWN PA 18901-3531 215-348-0222	ORS	HOUGAARD, MD, JOHN P 800 TRENTON ROAD LANGHORNE PA 19047-5674 HOWELL, MD, JOHN T 62 S MAIN ST YARDLEY PA 19067-1511 215-493-5535	GP	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	A	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	DR	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	CHP
GUEST, DO, MARGARET A 333 OXFORD VALLEY RD FAIRLESS HILLS PA 19030 215-547-6111	* PM	HOWELL, MD, JOHN T 62 S MAIN ST YARDLEY PA 19067-1511 215-493-5535	FP	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	FP	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	DMP	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	NPM
GUPTA, MD, NAND K 3616 CLEAR SPRINGS DR BENSEALEM PA 19020-4702 215-639-7363	GP	HUNT, MD, EUGENE H DOYLESTOWN HOSPITAL DOYLESTOWN PA 18901 215-345-2174	DR	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	* D	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	IM	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	IM
GUSA JR, MD, WILLIAM E 147 POLO DR NORTH WALES PA 19454-4242	AN	HUNTER, MD, MARVIN T 301 S MAIN ST STE 2-3 SOUTH DOYLESTOWN PA 18901-4870 215-672-0700	PS	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	* IM	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	* GPM	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	N
GUTOWICZ, MD, LORRAINE F 3930 NETHERFIELD RD PHILADELPHIA PA 19129-1014 215-291-3059	OM	HURLEY, MD, JAMES M 711 LAWN AVE SELLERSVILLE PA 18960 215-257-3700	ORS	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	PD	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	FP	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	AN
GUTTMAN, MD, MICHAEL 2793 MECHANICSVILLE RD BENSEALEM PA 19020-2626 215-752-5501	IM	HUTCHINGS, MD, DIANA M 600 FAIRWAY DR TELFORD PA 18969-2262 215-453-4514	DR	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	* PTH	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	D	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	CD
HAIMOWITZ, MD, DANIEL 1098 COUNTRY HILLS ROAD YARDLEY PA 19067-6025 215-943-2222	IM	IRWIN, MD, JOHN T 680 HEACOCK RD STE 201 YARDLEY PA 19067-6346 215-321-9520	* ORS	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	ORS	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	* FP	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	U
HALE, MD, ROBERT H 14B MEMORIAL DR DOYLESTOWN PA 18901 215-345-6050	* IM	JACOBELLI, MD, MICHAEL C 1205 LANGHORNE-NEWTOWN RD LANGHORNE PA 19047 215-757-4040	GS	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	P	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	OS	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	CD
HALPERN, MD, JANIS S 2060 DAWN LN NEWTOWN PA 18940-3738 215-752-8700	PD	JAFFE, MD, JOEL D 400 MIDDLETOWN BLVD STE 100 LANGHORNE PA 19047-1822 215-757-7300	* OTO	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	GE	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	* ORS	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	TR
HANES, MD, DAVID J 670 LAWN AVE STE 4A SELLERSVILLE PA 18960 215-257-0414	OBG	JAFFE, MD, STEPHEN C 1548 RIVER RD NEW HOPE PA 18938-9267 215-322-6320	R	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	IM	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	IM	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	* CD
HANNUSH, MD, SADEER B 400 MIDDLETOWN BLVD STE 110 LANGHORNE PA 19047-5738 215-752-8564	OPH	JAKABOWICZ, MD, EVA 33 LENAER RD RICHBORO PA 18954-1219 JANNELLI, MD, ANGELA F 1723 WOODBOURNE RD LEVITTOWN PA 19057-5205 215-945-1313	PD	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	AN	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	FP	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	* FP
HANSEN, MD, CARL A 711 LAWN AVE PROF CTR SELLERSVILLE PA 18960 215-257-3700	ORS	JANNELLI, MD, ANGELA F 1723 WOODBOURNE RD LEVITTOWN PA 19057-5205 215-945-1313	RHU	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	* GP	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	OBG	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	GP
HARDY, MD, CHARLES A 862 GAINSWAY RD YARDLEY PA 19067-3009 215-750-6800	AN	JARMAN, MD, MARTHA L 981 2ND ST PIKE RICHBORO PA 18954-1526 215-357-3533	* GP	KNAPP, DO, STEPHANIE A 221 WESTWIND WAY DRESHER PA 19025-1419 KNOUSE, MD, ALBERT B 1 SUGARMAPLE LN LEVITTOWN PA 19055-2007 KOELSCH, MD, ROBERT R 712 LAWN AVE SELLERSVILLE PA 18960-1548 KOLBER, MD, LAUREN R MALLARD CREEK VILLAGE RICHBORO PA 18964 215-672-7303	* GE	LEVIN, MD, RICHARD L 9824 N 53RD PL SCOTTSDALE AZ 85253 LEVY, MD, SCOTT S 3655 ROUTE 2020 STE 205 DOYLESTOWN PA 18901-2503 215-348-8020	* IM	MARFATIA, MD, USHA S 205 NEWTOWN RD STE 217 WARMINTON PA 18974-5207 215-441-0931	GP

MENACKER, MD, SHERYL J 191 SAVAGE DR HOLLAND PA 18966-2258 215-757-6200	OPH	NELSON, MD, MORTIMER T 419 SNOWBALL DR LEVITTOWN PA 19056-2211 215-945-2220	OBG	PODRASKY, MD, DAVID F 1205 LANGHORNE NEWTOWN RD LANGHORNE PA 19047-1221 215-750-6440	OBG	ROTHSTEIN, MD, EDWARD P 711 LAWN AVE SELLERSVILLE PA 18960-1575 215-257-2727	PD	SHONBERG, MD, BARBARA H 1506 SILO RD YARDLEY PA 19067-4255 215-757-8100	IM
MENNA, MD, VINCENT J 708 N SHADY RETREAT RD DOYLESTOWN PA 18901-2503 215-345-6090	PD	NEMIROFF, MD, MARK S 109 F FERRY RD YARDLEY PA 19067-1014 215-496-7200	AN	POPPER, MD, DAVID A 301 OXFORD VALLEY RD STE 701 YARDLEY PA 19067-7706 215-321-0847	GE	RUDDEN, MD, ANN 3456 BETHLEHEM PIKE SODERTON PA 18964-1038 215-721-6500	IM	SHULTZ, MD, THOMAS L 1723 WOODBOURNE RD LEVITTOWN PA 19057-5205 215-945-1650	IM
MERSKY, MD, MARTIN R 825 TOWN CENTER DR STE 150 LANGHORNE PA 19047-1752 215-752-8700	IM	NESEI, MD, DANIEL A 800 W STATE ST DOYLESTOWN PA 18901-2250 215-345-5494	OTO	POWELL, MD, ALVIN P 428 W UPSAL ST PHILADELPHIA PA 19119-3647 215-291-3696	PTH	RUEBEL, MD, ARMIN A 186 W STATE ST DOYLESTOWN PA 18901-3532 215-345-0639	IM	SHUSTERMAN, MD, RICHARD D 1205 LANGHORNE-NEWTOWN RD LANGHORNE PA 19047 215-757-1414	IM
METKUS, MD, FRANCIS M 1511 BROCK CREEK DR YARDLEY PA 19067-5604 215-945-1650	IM	NEUMAN, DO, PAUL C 150 E WYNNWOOD RD APT 11-A WYNNWOODM PA 19096-1501 NEWSOM, MD, JOHN H 1588 WOODSIDE ROAD YARDLEY PA 19067-0403 215-493-2236	ORS	PRICE, MD, RICHARD T 1301 N 5TH ST PERKASIE PA 18944-2256 215-257-5128	FP	RUEENES JR, MD, ALBERT 708 SHADY RETREAT RD DOYLESTOWN PA 18901 215-230-0600	* U	SIEGEL, MD, WILLIAM 712 LAWN AVE SELLERSVILLE PA 18960-1548 215-257-2394	ON
MILAZZO, MD, JOHN V 750 S WEST END BLVD QUAKERTOWN PA 18951-2662 215-536-1133	ON	NOBLE, MD, JEYASEELAN 411 W TRENTON AVE MORRISVILLE PA 19067-3510 215-736-3656	* PS	PRINCE, MD, RICHARD B 215 2ND ST PIKE SOUTHAMPTON PA 18966-3812 215-355-4428	OPH	RUF, MD, REDDING H RMC APT L-60 SELLERSVILLE PA 18960-1622 SALOWE, MD, DAVID R 103 OLD MARLTON PK STE 102 MEDFORD NJ 08055 609-953-3440	GP	SIESHOLTZ, MD, THOMAS S THE SUMMIT SELLERSVILLE PA 18960-1560 215-257-6858	ON
MILLER, MD, BRIAN A 400 MIDDLETOWN BLVD STE 100 LANGHORNE PA 19047-1822 215-757-7300	* OTO	NUSCHKE, MD, JOHN D 359 OAK DR SODERTON PA 18964-2051 O'BRIEN III, DO, WILLIAM J 604-A ROSE HOLLOW DR YARDLEY PA 19067 215-949-5000	FP	PRYOR JR, MD, CHARLES A 2318 N ROSE DR MESA AZ 85213 602-640-4712	OS	SANDHU, MD, BAKHSHISH S 1328 JACOB DR YARDLEY PA 19067-3951 215-639-1460	IM	SILBERMAN, MD, DAVID A PLASTIC SURGERY ASSOC LTD DOYLESTOWN PA 18901-4870 215-348-3415	PS
MILLER, MD, DAVID H 319 2ND STREET PIKE SOUTHAMPTON PA 18966-3865 215-355-4428	OPH	O'NEILL, DO, JOSEPH G 106 HOMESTEAD CT CHALFONT PA 18914-2049 610-847-2071	* FP	QUINN, MD, DIANNE M 8035 SEMINOLE ST PHILADELPHIA PA 19118-3915 RAFELSON, MD, STEPHEN A 733 MILL ST MOORESTOWN NJ 08057 215-750-3399	PTH	SANTOS, MD, RODOLFO J ST MARY MEDICAL BLDG STE 208 LANGHORNE PA 19047-1221 215-752-0422	* IM	SILVERBERG, MD, ALAN L 205 NEWTOWN RD STE 207 WARMINSTER PA 18974-5207 215-581-9666	ID
MILLER, MD, LEE H 400 MIDDLETOWN BLVD STE 100 LANGHORNE PA 19047-1822 215-757-7300	* OTO	ODONNELL, MD, CHRISTINE S 1400 NEW RODGERS RD LEVITTOWN PA 19056-2115 215-752-4000	ORS	RAIFORD, MD, JOHN W 173 RED ROSE DR LEVITTOWN PA 19056-2329 RAMANATHAN, MD, DEBORAH 241 JUNIPER ST QUAKERTOWN PA 18951 215-536-6000	CD	SAXENA, MD, VARUN 205 NEWTOWN RD STE 217 WARMINSTER PA 18974-5207 215-441-0931	CD	SINAIKO, MD, PETER A THE LOFTS AT OXFORD VALLEY LANGHORNE PA 19047-1822 215-577-6300	U
MILLER, MD, ROBERT W 4121 FIELDCREST CT LAWRENCEVILLE NJ 08648 MILLS, MD, WILLIAM L 3726 WINDY BUSH RD NEW HOPE PA 18938-9308	DR	OMANA, MD, JESS E 920 LAWN AVE STE 3 SELLERSVILLE PA 18960-1560 215-257-4747	ORS	RAYNES, MD, STANTON M 3101 BRISTOL RD BENSALEM PA 19020-2168 215-750-0808	FP	SCHACKMAN, MD, NEIL U S HEALTH CARE BLUE BELL PA 19422-0207 215-283-6883	* MFS	SINNOTT, DO, ROBERT J 708 SHADY RETREAT RD STE 8 DOYLESTOWN PA 18901 215-348-4577	CBS
MINO, MD, DAVID E 1400 NEW RODGERS RD LEVITTOWN PA 19056-2115 215-752-4000	ORS	OPASS, MD, EDWARD S 18 N STATE ST NEWTOWN PA 18940-2027 215-579-9850	* P	REILLY, DO, ROBERT E * #309 LANGHORNE PA 19047 215-750-5050	PD	SCHILLER, MD, RUTH P PROF BLDG SELLERSVILLE PA 18960-1575 215-257-2727	PD	SLIWINSKI, MD, STANLEY J 1288 NEW RODGERS RD LEVITTOWN PA 19056-1601 215-757-8200	OBG
MIRSKY, MD, ROBERT S 401 RADCLIFFE ST BRISTOL PA 19007-5126 215-785-6531	IM	ORLAND, MD, STEVEN M 6 COLONIAL LAKE DR LAWRENCEVILLE NJ 08648 609-882-5564	U	REINHART JR, MD, RAYMOND B 1236 EAGLE RD NEW HOPE PA 18938-9220 215-598-3777	* HEM	SCHLACKMAN, MD, NEIL U S HEALTH CARE BLUE BELL PA 19422-0207 215-283-6883	PD	SMITH, MD, DAVID A 316 WINDY RUN DR DOYLESTOWN PA 18901-2373 215-348-1706	FP
MOGUL, MD, ROBERT 524 CEDAR HOLLOW DR YARDLEY PA 19067-6356 MOISE, MD, ADRIANA G 107 GWYNMONT CIR NORTH WALES PA 19454-1818 215-536-1915	IM	ORPHANIDES, MD, TIMOTHY 14B MEMORIAL DR DOYLESTOWN PA 18901-5443 215-345-6050	* GE	RELOVA, DO, RODERICK M 17 N LANCASTER LN NEWTOWN PA 18940-1455 215-456-6850	P	SCHLAGER, MD, BARBARA A 1570 RIVER RD NEW HOPE PA 18938-9267 215-750-5300	* TR	SMITH, MD, DAVID L 14B MEMORIAL DR DOYLESTOWN PA 18901 215-345-6050	* CD
MOLL, MD, DAVID C 1301 N 5TH ST PERKASIE PA 18944-2256 215-257-5128	FP	PACKER, MD, STUART H ST MARY HOSPITAL * #309 LANGHORNE PA 19047 215-750-5050	* HEM	RICHARDS, MD, JOHN C 1405 TOWNSHIP LINE RD CHALFONT PA 18914-1057 215-822-2384	AN	SCHOLL JR, MD, HARVEY W GRANDVIEW HOSPITAL SELLERSVILLE PA 18960 215-453-4463	R	SMITH, MD, STEPHEN H 24-26 S 14TH ST QUAKERTOWN PA 18951 215-538-1484	ORS
MONKOWSKI, MD, ALFRED M 33 S DELAWARE AVE STE 104 YARDLEY PA 19067-4307 215-321-0966	FP	PARLEE, MD, DONALD E 75 FOXCROFT DR DOYLESTOWN PA 18901-3263 215-345-2290	* R	RICHE, MD, A THOMAS BOX 75 HOLICONG PA 18928-0075 RIGNEY JR, MD, JAMES H 42 N MAIN ST NEW HOPE PA 18938-1342 217-862-9444	P	SCHONFELD, MD, MARGERY B SHADY RETREAT RD STE 3 & 4 DOYLESTOWN PA 18901 215-345-6090	PD	SNYDER, DO, ALLAN R 57Y STREET RD SOUTHAMPTON PA 18966-3103 215-322-7060	IM
MOSES, MD, BRETT L 400 MIDDLETOWN BLVD STE 100 LANGHORNE PA 19047 215-757-7300	* OTO	PATEL, MD, JAYANTILAL R 1243 KNOX DR YARDLEY PA 19067-4423 215-752-1182	GP	RICHE, MD, A THOMAS BOX 75 HOLICONG PA 18928-0075 RIGNEY JR, MD, JAMES H 42 N MAIN ST NEW HOPE PA 18938-1342 217-862-9444	GP	SCHWARTZ, MD, MILTON A 85 MAKEFIELD RD MORRISVILLE PA 19067-5967 215-295-8195	* GP	SNYDER, MD, BARRY J 1609 WOODBOURNE RD STE 301 LEVITTOWN PA 19057-1591 215-547-1100	* ORS
MOYER, MD, DENNIS L 131 FAIRHILL RD HATFIELD PA 19440-1139 215-257-3697	GS	PATEL, MD, JAYKUMAR 9 BRIGHTON PL NEWTOWN PA 18940-1171 215-741-1119	PS	RIKING, MD, DAVID C 670 LAWN AVE SELLERSVILLE PA 18960 215-257-3697	IM	SCHWARTZ, MD, PETER L 30 STARDUST DR HOLLAND PA 18966-2748 215-785-6531	IM	SOLIS, MD, J ANDREW MALLARD CREEK VILLAGE RICHBORO PA 18954-1130 215-357-6330	IM
MOYER, MD, JOHN P 3 LIFE MARK DRIVE SELLERSVILLE PA 18960-1598 215-257-1127	CD	PATEL, MD, MAHESH N LOWER BUCKS HOSPITAL BRISTOL PA 19007-3101 215-785-9705	* PD	RILLING, MD, DAVID C 670 LAWN AVE SELLERSVILLE PA 18960 215-257-3697	GP	SCHWARZ, MD, RICHARD A 800 W STATE ST STE 101 DOYLESTOWN PA 18901-5841 215-345-6332	AI	SONG, MD, SANG W 179 BUCKSHIRE DR HOLLAND PA 18966-2081 215-785-9300	* PTH
MOYER, MD, PAUL R 3435 BRISTOL RD CHALFONT PA 18914-3821 215-343-4388	GER	PATTANAYAK, MD, MINATI RTE 332 AND 4 TERRY DR NEWTOWN PA 18940 215-968-5814	* FP	RISING, MD, DAVID C 711 LAWN AVE PROF CTR SELLERSVILLE PA 18960 215-257-3700	ORS	SEITMAN, MD, DAVID T 1441 WINDROW LN YARDLEY PA 19067-4241 215-762-7902	* AN	SOUDER, MD, FRANCIS R 27 N MAIN ST TELFORD PA 18969-1702 SOUDER, MD, RONALD L 711 LAWN AVE SELLERSVILLE PA 18960-1575 215-257-2727	FP
MUFSON, MD, RICHARD A 712 OLD ORCHARD LN BRISTOL PA 19007-6410 215-785-1232	P	PATTON, MD, CARLA S 5049 SWAMP RD FOUNTAINVILLE PA 18923-9608 215-348-0717	IM	RIVERA, MD, VICTOR C 108 ST MARY MEDICAL BLDG LANGHORNE PA 19047 215-752-1455	PD	SEMANOFF, MD, THEOPHILA C 595 W STATE ST DOYLESTOWN PA 18901-2554 215-345-2372	* PM	SOULLIARD, MD, DONALD H 1852 JANNEY TER # 1 LANGHORNE PA 19047-1218 SPEAR, MD, BARBARA A THE ATRIUM OFFICE CHALFONT PA 18914-0128 215-348-7714	PTH
MULLIN JR, MD, HUGH J 330 MIDDLETOWN BLVD STE 402 LANGHORNE PA 19047-1822	R	PAUL, MD, CHAMPA L 1194 DICKINSON DR YARDLEY PA 19067-2920 PAULEY, MD, LOIS P 670 PINEVILLE RD NEWTOWN PA 18940-3008 PEREZ, MD, ANAMARIA 5056 VALLEY PARK RD DOYLESTOWN PA 18901-9768	PTH	ROBIN, DO, SARAH E 252 W SWAMP RD DOYLESTOWN PA 18901-2422 ROBINSON, MD, MICHAEL L 23 GAYLORD CT NEWTOWN PA 18940-1860 215-750-7000	FP	SERPERICO, DO, PETER C 333 N OXFORD VALLEY RD #510 FAIRLESS HILLS PA 19030-2618 215-943-7711	IM	SPITZER, DO, IRA E OXFORD SO 504 LANGHORNE PA 19047-1840 215-750-0315	P
MUNLEY, MD, BRIAN J 14B MEMORIAL DR DOYLESTOWN PA 18901 215-345-6050	* CD	PAULEY, MD, LOIS P 670 PINEVILLE RD NEWTOWN PA 18940-3008 PEREZ, MD, ANAMARIA 5056 VALLEY PARK RD DOYLESTOWN PA 18901-9768	FP	ROBINSON, MD, MICHAEL L 23 GAYLORD CT NEWTOWN PA 18940-1860 215-750-7000	* IM	SHAEFFER, MD, JOSEPH M 202 N MAIN ST CHALFONT PA 18914-2916 215-822-3113	* FP	SPIVACK, MD, JACK 1723 WOODBOURNE RD LEVITTOWN PA 19057-5205 215-547-2017	GYN
MURRAY, DO, MICHAEL L 592 HEATONS MILL DR LANGHORNE PA 19047-1519 215-737-2551	GP	PERKASIE, MD, HUGH S CHERRY LN WYCOMBE PA 18980 215-598-3821	EM	RODRIGUEZ, MD, ERNESTO C 640 REMINGTON DR YARDLEY PA 19067-4444 215-342-2175	GP	SHAFER, MD, GEORGE W 14 BRIGHTON CT GAITHERSBURG MD 20877-1817 SHANAHAN, MD, NANCY R 1205 LANGHORNE NEWTOWN RD LANGHORNE PA 19047-1221 215-752-0200	OS	SPIEGEL, MD, EDWARD P 370 MIDDLETOWN BLVD LANGHORNE PA 19047 215-577-0404	PD
MURRAY, MD, RICHARD S 708 N SHADY RETREAT RD STE 8 DOYLESTOWN PA 18901-2503 215-348-4577	GS	PETERS, MD, STANLEY F 563 FOY DR FURLONG PA 18925-1011 PETRAUSKI, MD, GARY T 1570 RIVER RD NEW HOPE PA 18938-9267 215-949-5300	FP	ROMANO, MD, VINCENT E 256 RADCLIFFE ST BRISTOL PA 19007-5014 215-788-3584	GP	SHAPIRO, MD, BENNETT M MERCK RES LABS RAHWAY NJ 07065 908-594-3761	PA	SPITZER, DO, IRA E OXFORD SO 504 LANGHORNE PA 19047-1840 215-750-0315	AI
MYERS, MD, PHILIP A 275 S MAIN ST DOYLESTOWN PA 18901-4815 215-348-3990	IM	PITKOW, MD, RONALD B 900A OLD ORCHARD LN BRISTOL PA 19007-6414 215-788-3396	DR	ROSALES, MD, GABRIEL B 306 ST MARY MEDICAL BLDG LANGHORNE PA 19047 215-757-0744	GS	SHEARBURN III, MD, EDWIN W 920 LAWN AVE STE 4 SELLERSVILLE PA 18960-1560 215-257-4866	GS	SPIVACK, MD, JACK 1723 WOODBOURNE RD LEVITTOWN PA 19057-5205 215-547-2017	* ORS
NADAL, MD, RAMON B 1723 WOODBOURNE RD LEVITTOWN PA 19057-5205 215-945-1650	IM	PFROMMER, MD, JAMES H 57 CHURCH RD TELFORD PA 18969-2138 215-723-4010	FP	ROSENMAN, MD, HOWARD D OXFORD VALLEY PROF CTR LANGHORNE PA 19047-8309 215-752-7500	D	SHETZLEY, MD, CARL M 4345 SUNNYSIDE DR DOYLESTOWN PA 18901-1723 SHOEMAKER, MD, DAVID M 520 TOLLGATE RD QUAKERTOWN PA 18951-5302 717-536-0655	FP	SPRINGER, MD, JAY M 817 LAWN AVE SELLERSVILLE PA 18960-1573 215-453-0300	END
NAPLES, MD, JERRY F 2222 TRENTON RD LEVITTOWN PA 19056-1421 215-547-0505	OBG	PIERSON, MD, STEVEN B 8 N SHADY RETREAT RD STE 8 DOYLESTOWN PA 18901-5320 215-348-4577	GS	ROTH, MD, JERRY M 501 STREET RD STE 101 SOUTHAMPTON PA 18966-3100 215-357-3807	IM	SHOENTHAL, MD, WILLIAM J 73 KILTIE DR NEW HOPE PA 18938-1402	GP	STARRELS, MD, MICHAEL E BAILWICK DOYLESTOWN PA 18901-2466 215-345-8142	OPH
NASE, MD, DONALD F PO BOX 513 SELLERSVILLE PA 18960-0513 215-257-6652	* CD	PITKOW, MD, RONALD B 900A OLD ORCHARD LN BRISTOL PA 19007-6414 215-788-3396	ORS	ROTHMAN, MD, KEITH S 2204 YARDLEY RD YARDLEY PA 19067-3037 215-493-1000	IM	SHOENTHAL, MD, WILLIAM J 73 KILTIE DR NEW HOPE PA 18938-1402	GP	STEKERT, MD, RUTH 419 MAPLE AVE MANHEIM PA 17545-8919	PD

BUCKS—BUTLER—CAMBRIA

STRAUSS, MD, RICHARD E 205 RADCLIFFE ST BRISTOL PA 19007-5013 215-785-1545	D	WAHRMAN, MD, JULIE E PENNS SQUARE LANGHORNE PA 19047 215-752-8610	D	YOUNG, DO, DAVID J 18 PADDOCK DR NEW HOPE PA 18938-9614 215-345-2372	* PM	GARCIA, MD, ALFREDO J 312 W JEFFERSON ST BUTLER PA 16001-6908 412-283-2132	IM	RANKIN, MD, KEVIN P MORGAN MGMT BLDG STE 205 BUTLER PA 16001-6460 412-283-1946	* GS
STRZELECKI, MD, ZIGMUND F 24-26 S 14TH ST QUAKERTOWN PA 18951 215-538-1484	ORS	WAKSTEIN, DO, ANDREW M 176 N MAIN ST YARDLEY PA 19067-1323 215-949-5000	GS	YOUNG, MD, JOHN J BUCKS RADONCOLOGY ASSOC LANGHORNE PA 19047 215-750-6630	RO	GOEHRING, MD, DONALD E 106 S MAIN ST BUTLER PA 16001-5928 412-287-4241	A	REZAIAN, MD, MICHAEL M 708 MAITLAND CT MARS PA 16046-7110 412-284-1264	IM
STUART, MD, WAYNE C 2100 OAKER POINTE DR STE 102 QUAKERTOWN PA 18951-2165 215-529-9229	ORS	WALCYK, DO, PATRICIA J 1410 KEELER CT LANSDALE PA 19446-4364 610-867-3217	OM	ZABALA-OMBAO, MD, LOURDES A 1124 KENNETH LN YARDLEY PA 19067-4011 215-752-1778	OBG	HAN, MD, SAMUEL I 127 E WAYNE ST BUTLER PA 16001-7016 412-282-3530	IM	RUFF, MD, CURTIS C 1165 WOODHILL DR GIBSONIA PA 15044-9231	GS
TADDONIO, MD, RICHARD B FAIRLESS HILLS MED CTR INC FAIRLESS HLS PA 19030 215-322-8584	* FP	WALHEIM, MD, JON P 275 S MAIN ST STE 6 DOYLESTOWN PA 18901 215-348-3990	IM	ZANKMAN, DO, GREGG S 1339 WOODBURN RD LEVITTOWN PA 19047-1029 215-943-3600	OS	HANDLER, MD, IRA S 901 E BRADY ST BUTLER PA 16001-4648 412-282-9978	P	SARGENT, MD, STEPHEN E 480 E JEFFERSON ST BUTLER PA 16001-4783 412-282-1530	IM
TAFFLIN, DO, DENNIS H BAILWICK OFFICE CAMPUS DOYLESTOWN PA 18901-2422 215-348-1706	FP	WARRENDER, MD, WILLIAM F 781 2ND STREET PIKE SOUTHAMPTON PA 18966-3948 215-355-3334	IM	ZANKMAN, MD, NATHAN WOODBORNE DR LEVITTOWN PA 19057 215-943-3600	PD	HAWORTH, MD, CHARLES S 5750 CENTRE AVE STE 400 PITTSBURGH PA 15206 412-285-9978	* NS	SAYLOR, MD, RANDALL M 911 E BRADY ST BUTLER PA 16001-4646 412-284-4555	R
TATEM III, MD, HENRY R DOYLESTOWN HOSPITAL DOYLESTOWN PA 18901 215-345-2290	R	WEANER, DO, SCOTT M 1201 LANGHORNE NEWTOWN RD LANGHORNE PA 19047-1271 609-584-8588	N	ZAPPALA, DO, ANGELO J 112 CEDAR GLEN DR NEW HOPE PA 18938-9227 215-949-5300	R	HINCHBERGER, MD, PAUL A 50 HOSIER DR NEW CASTLE IN 47362-2938 407-229-3150	FP	SCHOGEL, MD, KAREN L 9847 TOMAHAWK TRL WEXFORD PA 15090-9365	IM
TAX, MD, RICHARD L 319 2ND STREET PIKE SOUTHAMPTON PA 18966-3865 215-355-4428	OPH	WEASEN, MD, STEVEN R 221 WESTWIND WAY DRESHER PA 19025-1419 215-785-1545	D	ZEIGEN, MD, SCOTT R 130 ALMHOUSE RD STE 202B RICHBORO PA 18954-1100 215-364-8822	OPH	HOOTMAN, MD, BARRY D 214 SOUTH DR BUTLER PA 16001-1424 412-287-3787	ORS	SEKARAN, MD, KAMALESH K 117 S MCKEAN ST BUTLER PA 16001-6024 412-283-1515	PD
TE, MD, TOMAS T 361 S 11TH ST QUAKERTOWN PA 18951-1492 215-536-6997	OPH	WEATHERBY III, MD, ELLSWORTH 5555 SHEFFIELD DR DOYLESTOWN PA 18901-9439 215-345-2348	DR	ZEMEL, MD, WALTER G 1032 CENSTON DR AMBLER PA 19002-4037 215-257-0451	* OTO	HUNT, MD, ROBERT E C/O KATHERINE RAPP BUTLER PA 16001-2951	CO	SEKARAN, MD, SOMASUNDARAM K 117 S MCKEAN ST BUTLER PA 16001-6024 412-283-8282	U
THANKI, MD, ASHOKKUMAR S 174 MIDDLETOWN BLVD THE LOFTS LANGHORNE PA 19047-1822 215-752-4040	NS	WEBER, MD, STEVEN J LIFE MARK MED CTR SELLERSVILLE PA 18960-1598 215-453-8005	ID	ZIEGENFUSS, MD, JAY F FRANKLIN BLDG STE 201 DOYLESTOWN PA 18901 215-345-8444	* ON	HUST, MD, FREDERICK S 101 MT LAUREL DR BUTLER PA 16001-3921 412-284-4562	DR	SETHI, MD, SURENDRA K 230 S WASHINGTON ST BUTLER PA 16001-5754 412-282-1633	CD
THATCHER, MD, JEFFREY D 205 W RELIANCE ROAD SOUTERTON PA 19440-1247 215-723-7833	IM	WEIDNER, MD, PAUL L 711 LAWN AVE SELLERSVILLE PA 18960-1575 215-257-3700	ORS	ZOLLNER, MD, GREGORY P 3 WOODBURY LN LAWRENCEVILLE NJ 08648 215-757-5772	NEP	JENNEY, MD, FLORENCE S 3045 BUENA VIDA CIR LAS CRUCES NM 88001-5095	PTH	SHETTER, MD, THOMAS G 480 E JEFFERSON ST BUTLER PA 16001-4783 412-282-1530	IM
THOMAS JR, MD, HOWARD P 325 E CHURCH RD TELFORD PA 18969-1725	PD	WEISBERG, MD, ROBERT A 85 MAKEFIELD RD MORRISVILLE PA 19067-5967 215-295-8195	* GP	ZUCKERMAN, MD, NATHAN J 1205 LANGHORNE/NEWTOWN RD 077 LANGHORNE PA 19047 215-752-8039	OBG	KIM, MD, YOUNG K BUTLER COUNTY MEMORIAL HOSP BUTLER PA 16001 412-284-4511	PTH	SOFFIETTI, MD, JOHN H 901 E BRADY ST STE 103 BUTLER PA 16001-4649 412-282-1627	CD
TIBBELS JR, MD, EWING W MEDICAL ARTS BLDG CLEARFIELD PA 16830-1290 814-768-5110	OTO	WEISER, MD, PAUL J 1255 WHITEHOUSE-MERCERVILLE HAMILTON TNSHP NJ 08619-3813 609-585-8800	R	ZURMUHL, MD, MARTIN A 2635 S MILE RUN RD PERKASIE PA 18944-2033	IM	KUMAR, MD, PREM 510 N MAIN ST BUTLER PA 16001-4363 412-282-3534	IM	SPINA, MD, CARMEN M 129 E CUNNINGHAM ST BUTLER PA 16001-5922 412-287-5404	P
TINSLEY, MD, WENDY W 2222 TRENTON RD LEVITTOWN PA 19056-1421 215-547-0505	OBG	WELSH, MD, FRANK A 800 W STATE ST DOYLESTOWN PA 18901-2250 215-348-1310	* PUO	ASHBAUGH, MD, WILLIAM H 100 THOMPSON RD STE A BUTLER PA 16001-1938 412-283-4460	PD	LYNN, MD, CHARLES A BUTLER MEMORIAL HOSPITAL BUTLER PA 16001 412-284-4555	DR	SPINA, MD, NANCY R 318 FIFTH STREET BUTLER PA 16001-2192 412-283-8232	OBG
TOLENTINO, MD, PABLITO L 1226 SUNNYHILL DR LANGHORNE PA 19047	AN	WENGER, MD, JAY A 901 ROLLING HILLS RD OTSVILLE PA 18942-9584	R	BEAN, MD, CARL B 164 W ORCHARD RD BUTLER PA 16001-1714	R	MARTINEZ, MD, PAUL A 403 BROOKSIDE CT MARS PA 16046-7901 412-692-5326	PD	SPINGOLA, MD, CHARLES E 301 1ST ST BUTLER PA 16001-4756 412-287-3787	ORS
TOMLINSON, MD, JOHN W LANDMARK BLDG DOYLESTOWN PA 18901	OPH	WERNER JR, MD, JOSEPH H 708 SHADY RETREAT RD STE 34 DOYLESTOWN PA 18901-2503 215-345-6090	PD	BELLA, MD, PARALUMAN 330 LAKEWOOD DR BUTLER PA 16001-1654 412-287-4781	PM	MARWAHA, MD, ASHA 318 5TH ST BUTLER PA 16001-4683 412-283-8232	OBG	SUBBIAH, MD, THEUARYAN 3 TRILLIUM CIR BUTLER PA 16001-3975 412-283-6668	CD
TOKNOWON, MD, BARRY L 275 S MAIN STREET #4 DOYLESTOWN PA 18901 215-348-1595	ON	WHITMAN, MD, MARK A PO BOX 399 FURLONG PA 18925-0399 215-345-2281	EM	BORJA, MD, ROGELIO I 214 W CUNNINGHAM ST BUTLER PA 16001-5709 412-282-0836	U	MATHEWS, DO, JAMES C PO BOX 909 BUTLER PA 16003-0909 412-283-1860	IM	SUTTON JR, MD, EDWARD L 21 MEDICAL ARTS BLDG BUTLER PA 16001 412-287-4914	D
TOPORCER, MD, MARY B 5049 SWAMP RD FOUNTAINVILLE PA 18923-9608 215-340-0440	D	WHITMER, MD, JEFFREY T 1620 FAIRFIELD RD YARDLEY PA 19067-3942 609-897-2744	* PDC	BRAUN, VICTORIA 104 TRAILWOOD LN BUTLER PA 16001 412-287-3126	* EXEC	MAUST, MD, PAUL E 100 THOMPSON RD STE B BUTLER PA 16001-1938 412-287-6820	US	TIBURCIO JR, MD, ALBINO F 100 THOMPSON RD STE A BUTLER PA 16001-1938 412-283-4469	PD
TORF, MD, ALANE B 5039 SWAMP RD STE 402 N FOUNTAINVILLE PA 18723 215-230-8380	ID	WIEMANN, MD, GEORGE F 303 W STATE ST DOYLESTOWN PA 18901-3559 215-345-1900	* CD	BYERS, MD, JAMES F 1022 N MAIN ST BUTLER PA 16001-1956 412-282-8100	OBS	MC DONALD, MD, MICHAEL A SLIPPERY ROCK FAMILY MED CTR SLIPPERY ROCK PA 16057-1125 412-794-4023	FP	TOLENTINO, MD, JULIAN C 316 N MAIN ST BUTLER PA 16001-4920 412-282-1542	OBG
TRIPATHY, MD, NEERAJ 2517 DUNKS FERRY RD APT E-306 BENSALEM PA 19020-2725	IM	WILDERMAN, MD, BARRY S ANESTHESIA DEPT LANSDALE PA 19446 215-361-4610	AN	CHANNAPATI, MD, THIPPESWAMY 342 N MAIN ST BUTLER PA 16001-4921 412-282-8011	IM	MCKEE, MD, ROBERT E 153 GREENHILL DR BUTLER PA 16001-1942 412-283-3171	GS	ABRAHAMS, MD, JONATHAN I CONEMAUGH VALLEY MEM HOSP JOHNSTOWN PA 15905-4398 814-533-9166	DR
ULASEWICZ, MD, CATHERINE C 711 LAWN AVE SELLERSVILLE PA 18960-1575 215-257-8053	OPH	WILLIANGANZ, MD, WALTER D BROAD ST PROF BLDG QUAKERTOWN PA 18951-1171 215-538-2011	* GS	COHEN, MD, ARCHIBALD C 900 BAY DR APT 423 MIAMI BEACH FL 33141-5654	FP	MIRANDA, MD, CESAR P 585 2ND ST BUTLER PA 16001-4551 412-432-3171	IM	AGUILERA, MD, AMELIA G 609 SOMERSET AVE WINDBER PA 15963-1330 814-467-4553	OBG
VANDERBEEK, MD, RICHARD R 148 MEMORIAL DR DOYLESTOWN PA 18901 215-245-6050	* IM	WILSON, MD, LANCE B 62 S MAIN ST YARDLEY PA 19067-1511 215-493-5535	FP	DICUCCIO, MD, WILLIAM A 480 E JEFFERSON ST BUTLER PA 16001-4783 412-282-1530	FP	MOORE, MD, ERNEST E 1022 B N MAIN ST BUTLER PA 16001 412-285-3148	FP	AGUILERA, MD, BONIFACIO T 609 SOMERSET AVE WINDBER PA 15963-1330 814-467-9111	GS
VANDERPOOL, MD, RAMON A 364 MICHAEL RD YARDLEY PA 19067-1986	N	WINN JR, MD, CHARLES L 1031 N RIDGE RD PERKASIE PA 18944-1747	OS	DRENNEN JR, MD, JAMES K 101 GROSVENOR DR BUTLER PA 16001-1618	GS	NALLATHAMBI, MD, HELGA N PO BOX 909 BUTLER PA 16003-0909	CLP	AGUILERA, MD, BONIFACIO T 609 SOMERSET AVE WINDBER PA 15963-1330 814-467-9111	GS
VASSALLUZZO, MD, JULIO E 1749 FITE TER LANGHORNE PA 19047-1205 215-943-7770	FP	WINTERS, DO, ELIZABETH A M 21 IRIS RD LEVITTOWN PA 19057-2723 215-949-5002	* US	DUDECK, MD, CARL R 184 OAK HILLS HTS BUTLER PA 16001-3872	GS	NALLATHAMBI, MD, SWAMIKKAN A 131 E CUNNINGHAM ST BUTLER PA 16001-5903 412-283-0212	IM	AHLSTROM, MD, BRIAN P 353 MARKET ST JOHNSTOWN PA 15901-1711 814-539-9091	N
VEPURI, MD, VARALAXMI 5 BOBBI JEAN AVE EDISON NJ 08820 215-364-3335	* IM	WOODMAN, MD, THOMAS J PO BOX 21 POINT PLEASANT PA 18950-0021	P	ECKERT, MD, ROBERT T 527 MERIDIAN RD RENFREW PA 16053-9617 412-285-4262	IM	NEST, MD, MAX S 235 LANCASTER AVE DEVON PA 19333-1560	GP	ANTEMANN, MD, RICHARD W 135 OSBORNE ST JOHNSTOWN PA 15905-4149 814-535-6765	TR
VERGIS, MD, JAMES G 1723 WOODBOURNE RD LEVITTOWN PA 19057-5205 215-945-1650	IM	WORTZEL, MD, RICHARD D 7 AVERSTONE DR W WASHINGTON CRSG PA 18977-1103 215-752-4020	* D	EL-AWAR, MD, MUNIR Y 714 HELEN CT MARS PA 16046-7208 412-547-5003	N	NEY, MD, F GREGG 1005 W KETLER DR GROVE CITY PA 16127-1427 412-458-5442	DR	ASHMAN, MD, GEORGE S 503 TIOGA ST JOHNSTOWN PA 15905-2332 814-536-5343	OPH
VILLA, MD, GABRIELE L 1576 RIVER RD NEW HOPE PA 18938-9267 215-493-2430	R	WRIGHT, MD, DEBORAH S 62 S MAIN ST YARDLEY PA 19067-1511 215-493-5535	FP	EVANS, MD, JONATHAN L 608 N MCKEAN ST BUTLER PA 16001-4430 412-284-4555	DR	NIETO, MD, VICTOR E MORGAN MEMT BLDG BUTLER PA 16001-6472 412-282-6523	GS	AWAN, MD, RASHID A 508 GOLDSMITH RD PITTSBURGH PA 15237-3703 814-467-5526	US
VINCENT, MD, GREGORY J 402 MIDDLETOWN BLVD STE 214 LANGHORNE PA 19047-1822 215-750-1511	* GS	WYDRO, MD, GERALD C 32 HIGH RD LEVITTOWN PA 19056-1112	EM	FOSTER JR, MD, FREDERICK G RR 3 BOX 763 CHICORA PA 16025-9336 412-284-4325	P	PIRRELLO JR, MD, ANTHONY M 119 WOODRIDGE RD BUTLER PA 16001-2146 412-284-4510	CLP	BAZAR, MD, MAGDI S 88 OSBORNE ST JOHNSTOWN PA 15905-4146 814-535-5541	CDS
VIZER, MD, MARK B SUMMIT SELLERSVILLE PA 18960-1560 215-257-1193	OBG	YOON, MD, DAVID A 350 S MAIN DOYLESTOWN PA 18901 215-348-4914	FP	FOX, MD, DONALD C 301 N MCKEAN ST BUTLER PA 16001-4949 412-287-2161	PD	PRASAD, MD, MAHADEVAPPA M 518 N MAIN ST BUTLER PA 16001-4305 412-282-8089	IM	BANTLY, MD, VICTOR S 138 PALLISER ST JOHNSTOWN PA 15905-2555	GP

BEERMAN, MD, CURTIS A 1108 CLUB DR JOHNSTOWN PA 15905-1914 814-536-8956	PD	CASTELLON, MD, LOURDES 3 BERMUDA RUN WY ST AUGUSTINE FL 32084-6727 904-393-2678	* IM	GOLDBLATT, MD, SIDNEY A CONEMAUGH VALLEY MEM HOSP JOHNSTOWN PA 15905-4305 814-533-9817	PTH	KING, MD, ANDREW J 350 SOUTHMONT BLVD JOHNSTOWN PA 15905-2818 814-536-7045	D	MASTRINE, MD, LARRY R LOVELL PARK PROF BUILDING EBENSBURG PA 15931-0427 814-472-4090	* IM
BENCIE, MD, DAVID J 609 SOMERSET AVE WINDBER PA 15963-1330 814-467-3400	IM	CHANDRAN, MD, GIRIJA 321 MAIN SEIFERT BLDG ST #3G JOHNSTOWN PA 15901 814-535-8311	FP	GRAY, MD, JERRY L 609 SOMERSET AVE WINDBER PA 15963-1330 814-467-3400	IM	KIRBY, MD, CLAUDE W PO BOX 243 CRESSON PA 16630-0243 814-533-9000	* GP	MATHUR, MD, DINESH P 246 COLLEGIATE DR JOHNSTOWN PA 15904-3206 814-539-8715	IM
BENKO, MD, STEPHEN T 100 NAPOLEON PL JOHNSTOWN PA 15901-2500 814-536-9000	PS	CHIANESE, MD, FRANK A 353 MARKET ST STE 107 JOHNSTOWN PA 15901 814-539-7780	P	GRESS, MD, GORDON A 905 MENOHER BLVD JOHNSTOWN PA 15905-2834 814-535-2504	IM	KITSKO, MD, WILLIAM T P-60 INDIAN LK RR 1 CENTRAL CITY PA 15926 814-754-5487	P	MAX, MD, MARTIN H C/O DUKE JOHNSTOWN PA 15905-2756 814-539-9860	GS
BENSHOFF, MD, ALBERT M MERCY HOSPITAL JOHNSTOWN PA 15905-4187 814-533-1906	PTH	CHINEA, MD, CARMEN 1111 FRANKLIN ST JOHNSTOWN PA 15905-4330 814-539-0798	* NEP	GRESS, MD, WILLIAM W RR 2 BOX 141 HOLLSOPPLE PA 15935-9310	FP	KLEMENS, MD, ROBERT F 4606 HELEN LN NEW BERN NC 28560-7510	IM	MC NIESH, MD, LAWRENCE M CONEMAUGH VALLEY MEM HOSP JOHNSTOWN PA 15905-4398 814-536-7226	R
BERETVAS, MD, R IVAN 336 CANNON ST JOHNSTOWN PA 15905-3314 814-533-9000	GS	COMAS, MD, MICHAEL G 1099 MCKINLEY AVE JOHNSTOWN PA 15905-4321 814-525-7442	FP	GRIFFITH, MD, GLENN G P17 POINT CIRCLE DR CENTRAL CITY PA 15926	GS	KOELLER, MD, ROYAL R 1130 FRANKLIN ST JOHNSTOWN PA 15905-4307 814-533-9106	* FP	MC KENNA, MD, THOMAS J 134 MONTGOMERY ST JOHNSTOWN PA 15905-2422 814-533-9000	OPH
BERGER, MD, KARL 1141 FRANKLIN ST JOHNSTOWN PA 15905-4309 814-536-8956	PD	CONN, MD, FRANK W 220 S THOMAS ST BEDFORD PA 15522-1760 814-623-9066	GS	GUELBEZU, MD, NELSON O PO BOX 157 KOH, MD, ENRIQUE S 424 BELLA VISTA DR JOHNSTOWN PA 15904 814-533-9000	IM	KOH, MD, JEANMARIE J A 424 BELLA VISTA DR JOHNSTOWN PA 15904 814-533-9000	FP	MC KENZIE, MD, HARRY J 111 RODNEY DR JOHNSTOWN PA 15904-1273 814-533-9000	ACS
BONDY, MD, THOMAS J 1700 MAGDALENE WY JOHNSTOWN PA 15905-3043 814-445-5000	AN	CSIKOS, MD, DAVID A 609 SOMERSET AVE WINDBER PA 15963-1330 814-467-3400	* IM	GUNDERIA, MD, HIMANSHU V 220 FAYETTE ST JOHNSTOWN PA 15905 814-533-9982	PTH	KOHLER, MICHAEL P 47 OSBORNE ST JOHNSTOWN PA 15907-4147 814-535-5493	EXEC	MC KINLEY, MD, DONALD R 1111 FRANKLIN ST JOHNSTOWN PA 15905-4330 814-536-0726	OBG
BORECKY, MD, DAVID C 1450 SCALP AVE STE 106 JOHNSTOWN PA 15904-3374 814-269-9551	IM	CWIK, MD, JOHN C SOUTHMONT PARK CONDOS JOHNSTOWN PA 15905 814-533-1621	AN	HAMATY, MD, RONALD M 321 MAIN ST STE 4A JOHNSTOWN PA 15901-1632 814-535-3354	* OBG	KOWTONIUK, DO, WALTER V 201 GARDNER ST JOHNSTOWN PA 15905-2524 814-533-1907	EM	MEANAN, MD, DANIEL R 1086 FRANKLIN ST JOHNSTOWN PA 15905-4305 814-533-9317	R
BORKOW, MD, JOEL E 100 NAPOLEON PL JOHNSTOWN PA 15901-2500 814-536-9000	PS	DATKO, DO, DARRELL J 210 CAMBRIA AVE WINDBER PA 15963 814-467-6511	AN	HANZEL, MD, GEORGE D 1015 FRANKLIN ST JOHNSTOWN PA 15905-4110 814-536-0557	* PUD	KRAMER, MD, ROBERT E PO BOX 1000 JOHNSTOWN PA 15907-1000 814-533-2721	BLB	MEYERS, MD, PAUL T 333 THE ESPLANADE APT A201 VENICE FL 34285	OTO
BOROUAMAND, MD, MASOOD 600 SOMERSET AVE WINDBER PA 15963-1331 814-467-3456	PD	DAVIDSON, MD, GARY M PO BOX 406 DAVIDSVILLE PA 15928-0406 814-479-4034	FP	HARLEY, MD, JOHN B DEVILS LAKE PERHAM MN 56573 813-695-2082	ON	KRAULAND, MD, JOHN E CONEMAUGH VALLEY MEM HOSP JOHNSTOWN PA 15905-4398 814-533-9317	AN	MICHAUD, MD, JOSEPH E 306 RICHARD CT JOHNSTOWN PA 15905-1644 814-533-9000	PD
BOYLE, MD, RONALD N 101 LAURIS LN JOHNSTOWN PA 15904-1748 814-533-1903	* R	DAVIS, MD, JAMES K 142 ALGONQUIN ST JOHNSTOWN PA 15904-2402 814-266-1414	D	HARTNETT, MD, ROBERT W 916 ST CLAIR RD JOHNSTOWN PA 15905-1512	GP	KREGER, MD, SPENCER 929 MENOHER BLVD JOHNSTOWN PA 15905-2834 814-255-1054	P	MILLER, MD, RUSSELL P 145 1/2 FAYETTE ST JOHNSTOWN PA 15905-2429 814-533-9402	FP
BRADLEY, MD, SAMUEL M 928 WINDAN LN JOHNSTOWN PA 15905-1524 814-535-5568	IM	DEVELIN, MD, EDWARD D 1086 FRANKLIN ST JOHNSTOWN PA 15905-4305 814-533-9106	FP	HAUGER, MD, WILLIAM D 911 MENOHER BLVD STE B JOHNSTOWN PA 15905-2834 814-539-5790	IM	KRELL, MD, ARTHUR S MERCY HOSPITAL JOHNSTOWN PA 15905-4109 814-535-8314	OPH	MILLER, MD, STEPHEN L 1086 FRANKLIN ST JOHNSTOWN PA 15905-9605 814-533-9402	* TRS
BRISINI, MD, PATRICK D CENTRE TOWNE MALL JOHNSTOWN PA 15901-1700 814-535-5568	US	DHAWER, MD, VIRENDER P S LEE HOSPITAL CATH LAB JOHNSTOWN PA 15901-1694 814-535-1234	CD	HEDRICK, MD, THOMAS A 802 LUZERNE ST JOHNSTOWN PA 15905-2349 814-535-2511	PD	KULKARNI, MD, PRADEEP K 321 MAIN ST STE 4A JOHNSTOWN PA 15901-1632 814-535-3354	* OBG	MITAL, MD, MOHAN S 909 PARKVIEW DR JOHNSTOWN PA 15905-1741 814-535-3561	CD
BROWN, MD, KATHLEEN L RD 5 BOX 302 JOHNSTOWN PA 15905-9620 814-288-5990	GP	DRENNEN, DO, BRADLEY R 406 STONEY LN JOHNSTOWN PA 15905-9412 814-533-9106	* PD	HENRIQUES, MD, ERROL D 213 S MARION ST EBENSBURG PA 15931-1817 814-472-6401	GP	KUREK JR, DO, STANLEY J 768 CARNEGIE AVE JOHNSTOWN PA 15905-2101 814-533-9317	US	MITAL, MD, NIRMAL G CONEMAUGH VALLEY MEM HOSP JOHNSTOWN PA 15905-4398 814-533-9166	DR
BROWN III, MD, WILLIAM J 1020 FRANKLIN ST STE 202 JOHNSTOWN PA 15905-4109 814-535-1996	OBG	DUKE III, MD, BRUCE E 1111 FRANKLIN ST JOHNSTOWN PA 15905-4330 814-539-8725	GS	HERBICK, MD, WILLIAM T LEE HOSPITAL JOHNSTOWN PA 15901-1694 814-533-0102	R	LEHMAN, MD, JULIA F 324 W LOCKHART ST 2ND FLR SAYRE PA 18840-1612 814-533-9000	GS	MONTELEONE, MD, PAUL N 755 LUZERNE ST JOHNSTOWN PA 15905-2329 814-533-9399	PTH
BRUNELLI, MD, WILLIAM J RR 4 BOX 349 JOHNSTOWN PA 15905-9762 814-533-9101	IM	DYORCHAK, MD, MATTHEW J 5TH AND COLEMAN STS BOX 498 HASTINGS PA 16646 814-535-3561	* FP	HILL, MD, EDWARD B 1111 FRANKLIN ST JOHNSTOWN PA 15905-4330 814-536-0786	ORS	LEIB JR, MD, RICHARD C 1500 DONATO CT JOHNSTOWN PA 15905-1528 814-535-2511	* IM	MORRELL, DO, ROGER W 321 MAIN ST STE 4A JOHNSTOWN PA 15901-1632 814-535-3354	* OBG
BRZEZINSKI, MD, SANDRA A RR 4 BOX 352 JOHNSTOWN PA 15905-9762 814-535-5568	FP	EPERJESSY, MD, ERNEST Z 1315 MIDWAY WINDBER PA 15963-1605 814-467-5554	GP	HOLSINGER, MD, DAVID F RR 4 BOX 209 EBENSBURG PA 15931-8815 814-535-2511	FP	LEONARD III, MD, DANIEL J 397 FIFTH ST NANTY GLO PA 15943-1042 814-535-2511	US	MURPHY, MD, RICHARD C 2 CELESTE DR JOHNSTOWN PA 15905-2832 814-255-6781	ORS
BURGBACHER, MD, JAMES S 136 BENT CREEK RD DANVILLE VA 24540-5212 804-799-3037	P	ESTRELLA, MD, RHODA G 1100 DOREEN ST JOHNSTOWN PA 15904-2002 814-535-3561	FP	HORWIM, MD, SAMUEL SHERWOOD OAKS 227 MARS PA 16046-8207 814-535-2511	R	LEWINE, MD, YALE S 20172 VILLAGE 20 CAMARILLO CA 93012-7531 814-535-2511	* FP	MRKICH, MD, ROBERT 1515 SCALP AVE JOHNSTOWN PA 15904-3315 814-266-8921	FP
BURKETT, MD, DONALD E RR 1 BOX 103-G SUMMERHILL PA 15958-9517 814-535-1996	FP	EVANS, MD, DAVID M CARDIOLOGY ASSOCIATES JOHNSTOWN PA 15905-4378 814-535-3561	CD	HUNSBERGER, MD, CHARLES L 120 MAIN ST JOHNSTOWN PA 15907-0580 814-539-9486	OPH	LONGWELL JR, MD, BENTON E 334 GARDNER ST JOHNSTOWN PA 15905-2528 814-535-2511	GS	MURIN, MD, ALVIN J 203 BOYD LN WINDBER PA 15963-8211 814-533-9101	EM
BUSH, MD, STEPHEN T LEE HOSPITAL JOHNSTOWN PA 15901-1694 814-533-0660	PTH	EVANS, MD, HILARY 2139 WOODCREST DRIVE JOHNSTOWN PA 15905 814-533-0134	PTH	IGNACIO JR, MD, GLICERIO V LAUREL DR HASTINGS PA 16646-0807 814-247-8850	GP	LOVETTE, MD, JOHN B 2114 HAYDEN DR JOHNSTOWN PA 15905-1506 814-535-2511	GS	MURRAY, MD, RICHARD C 720 5TH AVE PATTON PA 16668-1502 814-674-8279	GP
BYRNES, MD, TIMOTHY J MINERS HOSPITAL OF N CAMBRIA SPANGLER PA 15775 814-948-7171	* CD	FIORICA, MD, VINCENT M 353 MARKET ST JOHNSTOWN PA 15901-1711 814-536-2113	U	ISLAMOFF, MD, IGOR I 128 WALNUT ST JOHNSTOWN PA 15901-1620 814-536-5146	GS	LOWRY, MD, DON A 2 CELESTE DR JOHNSTOWN PA 15905-2832 814-255-6781	ORS	NGINYO, MD, JOSPHAT A 135 OSBORNE ST JOHNSTOWN PA 15905-4149 814-539-7109	OBG
CARDELLINO, MD, THOMAS J 1123 FRANKLIN ST JOHNSTOWN PA 15905-4309 814-535-3561	CD	FLORA, MD, WILLIAM K 1138 CONFER AVE JOHNSTOWN PA 15905-4419 814-533-9323	OTO	KANSAGRA, MD, JASMAT N CONEMAUGH VALLEY MEM HOSP JOHNSTOWN PA 15905-4398 814-533-9323	AN	LUND, MD, PEERE C APARTADO PORTAL 550 MEXICO 45900	AN	OSCHWALD, MD, CHARLES J 210 OAK EDEN DR JOHNSTOWN PA 15904-1867 814-533-3561	CD
CARNEY, MD, DAVID J 1111 FRANKLIN ST JOHNSTOWN PA 15905-4330 717-271-6376	U	FORMAN, MD, HOWARD I 2312 WOODCREST DR JOHNSTOWN PA 15905-1531 814-533-9591	DR	KARDUCK, MD, JOHN S 220 MAIN ST PORTAGE PA 15946-1119 814-736-9614	FP	LUTHER, MD, ROBERT J 111 N CENTER ST EBENSBURG PA 15931-1621 814-472-5610	FP	PALMER JR, MD, WILLIAM E LEE HOSP JOHNSTOWN PA 15901-1694 814-533-0102	R
CARNEY, MD, FRANK T 1111 FRANKLIN ST JOHNSTOWN PA 15905-4330 814-536-7851	U	FRITZ, MD, WILLIAM T 143 LUNA LN JOHNSTOWN PA 15904-3070 814-944-1681	AN	KASTELIC, MD, RICHARD M 56 GARDNER ST JOHNSTOWN PA 15905-2519 814-539-7760	FP	MACCHIAROLI, MD, JOSEPH A 148 JENNIE LN JOHNSTOWN PA 15904-1200 814-946-7877	AN	PARK, MD, NEIL I H 609 SOMERSET AVE WINDBER PA 15963-1330 814-467-6687	* OBG
CARNEY, MD, WILLIAM M 1015 FRANKLIN ST JOHNSTOWN PA 15905-1502 814-535-1543	* GS	FURIGAY, MD, R L 609 SOMERSET AVE WINDBER PA 15963-1330 814-467-5513	* US	KATTEY, MD, GEORGE W 1020 FRANKLIN ST JOHNSTOWN PA 15905-4109 814-536-4300	IM	MAGLEY, MD, ROBERT S CONEMAUGH HOSPITAL JOHNSTOWN PA 15905-4305 814-533-9763	EM	PATEL, MD, JAGDISH D 905 MENOHER BLVD JOHNSTOWN PA 15905-2834 814-535-2504	IM
CAROFF, MD, ROMUALD J COLLEGE PARK PLZ STE 220 JOHNSTOWN PA 15904 814-266-8928	FP	FURNARY, MD, JAMES S 1015 FRANKLIN ST LEVEL C JOHNSTOWN PA 15905-4110 814-535-1543	* GS	KATZ, MD, IAN 2 CELESTE DR JOHNSTOWN PA 15905-2832 814-255-6781	* ORS	MALL, MD, ALBERT K MERCY HOSPITAL JOHNSTOWN PA 15905-4187 814-535-1996	IM	PATEL, MD, SHASHIKANT J F-6 ELGIN DR JOHNSTOWN PA 15904 814-533-9982	PTH
CARTER, MD, HOWARD A PO BOX 3355 JOHNSTOWN PA 15904-0355	AN	GANNON, MD, REYNALDO T CONEMAUGH VALLEY MEM HOSP JOHNSTOWN PA 15905-4398 814-533-9322	AN	KELLIS, MD, DANA S CONEMAUGH VALLEY MEM HOSP JOHNSTOWN PA 15905-4398 814-533-9397	IM	MARAVALLI, MD, CAMILLE J 120 MAIN ST BOX 580 JOHNSTOWN PA 15907 814-536-5343	* OBG	PICKERILL, MD, ROBERT G 1107 CLUB DR JOHNSTOWN PA 15905-1906 814-533-9662	OPH
CASALE, MD, LAWRENCE F 88 OSBORNE ST JOHNSTOWN PA 15905-4146 814-539-6614	ORS	GLASS, MD, SAMUEL L 120 MAIN ST JOHNSTOWN PA 15907-0580 814-536-5343	OPH	KEMP III, MD, DEWITT E CRESTVIEW DR DAVIDSVILLE PA 15928-9604 814-467-6074	GS	MASCIOTRA, MD, NICHOLAS J 321 MAIN ST STE 4C JOHNSTOWN PA 15901-1632 814-536-7725	US	PIDUTTI, MD, RICHARD W 353 MARKET ST JOHNSTOWN PA 15901 814-536-2113	U
CASELLA, MD, ROBERT R 1086 FRANKLIN ST JOHNSTOWN PA 15905-4305 814-533-9317	AN	GOFF, MD, SHARON E W HILLS OFF WESTWOOD PLZ JOHNSTOWN PA 15905 814-255-7442	IM	KIM, MD, HWAN Y LEE HOSPITAL JOHNSTOWN PA 15901-1694 814-535-6623	AN				

CAMBRIA—CARBON—CENTRE

PIEGL, MD, AGNES E 1086 FRANKLIN STREET JOHNSTOWN PA 15905-4398 814-533-9981	PTH	SCHILLI, MD, RUDOLPH 350 SOUTHMONT BLVD JOHNSTOWN PA 15905-3157 814-535-2511	* GE	TOMHAVE, MD, ROBERT H 1111 FRANKLIN ST JOHNSTOWN PA 15905-4330 814-536-0726	OBG	DAIT, MD, JOSE E 15 FAIRVIEW DR LEIGHTON PA 18235-9644 610-377-4322	U	TEY, MD, PETER H PO BOX A BOWMANSTOWN PA 18030-0050 717-645-8178	DR
POLITO, MD, JOSEPH R 120 MAIN ST BOX 580 JOHNSTOWN PA 15907 814-536-5343	OPH	SCHROEDER, MD, RICHARD D 2 CELESTE DR JOHNSTOWN PA 15905-2832 814-255-6781	ORS	TUKANOWICZ, MD, STANISLAW A 23 GREENE ST JOHNSTOWN PA 15905-2239 814-539-1844	N	DIAZ, MD, FLOREL P 2210 MAHONING DR W LEIGHTON PA 18235-9522 717-386-4171	* GS	THOMAS, MD, GEORGE P 1124 CIRCLE DR PALMERTON PA 18071-1313	GS
POST, MD, CHRISTOPHER R 1086 FRANKLIN STREET JOHNSTOWN PA 15905-4305 814-533-9000	FP	SEEBER, MD, JOHN J LEE HOSP JOHNSTOWN PA 15901-1694 814-535-5872	PM	VOLKAR, MD, JUDITH K 1111 FRANKLIN ST JOHNSTOWN PA 15905-4330 814-533-3292	OBG	DIZON, MD, GAUDENCIO S 332 CENTER ST JIM THORPE PA 18229-1404 717-325-3403	GP	VISPERAS, MD, MARIO F 2ND AND SOUTH STS LEIGHTON PA 18235 610-377-5818	GS
POTE JR, MD, HARRY H 353 MARKET ST JOHNSTOWN PA 15901-1711 814-536-8949	IM	SEIFERT, MD, THOMAS E 1047 WILLETT DR JOHNSTOWN PA 15905-1239 814-536-8949	OBG	VOYTKO, MD, RICHARD E 608 TIOGA ST JOHNSTOWN PA 15905-2333 814-535-1305	* EM	EVANS, MD, JOHN J 40 W CATAWISSA ST NESQUEHONING PA 18240-1509 717-669-6133	* GS	ZACHER, MD, JOSEPH A 2817 STROHL RD ALLENTOWN PA 18106-9666 610-377-1300	R
PRICE, MD, RICHARD E 1309 CLAYTHORNE DR JOHNSTOWN PA 15904-3505	OM	SEWAK, MD, MICHAEL E 268 MAIN ST CONAMAUGH PA 15909-2018 814-539-7083	GP	WALL, MD, ROD A 1127 FRANKLIN ST JOHNSTOWN PA 15905-4309 814-535-3561	CD	GAJULA, MD, L NARAYAN 12TH AND CYPRESS ST LEIGHTON PA 18235 610-377-8969	PD	CENTRE	
PRUCHNIC, MD, WILLIAM F 353 MARKET ST JOHNSTOWN PA 15901-1711 814-536-8949	IM	SHAPIRO, MD, BRYAN E 135 OSBORNE ST JOHNSTOWN PA 15905 814-536-3636	AN	WARIKOO, MD, SHIBAN K 1111 FRANKLIN ST JOHNSTOWN PA 15905-4330 814-536-7851	US	GOPLERUD, MD, ELIZABETH J 821 FIRST ST PALMERTON PA 18071-1506	OBG		
QUINN, MD, JOHN R LEE HOSP JOHNSTOWN PA 15901-1694 814-535-6623	AN	SIVULICH, MD, MICHAEL J 3604 FRESHWATER DR JUPITER FL 33477-5804	OPH	WAY, MD, GEORGE E 13822 MARSH PIKE HAGERSTOWN MD 21742-1657 301-791-0600	FP	GOW, MD, CHRISTOPHER B 270 SEMMELS HILL RD LEIGHTON PA 18235-9794	DR	ALLATT, MD, RICHARD D NITTANY VALLEY REHAB HOSP PLEASANT GAP PA 16823-7401 814-359-3421	PM
RAHIM, MD, ENAYET 913 HORNICK STREET JOHNSTOWN PA 15904-1723 814-266-6256	* IM	SMEAL, MD, WILLIAM E 321 MAIN ST STE 4H JOHNSTOWN PA 15963-8221 814-535-1234	CD	WEAVER, MD, JEAN M MERCY HOSP MCCAULEY HALL JOHNSTOWN PA 15905-4109 814-535-8933	PUD	HOUSHMAND, MD, CYRUS 2260 LEHIGH PKY N ALLENTOWN PA 18103-3746 717-386-2902	HEM	BAKER, MD, JEFFREY H 200 SCENERY DR STATE COLLEGE PA 16801-7974 814-231-4560	FP
RAINEY, MD, CYNTHIA L 1410 CHRISTOPHER ST JOHNSTOWN PA 15905-2022 814-533-9106	FP	SMOYER, MD, RONALD L BOX 305A2 RR 1 BERLIN PA 15530 814-539-8682	FP	WERNER, MD, JOYCE Z RR 7 BOX 116 JOHNSTOWN PA 15904-9101 814-453-5086	AN	KENNEDY III, MD, ARTHUR R 135 LAFAYETTE AVE PALMERTON PA 18071-1518 610-826-2303	* GS	BAKER, MD, MARK S 3901 S ATHERTON ST STATE COLLEGE PA 16801-8324 814-466-7921	PD
RAYMOND, MD, JOSEPH W 807 SUNNEHANNA DR JOHNSTOWN PA 15905-2134	OPH	SNITZER, MD, LEWIS S 1111 FRANKLIN ST JOHNSTOWN PA 15905-4330 814-539-0235	NS	WEYDANT, MD, PAUL L CONEMAUGH HOSP JOHNSTOWN PA 15905 814-533-9721	ORS	KHAN, MD, SHAUKAT H PALMERTON HOSP PALMERTON PA 18071-1518 610-826-3141	IM	BAKER, MD, ROY F PO BOX 494 MADEIRA PA 16661-0494	* GP
RHOADS, MD, HARRY M 209 FREDERICK ST JOHNSTOWN PA 15902-2833	GP	SOBIESKI, MD, JOSEPH T 200 TALL TIMBER DR JOHNSTOWN PA 15904-3278 814-535-8236	IM	WHEELING, MD, GEORGE H 321 MAIN ST STE 3C JOHNSTOWN PA 15901-1632 814-535-6521	ORS	KO, MD, YIH-SHYONG 174 BIRCHWOOD DR LEIGHTON PA 18235-8809 610-377-5290	AN	BALABAN, DO, EDWARD P 1707 CIRCLEVILLE RD STATE COLLEGE PA 16803-3224 814-231-4560	HEM
RICHEY, MD, JAMES E 350 SOUTHMONT BLVD JOHNSTOWN PA 15905-2818 814-535-2511	* GE	SOISSON JR, MD, FERDINAND L EAST HILLS PROF BLDG JOHNSTOWN PA 15904-3374 814-269-2270	* GYN	WILLIAMS, DO, DAVID T CONEMAUGH VALLEY MEM HOSP JOHNSTOWN PA 15905-4305 814-533-9000	IM	LAIGON, MD, EUGENE E 135 E RIDGE ST COALDALE PA 18218-1220	* CD	BARNES, MD, W STEPHEN 226 HIGHLAND AVE STE A STATE COLLEGE PA 16801-4933 814-234-6849	GS
RIDELLA, MD, PETER J 2222 WOODCREST DR JOHNSTOWN PA 15905-1531 814-536-0786	* ORS	SPENCER, MD, JEANNE P 1926 MENOHER BLVD JOHNSTOWN PA 15905-1727 814-533-9000	* FP	WITKES, DO, DAVID M 321 MAIN ST STE 4-H JOHNSTOWN PA 15901-1632 814-535-1234	CD	LEE, MD, CHUNG H 31 WOODLAWN DR LEIGHTON PA 18235-9638 610-377-2081	AN	BARNES, MD, WILLIAM T 226 HIGHLAND AVE STATE COLLEGE PA 16801-4934 814-234-6849	CDS
RINGLER JR, MD, HAROLD L CONEMAUGH VALLEY MEM HOSP JOHNSTOWN PA 15905-4398 814-533-9166	R	SRIVASTAVA, MD, SHEONATH P 222 BROAD ST JOHNSTOWN PA 15906-2714 814-535-3568	IM	WOLFE, MD, JUDITH A PO BOX 728 JOHNSTOWN PA 15907-0728 814-535-7107	OTO	LESHOCK, MD, LEON E 355 COLUMBIA AVE PALMERTON PA 18071-1622	IM	BATTERY, MD, KATHERINE H 46 ABERDEEN PL WOODBURY NJ 08096-2412	PD
ROCK, MD, JAMES A 870 MACEWEN DRIVE OSPREY FL 34229	PTH	STEFANIK, DO, PATTI A 939 MENOHER BLVD JOHNSTOWN PA 15905-2838 814-255-7882	GS	WOLFE, MD, PATRICK W LEE HOSP JOHNSTOWN PA 15901-1694 814-533-0102	DR	LIPSON, MD, CHERYL S 185-A DELAWARE AVE PALMERTON PA 18071-1708 610-826-6353	* IM	BELL, MD, ALEXANDER L 911 UNIVERSITY DR STATE COLLEGE PA 16801-6626 814-238-9459	ORS
RODRIGUEZ-FEO, MD, RAUL 118 ARLINGTON ST JOHNSTOWN PA 15905-2701 814-536-7386	P	STEFANIK, MD, DAVID 135 OSBORNE ST JOHNSTOWN PA 15905-4149 814-535-6765	TR	WOZNIAK, MD, RICHARD S RR 3 BOX 87 NEW FLORENCE PA 15944-9752 814-533-9000	* FP	MAKHJIA, MD, KAILASH R 108 GNADEN HUE LEIGHTON PA 18235 610-377-5959	OBG	BENSON, MD, DAVID R 1217 ZION RD BELLEFONTE PA 16823-9124 814-355-7322	GP
ROGERS, MD, GEORGE E 1766 LYTER DR JOHNSTOWN PA 15905-1208 814-255-2411	FP	STEIN, MD, ALAN H 227 LUZERNE ST JOHNSTOWN PA 15905-2419 814-472-5302	EM	WRIGHT, MD, RAYFORD E 300 WESTMINSTER-CANTERBURY DR WINCHESTER VA 22603	FP	MANZELLA, MD, EDWARD D 1206 NORTH ST JIM THORPE PA 18229-1726 717-325-8393	IM	BERESHY, MD, GERALD M 611 UNIVERSITY DR STATE COLLEGE PA 16801-6552 814-234-7280	OTO
ROGERSON, MD, DAVID R 321 MAIN ST STE 4F JOHNSTOWN PA 15902-1694 814-536-0401	* OTO	STENBERG, MD, ROBERT G 1127 FRANKLIN ST JOHNSTOWN PA 15905-4309 814-535-3561	CD	WYNERT, MD, WILLIAM R 568 ELKNUD LN JOHNSTOWN PA 15905-2064 814-533-0132	ON	MARKSON, MD, WILLIAM M 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-435-5400	* CD	BINGHAM, MD, RODNEY S 108 STONEHEDGE RD HOLLIDAYSBURG PA 16648-9764 814-946-2011	PM
ROSENBAUM, MD, ARON 920 PARK AVE WINDBER PA 15963-1524 814-467-8488	GP	STOTLER, MD, CHARLES W 317 BLOOMFIELD ST JOHNSTOWN PA 15904-3292 814-266-8686	FP	YERGER, MD, JOHN F 2250 MENOHER BLVD JOHNSTOWN PA 15905-1629 814-533-9822	PTH	MEDINA, MD, RODRIGO D 336 KIDDIE LN BOX 66 WALNUTPORT PA 18088-1707 610-767-1975	GP	BISHOP, MD, WAYNE E 611 UNIVERSITY DR STE B STATE COLLEGE PA 16801-6552 814-238-2863	PD
ROSENBERG, MD, LAWRENCE S 1141 FRANKLIN ST JOHNSTOWN PA 15905-4309 814-536-8956	PD	STOVER, MD, DONALD L RR 3 BOX 6 HOLLSOPPLE PA 15935-9346	EM	AMBANI, MD, NARENDRA V 990 BLAKESLEE BLVD DR E LEIGHTON PA 18235-8753 610-377-3252	* US	MILLER, MD, EDWARD J 204 STATE RD LEIGHTON PA 18235-2827 610-377-6225	* IM	BLEZNAK, MD, AARON D 200 SCENERY DR STATE COLLEGE PA 16801-7974 814-231-4560	GS
ROSENBLATT, MD, STANLEY G CONEMAUGH VALLEY MEM HOSP JOHNSTOWN PA 15905-4398 814-536-7226	DR	STRUNK, MD, THOMAS J 1301 MENOHER BLVD JOHNSTOWN PA 15905-2003 814-255-5070	* US	ANDERSEN, DO, GEORGE W 201 2ND ST WEATHERLY PA 18255-1405 717-427-8801	* FP	MUNSHOWER, DO, THOMAS E PO BOX 550 KRESGEVILLE PA 18333-0550	FP	BONNETT, MD, KATHRYN A 1850 E PARK AVE STATE COLLEGE PA 16803 814-234-8800	D
ROWE JR, MD, KENNETH W CONEMAUGH VALLEY MEM HOSP JOHNSTOWN PA 15905-4398 814-533-9721	OPH	SWANSIGER, MD, ROBERT J 609 SOMERSET AVE WINDBER PA 15963-1330 814-467-3400	* FP	ASO, MD, ORLANDO A 3685 MANOR RD BETHLEHEM PA 18017 610-826-3141	PD	NEWTON, MD, DAVID J 1206 NORTH ST JIM THORPE PA 18229 717-325-8393	* GE	BRIDGES, MD, BRYAN C 824 WINTERGREEN CIR STATE COLLEGE PA 16801-4243 717-531-6176	* AN
RUNDORFF, MD, ROBERT L CONEMAUGH VALLEY MEM HOSP JOHNSTOWN PA 15905-4398 814-533-9619	P	TAN, MD, EDWIN L 955 MONOHER BLVD JOHNSTOWN PA 15905-2531 814-535-1974	P	BHE, MD, H KWAN 4962 ANCINETTA DR SCHNECKSVILLE PA 18078-2230 610-826-3141	DR	NOUD, MD, PATRICK J 1951 SUNSET DR WHITEHALL PA 18052-4118 610-826-3141	AN	BURKE, MD, KEVIN W 299 W LINN ST BELLEFONTE PA 16823-1519 814-355-4270	P
RUPKALVIS, MD, RICHARD H 1640 FRANKLIN ST JOHNSTOWN PA 15905-3815 814-533-9981	PTH	TAN JR, MD, RAMON N 1726 ELECTRA DR JOHNSTOWN PA 15904-3208 814-269-3245	AN	BOBICK, MD, FRANK 301 EAST BROAD STREET TAMAUQUA PA 18252-2129 717-668-6666	OBG	PENATER, MD, FRANK R 824 N 24TH ST ALLENTOWN PA 18104-3912 610-377-7080	FP	CHERRY, MD, KENNETH L 101 REGENT COURT STATE COLLEGE PA 16801-6626 814-231-2101	CD
SAHLANEY, MD, WILLIAM J PO BOX 308 SEWARD PA 15954-0308 814-446-5140	FP	TATARCO, MD, MICHAEL TWIN ROCKS PA 15960-0268 814-749-8624	FP	BOHRI, MD, JAMES D 4866 HILTON RD SCHNECKSVILLE PA 18078-2321 610-826-7667	R	SALAZAR, MD, EDGARDO P PALMERTON HOSP PALMERTON PA 18071-1596 610-826-3141	IM	CHERRY, MD, MELANIE M 251 EASTERLY PKY STATE COLLEGE PA 16801-6301 814-237-7491	* ORS
SALAS, MD, MARTY M 970 FRANKLIN ST JOHNSTOWN PA 15905-4107 814-535-8600	VS	TEODORO, MD, JOSE V 405 HESEL ST JOHNSTOWN PA 15906-3120 814-533-1907	EM	BOSCHI, MD, ALESSANDRO S 1305 PIN OAK LN SLATINGTON PA 18080-1107 610-826-7667	OBG	SHAHID, MD, MIAN M A PALMERTON HOSP PALMERTON PA 18071-1596 610-826-6112	IM	COLEMAN, MD, ERNEST H 705 SUNSET RD STATE COLLEGE PA 16803-3452 717-737-7491	GP
SAMIR, MD, ALI M 88 OSBORNE ST JOHNSTOWN PA 15905-4146 814-535-5541	TS	TIMEK, MD, PATRICIA A 1120 WINTERSET RD EBENSBURG PA 15931-5118	* FP	COPE, MD, EDWIN S 374 HARVARD AVE PALMERTON PA 18071-1334	* NEP	SNYDER, MD, MARVIN C 846 MAHONING ST LEIGHTON PA 18235-1233 610-377-3831	* GP	COX, MD, JAY S UNIVERSITY ORTHOPEDICS CENTER STATE COLLEGE PA 16801-7966 814-231-2101	IM
SAVIT, MD, JAN M 1111 FRANKLIN ST STE 180 JOHNSTOWN PA 15905-4330 814-536-2526	N	TIMENS, MD, LAWRENCE J GENERAL DELIVERY JENNERSTOWN PA 15547-9999 814-535-8531	CHP		IM	TAN, MD, LIAN K PALMERTON HOSP PALMERTON PA 18071-1518 610-826-3141	AN		

COX, MD, JOHN B 1850 E PARK AVE STATE COLLEGE PA 16803-6706 814-466-7911	PUD	HALL, MD, ROBERT M 226 HIGHLAND AVE STE A STATE COLLEGE PA 16801-4933 814-234-6849	GS	NABAVI, MD, ABDOLLAH 315 S ALLEN ST STE 223 STATE COLLEGE PA 16801-4850 814-237-5411	* P	TRUSKY, MD, JEANETTE I 251 EASTERLY PKY STATE COLLEGE PA 16801-6301 814-237-3470	OBG	BAINBRIDGE, MD, WILLIAM J 250 W LANCASTER AVE STE 120 PAOLI PA 19301-1729 610-644-8069	GP
CULLEN, MD, ESKER W PO BOX 186 LEMONT PA 16851-0186	ABS	HARGLE, MD, JOHN A 432 OUTER DR STATE COLLEGE PA 16801-7959	GP	NEWKIRK, MD, JOHN D 100 SCENERY DR STE A STATE COLLEGE PA 16801-7941 814-234-1252	* PS	ULBRECHT, MD, JAN S 1120 OAK TREE LN BOALSBURG PA 16827-1325 814-466-7911	END	BAMBERGER, MD, GRANT W 110 LINDEN ST COOPERSBURG PA 18036-2018	FP
DALTON, MD, CHARLES M 905 UNIVERSITY DR STATE COLLEGE PA 16801-6626 814-238-8418	* U	HARRY, MD, HARRIET M 718 W NITANY AVE STATE COLLEGE PA 16801-3968 814-237-3360	FP	NICHOLAS, MD, W CHANNING 1224 E BRANCH RD STATE COLLEGE PA 16801-7709 814-865-7103	EM	VORE, MD, STEVEN B 3901 S ATHERTON ST STATE COLLEGE PA 16801-8324 814-466-7921	PD	BARCH, MD, FRANK J 750 S MAIN ST STE 302 PHOENIXVILLE PA 19460-4460 610-935-2707	PUD
DANNEKER, MD, DALE A 245 S BURROWES ST STATE COLLEGE PA 16801-4009 814-237-4116	GS	HARVEY, MD, JAMES S 369 HIDDEN VALLEY DR NAPLES FL 33962-7621	FP	NICOLAS, MD, RUDY J 611 UNIVERSITY DR STATE COLLEGE PA 16801-6552 814-234-4774	* DR	WALKER, MD, BRIAN K 1850 E PARK AVE STATE COLLEGE PA 16803 814-234-8800	ON	BARONBERG, MD, PAUL A 12 FOX CHASE RD MALVERN PA 19355-3441	P
DAVIDOWSKI, MD, THOMAS A 1393 N ATHERTON ST STATE COLLEGE PA 16803-2932 814-238-6097	D	HEIMER, MD, JEFFREY L 507 LOCUST LN STATE COLLEGE PA 16801-5419 814-237-0376	* OPH	O'SHEA, MD, JOHN G 251 EASTERLY PARKWAY STATE COLLEGE PA 16801-6301 814-237-3470	OBG	WEAVER, MD, AMY LU 1160 SHAMROCK AVE STATE COLLEGE PA 16801-6967 717-242-7179	FP	BARONE, DO, PAUL F 455 FAR HILL CIR EXTON PA 19341-3102 610-269-2210	FP
DENCH JR, MD, EDWARD H 945 OUTER DR STATE COLLEGE PA 16801-8236 814-234-6150	* AN	HENDRICKS JR, MD, GILBERT L 226 HIGHLAND AVE STATE COLLEGE PA 16801-4934 814-234-6849	CDS	OLNEY, MD, FRANKLIN B 611 UNIVERSITY DR STATE COLLEGE PA 16801-6552 814-234-4774	* DR	WEIMER, MD, GREGORY R 1800 EAST PARK AVE STATE COLLEGE PA 16803-6797 814-238-4351	R	BARRY, MD, WILLIAM J CHESTER COUNTY HOSP WEST CHESTER PA 19380-4421 610-431-5032	R
DERDEL, MD, JEROME D 1800 E PARK AVE STATE COLLEGE PA 16803 814-238-4351	RO	HEYWOOD, MD, SUSAN E 1850 E PARK AVE STATE COLLEGE PA 16803 814-234-8800	CD	PALMER JR, MD, DALE H 1651 GLENWOOD CIR STATE COLLEGE PA 16803-3230	P	WENGROVITZ, MD, PAUL H 327 E OUTER DR STATE COLLEGE PA 16801-8252	OBG	BATTAFARANO, MD, NICHOLAS C 500 CHESTERBROOK BLVD WAYNE PA 19087-5603 610-296-2668	IM
DIXON, MD, RICHARD H 1850 E PARK AVE STATE COLLEGE PA 16803 814-234-8800	HEM	HUFFARD, MD, ROBERT S 564 LANCESHIRE LN STATE COLLEGE PA 16803-1434 814-466-7921	PD	PARAGAS SR, MD, LAMBERTO S 4009 NANCY MARGARITE LN LAS VEGAS NV 89130	EM	WERNER, MD, DAVID B 507 LOCUST LN STATE COLLEGE PA 16801-5419 814-237-0376	OPH	BELL, MD, ROBERT L 51 S 12TH AVE COATESVILLE PA 19320-3529	NS
DRANOV, MD, JONATHAN 1850 E PARK AVE STATE COLLEGE PA 16803 814-234-8800	NEP	HUNTER, MD, ROBERT J 611 UNIVERSITY DR STATE COLLEGE PA 16801-6552 814-234-7280	OTO	PARKS JR, MD, LYTLE R 1133 S ALLEN ST STATE COLLEGE PA 16801-6046 814-237-3866	GP	WEST, MD, EDWARD 511 N BURROWES ST STATE COLLEGE PA 16803-3507 814-237-2136	GP	BELSON, MD, ARTHUR B 1011 W BALTIMORE PIKE STE 203 WEST GROVE PA 19390-9447 610-869-1371	OPH
DUNKELBERGER, MD, JOHN A RR 1 BOX 510 CENTRE HALL PA 16828-9735	OTO	HYLBERT JR, MD, KENNETH W THE MEADOWS PSYCH CTR CENTRE HALL PA 16828 814-364-2161	P	PEPE, MD, PETER F 1850 E PARK AVE STATE COLLEGE PA 16803 814-234-8800	* RHU	WHITE, MD, GEORGE S 431 E CURTIN ST BELLEFONTE PA 16823-1722 814-355-9141	GP	BENINATI, MD, DANIEL D 795 E MARSHALL ST STE 304 WEST CHESTER PA 19380-4400 610-269-9010	OBG
DUNMORE, MD, ELIZABETH W 104 MATTHEW CIR STATE COLLEGE PA 16801-7442	IM	ISHLER, MD, H RICHARD 712 N HOLMES ST STATE COLLEGE PA 16803-3621 814-237-4743	GP	PERSIC JR, MD, LOUIS A 222 HUNTER AVE STATE COLLEGE PA 16801-6947 814-234-6135	* DR	WILD JR, MD, ROBERT M 905 UNIVERSITY DR STATE COLLEGE PA 16801-6626 814-238-8418	* U	BENNETT IV, MD, JOSEPH S PO BOX 189 PAOLI PA 19301-0189 610-644-9456	ORS
DUNNE, MD, GAY D 137 S PUGH ST STATE COLLEGE PA 16801-4734 814-234-3381	D	KEIL, MD, STEPHEN M 2651 SLEEPY HOLLOW DR STATE COLLEGE PA 16803-2230 814-231-4560	CD	POWERS, MD, DANAE M 965 CRABAPPLE DR STATE COLLEGE PA 16801-4251 814-234-6122	AN	WILLENBORG, MD, ANNE 711 BOALSBURG PIKE BOALSBURG PA 16827-1133 814-466-7921	PD	BENTLEY JR, MD, EUGENE A CHESTER COUNTY HOSP WEST CHESTER PA 19380-4421 610-431-5182	CLP
DUNNE, MD, JAMES H 137 S PUGH ST STATE COLLEGE PA 16801-4734 814-237-1228	D	KISH, MD, ROBERT S 905 UNIVERSITY DR STATE COLLEGE PA 16801-6626 814-238-8418	* U	PURNELL, MD, JOHN S CENTRE COMMUNITY HOSP STATE COLLEGE PA 16803-6797 814-238-4351	* AN	WINGERT JR, MD, CHARLES H 896 E COLLEGE AVE BELLEFONTE PA 16823-7500	D	BERKOWITZ, MD, LELAND 414 PAOLI PIKE MALVERN PA 19355-3311 610-251-5450	PM
DURGIN, MD, BERNICE E 518 N ALLEGHENY ST BELLEFONTE PA 16823-1617	IM	KUNKLE JR, MD, HERBERT L 911 UNIVERSITY DR STATE COLLEGE PA 16801-6626 814-238-9459	ORS	REICHARD, MD, JAMES L KYLERTOWN PA 16847	FP	WONG, MD, LING G 728 WESTERLY PKY STATE COLLEGE PA 16801-4226	* PD	BERMAN, MD, DENNIS A 520 MAPLE AVE STE-1 WEST CHESTER PA 19380 610-692-5217	* HEM
DURKIN, MD, DAVID J 1271 HICKORY HILL DR STATE COLLEGE PA 16803-3362 814-237-7377	AN	LESCANIC, MD, MICHAEL L 622 SEVERN DR STATE COLLEGE PA 16803-1374 814-234-4537	AN	ROCKOWER, MD, ROGER A 617 W FAIRMOUNT AVE STATE COLLEGE PA 16801-4127 814-234-6137	DR	YODER, MD, STANLEY J 101 REGENT CT STATE COLLEGE PA 16801-7965 814-231-2101	* ORS	BLESHMAN, MD, MICHAEL H PHOENIXVILLE HOSP PHOENIXVILLE PA 19460 610-983-1123	DR
EATON, MD, JEFFREY G 1850 E PARK AVE STATE COLLEGE PA 16803-6701 814-234-8800	CD	LIGHT, MD, JOHN H 500 E MARYLYN AVE STATE COLLEGE PA 16801-6269	IM	ROESHOT, MD, DOUGLAS E 2365 OAK LEAF DR STATE COLLEGE PA 16803-3376 814-231-2101	* ORS	YOUNG, DO, WILLIAM E PENNIS VALLEY AREA CENTER SPRING MILLS PA 16875-9802 814-422-8873	GP	BLYDENBURGH, MD, SUSAN M 915 BRINTONS BRIDGE RD WEST CHESTER PA 19382-8109	* FP
ELLIS, DO, THOMAS J 101 REGENT CT STATE COLLEGE PA 16801 814-231-2101	* ORS	LYKENS, MD, HARRY D 109 HARRIS DR STATE COLLEGE PA 16801-7916	R	ROGUSKY, MD, EDWIN J UNIV ORTHO & SPORT MED CTR STATE COLLEGE PA 16801-7965 814-231-2101	* ORS	ABBOTT, MD, JOSEPH L CHESTER COUNTY MEDICAL CENTER WEST CHESTER PA 19380-4443 610-692-3434	GYN	BOLLINGER, MD, JAMES R 21 INDUSTRIAL BLVD STE 101 PAOLI PA 19301-1610 296-081-0	* U
EVANS, DO, JOHN C 1520 MARTIN ST STATE COLLEGE PA 16803-3058 814-231-1220	* PM	MACLEAR, DO, DOUGLAS G 945 OUTER DR STATE COLLEGE PA 16801-8236 814-466-7975	AN	ROGERS, MD, KENNETH J 953 ROBIN ROAD STATE COLLEGE PA 16801-4139 814-234-4774	* R	ABERNETHY, MD, HUGH C 511 N HIGH ST WEST CHESTER PA 19380-2335	PD	BOMALASKI, MD, JOHN S 11 CHESTNUT LANE WAYNE PA 19087-2604 610-524-7710	* RHU
FERRIER, MD, MELVIN C 1201 E PINE ST PHILIPSBURG PA 16866-1128	IM	MANDETTA, MD, DONALD F 1850 E PARK AVE STATE COLLEGE PA 16803 814-234-8800	GE	ROGUSKY, MD, EDWIN J UNIV ORTHO & SPORT MED CTR STATE COLLEGE PA 16801-7965 814-231-2101	* ORS	ALARCON, MD, J EDGAR MAPLE AVE MED BLDG WEST CHESTER PA 19380-4434 610-436-8080	IM	BONANNI, MD, LORETTA D 805 HAWTHORNE ST DOWNTOWN PA 19335-1694	* PD
FIGLIN, DO, JOSHUA M PO BOX 958 LEMONT PA 16851-0958 814-234-5830	P	MANTING-BREWER, MD, MICHELE A 251 EASTERLY PKWY STATE COLLEGE PA 16801-6301 814-237-3470	OBG	ROHRBECK, MD, CHARLES W 251 EASTERLY PKWY STATE COLLEGE PA 16801-6301 814-237-3470	OBG	ALDERFER, MD, HAROLD H 220 E ASHBRIDGE ST WEST CHESTER PA 19380-2323 610-696-4638	PD	BONFIGLIO, MD, RICHARD P BRYN MAWR REHAB MALVERN PA 19355-3300 610-251-5558	PM
FISHER, MD, JOHN T 507 LOCUST LN STATE COLLEGE PA 16801-5419 814-237-0376	OPH	MAXIN, MD, CHARLES W 200 SCENERY DR STATE COLLEGE PA 16801-7974 814-231-4560	FP	ROSDIN, DO, ERIC S 770 TOFTREES AVE APT 230 STATE COLLEGE PA 16803-1950 814-359-3421	PM	ALLAN, MD, MARY B SWALLOWTAIL FARM WESTTOWN PA 19395-0119 610-436-5822	CD	BOWEN, MD, ANNE C 109 N FAIRFIELD RD DEVON PA 19333-1448 610-696-3431	* IM
FLEAGLE, MD, GENEVRA S 508 OUTER DR STATE COLLEGE PA 16801-7935	OS	MAYERS JR, MD, STANLEY P 648 WILTSHIRE DR STATE COLLEGE PA 16803-1450 814-863-2426	PH	ROY III, MD, EMILE P 1850 E PARK AVE STATE COLLEGE PA 16803 814-234-8800	N	ANDERSEN, MD, DONALD H 213 REECEVILLE RD STE 21 COATESVILLE PA 19320 610-383-7663	* U	BOYKE, MD, TIMOTHY J 600 E MARSHALL ST STE 203 WEST CHESTER PA 19380-4443 610-696-2850	* CD
FREEDMAN, DO, SUSAN R NITANY VALLEY REHAB HOSP PLEASANT GAP PA 16823-7416 814-359-3451	* PM	MC CORMICK, MD, GEORGE M 3901 S ATHERTON ST STATE COLLEGE PA 16801-8324 814-466-7921	PD	SCHAEFFER, MD, CHARLES S 1850 E PARK AVE STATE COLLEGE PA 16803 814-234-8800	IM	ANDERSON, MD, KENNETH F 32 CHETWYND RD PAOLI PA 19301-1818 215-897-6850	* OM	BRADFORD, MD, JOHN D 1337 PIEDMONT DRIVE DOWNTOWN PA 19335-3720	GS
GARCIA, MD, MARIAN 233 EASTERLY PKY STATE COLLEGE PA 16801-6395 814-234-2573	FP	MC GUIRE, MD, RICHARD J 905 UNIVERSITY DR STATE COLLEGE PA 16801-6626 814-237-3122	* IM	SEVICK, MD, MYRON E 911 UNIVERSITY DR STATE COLLEGE PA 16801-6626 814-238-9459	ORS	ARDITO, MD, JOSEPH M 250 W LANCASTER AVE STE 240 PAOLI PA 19301-1751 610-446-6900	* OTO	BEARLY, MD, WAYNE R 127 KNOXLYN FARM DR KENNETT SQUARE PA 19348-2738 610-869-1240	GS
GOOD, MD, PHILIP K 1217 ZION RD BELLEFONTE PA 16823-9124 814-355-7322	IM	MEBANE, MD, TOM S FOXDALE VILLAGE STATE COLLEGE PA 16801-6269 814-238-4351	GP	SOLIC, MD, JOHN J 1850 E PARK AVE STATE COLLEGE PA 16803 814-234-8800	PUD	ASKINAS, MD, ALAN M 600 E MARSHALL ST WEST CHESTER PA 19380-4454 610-692-3434	OBG	BREE, DO, STANTON A 319 N POTTSTOWN PKE 201 EXTON PA 19341-2218 610-594-9101	PM
GORDEUK, MD, DANIEL S 245 SOUTH BURROWES ST STATE COLLEGE PA 16801-4009 814-237-4116	GS	MEBANE III, MD, TOM S 1347 SANDPIPER DR STATE COLLEGE PA 16801-7714 814-237-3470	OBG	STEPHENSON, MD, LAURA L 251 EASTERLY PKWY STATE COLLEGE PA 16801-6301 814-237-3470	OBG	ASTROFF, MD, MATTHEW R PAOLI MEM MEDICAL BLDG STE 10 PAOLI PA 19301 610-644-6755	* GE	BRIDGENS, DO, NANCY K 649 N LEWIS RD LIMERICK PA 19468 610-495-0400	OBG
GUILLARD, MD, FRANK 905 UNIVERSITY DR STATE COLLEGE PA 16801-6626	* IM	MIKESELL, MD, JERRY F 1393 N ATHERTON ST STATE COLLEGE PA 16803 814-238-6097	D	STOKES, MD, WAYNE L 442 W RIDGE AVE STATE COLLEGE PA 16801-3439 800-842-6026	PM	ATKINS, MD, WILLIAM R 600 E MARSHALL ST STE 305 WEST CHESTER PA 19380-4454 610-692-3434	OBG	BRIGHAM, MD, MARK P 845 W CHESTER PIKE WEST CHESTER PA 19382-4878 810-692-2065	ORS
HAIGHT, MD, JOEL B 1850 E PARK AVE STATE COLLEGE PA 16803 814-234-8800	IM	MONTALBO, MD, ANTONIO A 233 EASTERLY PKY STATE COLLEGE PA 16801-6301 814-234-5856	OPH	STRICKLER, MD, JANE A M PO BOX 59 BOALSBURG PA 16827-0059 814-237-3470	* R	AYLVARD, MD, JOHN J 600 CHURCH ST ROYERSFORD PA 19468-2156 610-948-4298	* IM	BROD, MD, JENNIFER S 730 S HANOVER ST POTTSTOWN PA 19464 610-323-6835	PD
HALE, DO, RICHARD C RR 1 BOX 114 CENTRE HALL PA 16828-9709 814-359-3421	* PUD	MULHATTEN, MD, DONALD E 200 SCENERY DR STATE COLLEGE PA 16801-7974 814-231-4560	GP	SYROPOULOS, MD, HEIDI J 1850 E PARK AVE STATE COLLEGE PA 16803 814-234-8800	IM	BABINECZ, MD, JOHN M PAOLI MEM MED BLDG STE 330 PAOLI PA 19301 610-644-9233	PD	BROWN, MD, NATHAN 407 CITY LINE AVE PHOENIXVILLE PA 19460-4312	GP

CHESTER

BUCHANAN, MD, SUSANNA F 688 MIMOSA TREE LN WEST CHESTER PA 19380-1867 610-363-7303	FP	DEMPSEY, MD, JOHN 29 MANCHESTER CT BERWYN PA 19312-1863 215-829-5271	GP	FRIEDMANN, DO, DANIEL V 1190 CARRIE LN WEST CHESTER PA 19382-7476	GP	HANSPAL, MD, NAVJOT S 1011 W BALTIMORE PIKE STE 210 WEST GROVE PA 19390-9402 610-869-3933	N	JUNCOS, MD, GUILLERMO R LIONVILLE MEDICAL CENTER LIONVILLE PA 19353 610-363-7244	A
BUEDEIR, MD, MOHAMMED H 1 WOODSWORTH CT WAYNE PA 19087-3438 610-384-0580	GS	DEUTSCH JR, MD, E THOMAS 122 LANCASTER PIKE MALVERN PA 19355-2123 610-647-2440	* FP	FUKUI, MD, PAUL T CHESTER CO MED BLDG STE 214 WEST CHESTER PA 19380 610-436-8632	N	HANSPAL, MD, REENA K 1011 SABER RD WEST CHESTER PA 19382-8071	PM	KAMINSTEIN, MD, DAVID S 1136 DORSET DR WEST CHESTER PA 19382-8008 610-431-2691	GE
BURGESS, MD, GEOFFREY M 110 HOPEWELL RD DOWNTOWN PA 19335-1067	FP	DEWIS, MD, LESTER S BRYN MAWR REHAB HOSP MALVERN PA 19355-3311 610-251-5450	PM	FURMAN, MD, FRANK H 139 BERKLEY RD DEVON PA 19333-1544 610-687-0715	FP	HARKNESS, MD, MICHAEL J WADE TOWNEND PEDIATRIC ASSOC PAOLI PA 19301 610-644-9233	PD	KARCH, DO, HENRY J WILLOWDALE PROF BLDG STE 2 KENNETT SQUARE PA 19348-1736 610-444-0113	PD
BURGET JR, MD, DEAN E 120 CONCORD CT KENNETT SQUARE PA 19348-2562	PS	DICKTER, MD, JANICE H 404 W UNION ST WEST CHESTER PA 19382 610-696-2338	PD	GALIB, MD, SAMUEL H PAOLI WEST PROF PARK PAOLI PA 19301 610-644-0600	OPH	HARRIS, DO, MARK R PO BOX 400 KEMBLESVILLE PA 19347-0400 610-255-4466	* FP	KATZMAN, MD, JEFFREY I PAOLI MEM MED BLDG STE 109 PAOLI PA 19301 610-265-1188	OPH
BURKE, MD, BERNARD S 795 E MARSHALL ST STE 201 WEST CHESTER PA 19380-4400 610-696-8900	* IM	DICKTER, MD, STEVEN J 404 WEST UNION STREET WEST CHESTER PA 19382 610-696-0127	FP	GARCIA, MD, DOMINADOR I 15 WOODRIDGE RD THORNTON PA 19373-1039	EM	HARROP, MD, DONALD E 124 E DUNE LANE BEACH HAVEN NJ 08008 610-933-7453	* GP	KELLY, MD, JOHN T GMIS MALVERN PA 19355 610-296-3838	PD
BUTLER, MD, CHARLES H 185 BAKER RD COATESVILLE PA 19320-1401	GP	DIGREGORIO, MD, GUERINO J 1421 LINCOLN LA WEST CHESTER PA 19380-5946 610-436-0717	* IM	GARDNER, MD, ALAN M CHESTER COUNTY MED BLDG WEST CHESTER PA 19380 610-431-3032	P	HAYMAN, MD, HARRIS R PAOLI MEDICAL ARTS BUILDING PAOLI PA 19301-1610 610-647-4848	FP	KELLY III, MD, JOHN J PAOLI MEM MED BLDG STE 234 PAOLI PA 19301 610-647-4260	CD
BYLER, MD, ARTHUR B PO BOX 259 DOWNTOWN PA 19335-0259 610-269-0549	* GP	DORRELL, MD, SEAN G 410 E LANCASTER AVE EXTON PA 19341-2731 610-524-3703	IM	GASIC, MD, ANDREI C 750 S MAIN ST STE 100 PHOENIXVILLE PA 19460 610-933-8484	IM	HEINWOOD, DO, CAROL L 2228 DETWEILER RD POTTSTOWN PA 19464-1525	* FP	KELLY JR, MD, EDWARD A 101 MANOR AVE DOWNTOWN PA 19335-2601 610-269-4449	FP
CAGGIANO, MD, JOHN D RR 4 WEST CHESTER PA 19382-9804 610-524-6470	ORS	DOTTS, CAROL A 580 LANCASTER AVE BERWYN PA 19312-1664 610-644-8120	EXEC	GEDDES, MD, GISELLE J 27 OLD COVERED BRIDGE ROAD NEWTOWN SQUARE PA 19073-1211 610-449-1014	IM	HERNZ, MD, WILLIAM J 5 OAKHILL CIR MALVERN PA 19355 215-339-3385	P	KENNEY, MD, NANCY T 2 JOSEPH PYLE DR WEST GROVE PA 19390-1000 610-444-5678	IM
CATTON, MD, RAYMOND M 45 RIDGE RD PHOENIXVILLE PA 19460-1915	* P	DOYLE, MD, FAYE R 215 E MT VERNON ST OXFORD PA 19363-1445	FP	GEMIL, MD, CORAZON Z NORTH HILLS MEDICAL BLDG WEST CHESTER PA 19382-5701 610-692-9700	* OBG	HERTZ, MD, BARRY C 520 MAPLE AVE STE 3 WEST CHESTER PA 19380-4434 610-692-6300	PUD	KENT, MD, RICHARD B 845 W CHESTER PIKE WEST CHESTER PA 19382-4878 610-692-8100	OPH
CHILDS, MD, MARION C 500 GAY ST PHOENIXVILLE PA 19460-3816 610-935-7500	* IM	DOYLE, MD, RUSSELL G 215 E MT VERNON ST OXFORD PA 19363-1445	GP	GEMIL-CORRAL, MD, ANGELITA G 795 E MARSHALL ST STE 302 WEST CHESTER PA 19380-4400 610-692-9700	GYN	HESTER, MD, GLORIA E 1740 LEWAP RD WEST CHESTER PA 19382 HEWSON, MD, WILLIAM C 101 E ASHBURIDGE ST WEST CHESTER PA 19380-2320	PD	KESTER, MD, WALTER L 521 LOCUST LAKE NORTH WEST CHESTER PA 19380-2251 KESZELI, MD, ALEXANDER P O BOX 533 HAVERFORD PA 19041	GP
CIACCI, MD, VINCENT W CHESTERBROOK WAYNE PA 19087-5841	EM	DVORKIN, MD, DANIEL 797-0 E LANCASTER AVE DOWNTOWN PA 19335-3336 610-269-5612	D	GERSON, MD, BENJAMIN 200 TEMPLE ST NEWTON MA 02165-2316 215-743-4200	PTH	HILLIER, MD, PETER N PAOLI MEMORIAL MEDICAL PAOLI PA 19301 610-647-8885	* LM	KIM, MD, PAUL S 460 CREAMERY WAY EXTON PA 19341 KIM, MD, YOUNG B 540 HOFFMAN DR BRYN MAWR PA 19010-1745 610-431-5130	AN
CLAUDS, MD, RONALD P 795 E MARSHALL ST STE 304 WEST CHESTER PA 19380-4400 610-436-5810	OBG	EASTER, MD, DENNIS J 1115 ALEXANDER LN WEST CHESTER PA 19382 215-692-3434	* OBG	GERSON, MD, IRVIN M ARSENAL BUSINESS CTR PHILADELPHIA PA 19137-2308 215-743-4200	N	HIMMELSTEIN, MD, FRED R 203 BARNHILL RD WEST CHESTER PA 19382-2334 610-869-1000	* EM	KIM, MD, YOUNG B 540 HOFFMAN DR BRYN MAWR PA 19010-1745 610-431-5130	PS
CLAY, MD, BETTIE W G5 BLACK HAWK APTS DOWNTOWN PA 19335	IM	EFFAT, MD, MAHMOUD K 802 ROBERT DEAN DR DOWNTOWN PA 19335-4465 610-383-0907	AI	GIANNOPoulos, MD, PETER H 750 S MAIN ST PHOENIXVILLE PA 19460-4459 610-933-6064	* GP	HLAVAC, MD, CHERYL A 704 MEREDITH ST KENNETT SQUARE PA 19348-3504 610-444-5678	FP	KLEIN, MD, JOSEPH F 8 PROSPECT AVE BOX 189 WEST GROVE PA 19390-1106 610-869-3593	PD
CLAYTON, DO, JOHN S 105 GARFIELD AVE WEST CHESTER PA 19380-4509 610-687-3033	* P	ELLIS, MD, CHRISTINA E 1008 BALA FARMS WEST CHESTER PA 19382-2345 610-692-3434	OBG	GOBERT, MD, HERBERT W 915 OAK HARBOUR DR JUNO BEACH FL 33408-2174	FP	HNELESKI JR, MD, IGNATIUS S 845 W CHESTER PIKE WEST CHESTER PA 19382-4878 610-692-8100	OPH	KLUFA, MD, ALEXANDER J 423 E CHESTNUT ST COATESVILLE PA 19320-3234 610-383-1230	IM
CLAYTON, MD, RICHARD J 1917 CHRISTOPHER PL HARRISBURG PA 17110 717-652-3881	OM	EWING, MD, AGNEW R 2168 AVALON AVE AVALON NJ 08022-2049	IM	GOLD, MD, MORRIE G 600 E MARSHALL ST WEST CHESTER PA 19382-7659 610-692-3434	* CD	HOESS, MD, ARTHUR B 3025 ZINN RD THORNDALE PA 19372 610-384-2211	FP	KNOX JR, MD, JAMES D 57 N 4TH STREET OXFORD PA 19363 610-932-8141	FP
COADY, MD, PAUL M SUITE 430 WYNNWOOD PA 19096 610-649-8599	* CD	FAHMY, MD, WASFY F 750 S MAIN ST # 300 PHOENIXVILLE PA 19460-4444 610-935-7772	PH	GOLDEN, MD, MICHAEL F 415 E LINCOLN HWY COATESVILLE PA 19320-3411 610-383-1955	OBG	HOFFMAN, MD, DAVID F PO BOX 400 KIMBLESVILLE PA 19347-0400 610-255-4466	* FP	KOEPSPELL, MD, DON G 15 GALLOWAY LN APT 608 PHOENIXVILLE PA 19460-2700 KOLTER, MD, JAMES S 750 S MAIN ST STE 204 PHOENIXVILLE PA 19460-4460 610-933-3700	OPH
COATES JR, MD, JOHN B 933 VALLEY FORGE RD PHOENIXVILLE PA 19460-2625	PH	FAUST, MD, HERBERT A 16 FOX CHASE RD MALVERN PA 19355-3441	OBG	GOLDSTEIN, MD, NORMAN A 206 GAY ST PHOENIXVILLE PA 19460-2705 610-933-8896	FP	HORNSTEIN, MD, LUCY E 1288 VALLEY FORGE ROAD VALLEY FORGE PA 19482 610-983-9299	IM	KORBONITS, MD, CHARLES W 960 HILLSDALE RD WEST CHESTER PA 19382-1921 KOVALSKI, MD, RAYMOND 750 S MAIN ST STE 100 PHOENIXVILLE PA 19460-4462 610-933-8484	OBG
COLDREN, MD, CAROL L BRADYWINE OBGYN ASSOC COATESVILLE PA 19320 610-383-9400	OBG	FEARNOW III, MD, EDGAR C 4 HOWSON LN GLENMOORE PA 19343 610-383-8119	N	GOLDSTEIN, MD, NEIL H 346 S BALDERSTON DR EXTON PA 19341-2004 215-983-6657	IM	HOTMER, MD, DIANNE D 795 E MARSHALL ST STE 304 WEST CHESTER PA 19380-4400 215-682-4000	* OTO	KRAUS, MD, JOHN J REHABILITATION ASSOC OF MAIN MALVERN PA 19355-3300 610-251-5450	PM
COLLINS, MD, KENNETH P 213 REECEVILLE RD STE 32 COATESVILLE PA 19320-1533 610-383-7663	* CDS	FISCHETTI, MD, JOHN L 508 BEECHWOOD DR KENNETT SQUARE PA 19348-1804 215-283-0770	R	GORDIN, MD, ISADORE 603 S MAIN ST PHOENIXVILLE PA 19460-3855	OBG	HUTCHINSON III, DO, HARRY J 602 E MARSHALL ST WEST CHESTER PA 19380-4448 610-692-5582	IM	KRAUSER, MD, RONALD E PAOLI MEM MED BLDG PAOLI PA 19301 610-647-2398	RHU
CONNELL, MD, JANET T PAOLI PSYCHIATRIC ASSOC PAOLI PA 19301 610-296-0142	* P	FORMAN, MD, BRUCE H 29 CARMEL WAY EATONTOWN NJ 07724-2551 215-762-4718	IM	GORMAN-CATTON, MD, JOHANNA H 45 RIDGE RD PHOENIXVILLE PA 19460-1915 610-933-7749	* ORS	HUXTER, MD, ROBERT H 845 W CHESTER PIKE WEST CHESTER PA 19382-4878 610-692-2005	ORS	KRIKPE, MD, SCOTT A PAOLI MEDICAL BLDG STE 327 PAOLI PA 19301 610-647-3077	GS
CONNER, MD, J HUBERT 420 FOXCHASE LANE MEDIA PA 19063-1937	* ORS	FOX, MD, STEPHEN C PAOLI MEM MED BLDG STE 210 PAOLI PA 19301 610-647-2747	R	GRAHAM, MD, THOMAS H 4 JOANNA DR MALVERN PA 19355-3313 610-527-3366	IM	INSALATA, MD, ROBERT A 3629 E LINCOLN HWY THORNDALE PA 19372 610-383-1545	IM	KRISHNA, MD, BHUPENDRA 1011 W BAL PIKE STE 202 WEST GROVE PA 19390 610-869-1221	A
CONTI, MD, JOSEPH D 250 W LANCASTER AVE #300 PAOLI PA 19301 610-296-8240	U	FOXX, MD, WILLIAM F 1417 CARROLL BROWN WAY WEST CHESTER PA 19382-7757 610-431-5130	DR	GRANT, MD, HOWARD R 533 SCOTT RD GLADYNE PA 19035-1441 610-431-5480	* P	JACOBS, MD, FRANCIS 200 E BIDDLE ST WEST CHESTER PA 19380-2799 JAHROMI, MD, HEIDAR K 213 REECEVILLE RD STE 13 COATESVILLE PA 19320-1530 610-383-1355	PD	KRISHNA, MD, SHANTI 1775 W CHESTER PIKE HAVERTOWN PA 19083-2934 610-431-2610	* PD
COOK, MD, DONALD H PHOENIXVILLE HOSP PATH DEPT PHOENIXVILLE PA 19460-0809 610-983-1166	* PTH	FRENCH, MD, ELIZABETH G PO BOX 429 UNIONVILLE PA 19375-0429	FP	GROSSMAN, MD, DAVID 520 MAPLE AVE STE 1 WEST CHESTER PA 19380 610-692-5217	IM	JAWAD, MD, BASIL S INGELSIDE PROFESSIONAL BLDG THORNDALE PA 19372-1129 610-383-1100	IM	KURTZ, MD, JAMES W 564 CONESTOGA RD BERWYN PA 19312-1363 215-823-5809	P
CUTLER, MD, ROBERT S 606 E MARSHALL ST STE 104 WEST CHESTER PA 19380-4440 610-696-1230	* OPH	FRENCH, MD, GORDON N PO BOX 429 UNIONVILLE PA 19375-0429	AN	GUNNING, MD, MARY LISA 1308 FIELDPOINT DR WEST CHESTER PA 19382-8229 610-696-6655	FP	JOHNSON, MD, LISA B 420 E MARSHALL ST STE 102 WEST CHESTER PA 19380-4443 610-696-3431	* IM	LAFFEY, MD, PATRICIA A 429 OLD EAGLE SCHOOL RD WAYNE PA 19087-2006 610-431-5130	DR
D'URSO, MD, FRANCESCO 1703 MARSHA LN DOWNTOWN PA 19338 610-269-9966	PD	FRIED, MD, ROBERT C PAOLI MEDICAL BLDG STE 207 PAOLI PA 19301 610-647-3078	FP	HAHN, MD, JEANNINE R BUCKTOWN MEDICAL ASSOC SPRING CITY PA 19475-9685 610-495-5944	GS	JONES, MD, RAYMOND R 845 W CHESTER PIKE WEST CHESTER PA 19382-4878 610-692-8100	OPH	LANGRALL, MD, HARRISON M 1857 BLACK ROCK LN PAOLI PA 19301-1055 610-640-1884	IM
DABBACK, MD, DEWITT T 17 N 4TH AVE ROYERSFORD PA 19468-1911 610-948-3230	FP	FRIEDMAN, MD, CARL J 639 COLONEL DEWEES RD WAYNE PA 19087-1305 610-832-3084	IM	HANNA, MD, ROBERT H 7 PROUT DR COATESVILLE PA 19320-1424	GP	JUDGE III, MD, JAMES W 213 REECEVILLE RD STE 28 COATESVILLE PA 19320-1533 610-384-1801	OPH	LANSING, MD, DOROTHY I 20 OLD PAOLI PIKE BOX 537 PAOLI PA 19301 215-644-1890	GYN

LANZA, MD, RALPH A PO BOX 189 PAOLI PA 19301-0189 610-644-9456	IM	MC CHESNEY JR, MD, CHARLES T * HS 3500 LINCOLN HWY THORNDALE PA 19327 610-384-2420	R	POTTER JR, MD, HOWARD P 208 IVY LN HAVERFORD PA 19041-1721 610-384-2420	GE	SACKS, MD, EDMOND J 8 TIVERTON CIR RADNOR PA 19087-2815 610-640-9966	PDC	STARK, MD, BRUCE I 606 E MARSHALL ST WEST CHESTER PA 19380-4455 610-696-1230	* OPH
LAPORTE, MD, STEVEN M PAOLI MEMORIAL MEDICAL PAOLI PA 19301 610-647-4250	CD	MC GEEHAN, MD, JOHN T 50 BLUE STONE DR CHADDS FORD PA 19317-9311 610-384-2420	R	POTTS, MD, ASA W 986 E PENN DR WEST CHESTER PA 19380-4341 610-384-2420	IM	SALAM, MD, MAHI 106 SCHUBERT DR DOWNTOWN PA 19335-3382 610-873-8882	PD	STOKES, MD, LOUIS C 345 E CHESTNUT ST COATESVILLE PA 19320-3202 610-384-0250	FP
LATOFF, MD, THOMAS J 533 E LINCOLN HWY COATESVILLE PA 19320-3433 610-384-2484	* GP	MC KINSTAY, MD, ROBERT B 548 SCHOOL HOUSE RD KENNETT SQUARE PA 19348-1742 610-384-2484	FP	PRASAD, MD, AJIT K 316 MAPLE DR KENNETT SQUARE PA 19348-1810 610-384-2484	ORS	SANDLER, MD, KENNETH R 561 FAIRTHORNE AVE PHILADELPHIA PA 19128-2412 610-437-4032	* P	STROZ, MD, MARGARET M 125 E VIRGINIA AVE WEST CHESTER PA 19380-2344 610-431-2262	FP
LEE, MD, DANIEL 1289 LONE EAGLE ROAD COATESVILLE PA 19320-4766 610-384-4303	IM	MC LAUGHLIN, MD, RAYMOND S 701 E BALTIMORE PIKE KENNETT SQ PA 19348-2429 610-444-4060	FP	PRISM, MD, ROBERT W 13 BERKLEY RD AND DEVON BLVD DEVON PA 19333-1310 610-687-0715	FP	SANTRAM, MD, DEEPAK SOUTHERN CHESTER CTY MED CTR WEST GROVE PA 19390-9426 610-869-7151	CD	TADDONIO, MD, WILLIAM S 1008 BEN FRANKLIN HWY DOUGLASVILLE PA 19518 610-323-6835	* FP
LEMERT, MD, MICHAEL R VALLEY FORGE OB/GYN PHOENIXVILLE PA 19460-4456 610-933-2440	OBG	MERSON, MD, ERICH R 134 W CHESTNUT ST WEST CHESTER PA 19380-2557 610-696-3606	* GP	PUSHKAREWICZ, MD, MICHAEL J 679 EWING RD WEST GROVE PA 19390-9161 610-869-1266	* ORS	SARUK, MD, MICHAEL L PAOLI MEMORIAL MEDICAL PAOLI PA 19301 610-296-8844	PTH	TAM, MD, ISSAC T 795 E MARSHALL ST WEST CHESTER PA 19380-4400 610-696-8900	* IM
LEVIN, MD, GARY J GREENVIEW PAVILION THORNDALE PA 19372-1130 610-384-9100	OPH	METRY, MD, NAWAL G 1536 MCDANIEL DR WEST CHESTER PA 19380-7036 610-431-1816	PD	RABIN, MD, SIDNEY C 600 E MARSHALL ST WEST CHESTER PA 19380-4454 610-692-3434	GYN	SATRIALE, MD, ROBERT O 319 N WOODMONT DR DOWNTOWN PA 19335-3253 610-692-3434	PUD	TEMPLE, MD, ANTHONY R MCNEIL CONSUMER PRODUCTS CO FT WASHINGTON PA 19034 215-233-7763	EM
LEWIS, MD, EARL T 1232 PRINCETON LN WEST CHESTER PA 19380-5744 610-384-9100	PA	MEYERS, MD, FREDERIC A 213 REECEVILLE RD STE 38 COATESVILLE PA 19320-1538 610-384-6076	* GE	RAO, MD, BRINDA E 305 OXFORD PROFESSIONAL CENTR OXFORD PA 19363 610-932-9118	PD	SCHAAF, MD, HOMER D 1232 N GATE RD WEST CHESTER PA 19382 610-692-3434	PTH	THAKARAR, MD, PUSHPA 902 MADISON DRIVE MALVERN PA 19355-3101 610-647-0591	US
LEWIS, MD, L CLIFFORD 421 MONUMENT AVE MALVERN PA 19355-2632 610-644-4744	GP	MICHAEL JR, MD, HERMAN J 710 E LANCASTER AVE EXTON PA 19341-2801 610-524-3703	NEP	REAL, MD, MARK B 405 HIGHLAND AVE OAKS PA 19456 610-933-8484	IM	SCHAEFFER, DO, MARLOWE R 1708 STONEHAM DR WEST CHESTER PA 19382-6608 610-695-8296	* FP	THAL, MD, IRA M 724 HOMESTEAD AVE HAVERTOWN PA 19083-2636 610-251-5450	IM
LINDNER, MD, MARIE A 631 HOLLOW RD RADNOR PA 19087-2802 215-662-7310	NTR	MICHAELSON, MD, THOMAS C 750 S MAIN ST PHOENIXVILLE PA 19460-4462 610-933-8484	IM	REED, MD, LOLA S 750 S MAIN ST PHOENIXVILLE PA 19460-4459 610-933-8484	PD	SCHIED, MD, VICKY L 1911 W BALTMORE PK STE 102 WEST GROVE PA 19390 610-869-0680	PD	THEURKAUF JR, MD, EDWARD A 933 HAVERFORD RD BRYN MAWR PA 19010-3819 610-525-0200	IM
LISS, MD, GILBERT A 335 WHITEHORSE ROAD PHOENIXVILLE PA 19460-2566	OBG	MINEO, MD, CYRUS L 286 GRIFFIN ST PHOENIXVILLE PA 19460-4448 610-933-1144	OPH	REILLY, MD, ANN E 145 EATON DR WAYNE PA 19087-3859 610-933-8484	IM	SCHINDLER, MD, PETER D ALF I DU PONT INSTITUTE WIC DE 19899 610-793-1979	CHP	THOMPSON, MD, GREGORY M PAOLI MEMORIAL MEDICAL BLDG PAOLI PA 19301 610-644-9600	* U
LISS, MD, ROBERT P 606 E MARSHALL ST WEST CHESTER PA 19380-4455 610-696-1230	* OPH	MONASTERIO, MD, JOSE R 3500 LINCOLN HWY THORNDALE PA 19372-1017 610-384-2420	* GS	ROACHE, MD, MARTIN J 17 GRUBB RD MALVERN PA 19355-3068 610-933-8484	GP	SCHLESS, MD, ARTHUR P 560 PUGH RD STRAFFORD PA 19087-1907 610-384-2277	P	THRESHER JR, MD, OLIVER S 9 QUEEN ST RISING SUN MD 21911 610-869-0323	FP
LONG, MD, DAVID F 414 PAOLI PIKE MALVERN PA 19355-3311 610-251-5450	N	MONTE, MD, D MARIE 510 N LEMON ST APT C9 MEDIA PA 19063-2323 610-933-1144	GP	ROBERTS, MD, JOHN H 520 MAPLE AVE STE 3 WEST CHESTER PA 19380-4434 610-692-6330	PD	SCHROGIE JR, MD, JOHN J 1015 WALNUT STREET PHILADELPHIA PA 19107 215-955-1708	IM	TILTON, DO, BRUCE R 735 FARMVIEW LN GAP PA 17527-9415 610-384-9500	PD
LOTZ, MD, ANDREW J PO BOX 241 PAOLI PA 19301-0241	GP	NAEGLE, MD, MATTHEW B 750 S MAIN ST STE 100 PHOENIXVILLE PA 19460-4462 610-933-8484	IM	ROBISON, MD, ELIZABETH A BRANDYWINE PROFESSIONAL BLDG COATESVILLE PA 19320-1533 610-384-0580	* GS	SCHUSTER, MD, ROBERT T PO BOX 189 PAOLI PA 19301-0189 610-644-9456	US	TOWNEND, MD, STEPHEN C PAOLI MEDICAL BUILDING PAOLI PA 19301 610-644-9233	PD
LOVRINIC, MD, WILLIAM S 9 N FIVE POINTS RD WEST CHESTER PA 19380-4739 610-696-8800	* OTO	NAGLE, MD, WILLARD F 1615 E BOOT RD WEST CHESTER PA 19380 610-692-7766	IM	ROFSKY, MD, HOWARD E 1425 TULLAMORE LN PHOENIXVILLE PA 19460-2787 610-971-5502	US	SCHWARTZ, MD, DONALD S 1570 POORHOUSE RD DOWNTOWN PA 19335 610-933-8484	PD	TRAUMAN, MD, RICHARD G 600 E MARSHALL ST STE 302 WEST CHESTER PA 19380-4454 610-696-0157	ORS
LOWE, MD, CHERYL F 36 GLENNANN DR LANDENBERG PA 19350-9631	PD	NICHINI, MD, FRANCO M 24 RABBIT RUN MALVERN PA 19355-3436 610-933-8484	TR	ROGERS, MD, PAUL H 750 S MAIN ST STE 100 PHOENIXVILLE PA 19460-4462 610-933-8484	* CD	SCOTT, MD, J CLIFFORD WHITE HORSE VILLAGE G 148 NEWTOWN SQUARE PA 19073-2815 610-558-2656	P	TRAJTENBERG, MD, GEORGE A 795 E MARSHALL ST STE 102C WEST CHESTER PA 19380-4400 610-436-6696	AN
LU, MD, CALVIN 1006 BALA FARMS WEST CHESTER PA 19382-2345 610-431-0494	HEM	NICKLAS, MD, DONALD A 2855 RINGNECK RD AUDUBON PA 19403-1812 610-383-8088	PTH	ROGOWSKI, MD, RAYMOND A SOUTHERN CHESTER CTY MED CTR WEST GROVE PA 19390-9426 610-869-1084	PTH	SHIREY, MD, ELAINE D 142 CARTERS GRV MALVERN PA 19355-2648 610-667-5413	AN	TREZZA, MD, SCOTT A ANESTHESIA DEPT USNH OAKLAND CA 94627-0001 610-633-5110	GS
LUCINE JR, MD, ALBERT A 795 E MARSHALL ST STE 304 WEST CHESTER PA 19380-4400 610-696-2570	OBG	O'HARA JR, MD, JOHN J PAOLI MEMORIAL MEDICAL PAOLI PA 19301 610-647-4260	CD	ROMINGER, MD, C JULES 320 STRATHMORE ROAD ROSEMONT PA 19010-1231 215-748-9355	RO	SIEPSE, MD, STEVEN B 91 CHESTNUT RD PAOLI PA 19301-1502 610-296-3333	OPH	TRUITT, MD, GEORGE W 400 N WALNUT WEST CHESTER PA 19380-2487 610-696-1230	AI
LUGINBUHL, MD, WILLIAM E 520 MAPLE AVE STE 1 WEST CHESTER PA 19380 610-692-5217	* HEM	O'MALLEY, MD, JOHN E DEVEREUX FOUNDATION DEVON PA 19333-1533 610-964-3059	CHP	ROBINSON, MD, SHEILA L 300 CHERRY BEND MERION PA 19066-1507 610-933-8484	MFM	SILONE, DO, JAMES E 62 ROSSITER AVE PHOENIXVILLE PA 19460-2510 215-871-1000	OPH	UHLMAN, MD, RICHARD C 606 E MARSHALL ST STE 207 WEST CHESTER PA 19380-4455 610-696-5227	U
LYONS, MD, CHRISTINE W 213 REECEVILLE RD STE 17 COATESVILLE PA 19320 610-383-9400	* OBG	OCHSNER, MD, GREGORY J EXTON CANCER CTR EXTON PA 19341 610-363-8350	RO	ROONEY, MD, DAVID G 57 N 4TH STREET OXFORD PA 19363 610-932-8141	FP	SILVERIO, MD, JOHN 1121 CRANDON BLVD APT 705D KEY BISCAYNE FL 33149 SIMPSON, MD, CHESTON 531 MAPLE AVE WEST CHESTER PA 19380 610-692-6280	NTR	URBAN, MD, CLIFFORD H 140 NUTT RD PHOENIXVILLE PA 19460-0809 610-983-1168	* PTH
LYONS, MD, CHRISTOPHER J 479 THOMAS JONES WAY EXTON PA 19341-2552 610-524-6470	* ORS	OST, MD, MARY A 402 MC FARLAND RD KENNETT SQUARE PA 19348 610-444-5678	FP	RORKE III, MD, JOHN H 795 E MARSHALL ST WEST CHESTER PA 19380-4400 610-431-7920	DR	SITKOFF, DO, ANDREW D 520 MAPLE AVE STE 4 WEST CHESTER PA 19380 610-431-9688	ORS	VAGANOS, MD, NICHOLAS A CHESTER COUNTY MEDICAL CTR WEST CHESTER PA 19380-4443 610-696-2850	* CD
MACKENZIE, MD, NORMAN D 441 E LANCASTER AVE DOWNTOWN PA 19335-2722	GP	PARKER, MD, ALBERT F 1306 BUCHANAN AVE OLEAN NY 14760-1604 PATUKAS, MD, PETER C 7 DOWNING RD DOWNTOWN PA 19335-3324 610-383-3309	GS	ROSA, MD, DEBORAH M 750 S MAIN ST STE 300 PHOENIXVILLE PA 19460-4460 610-935-7772	FP	SLAVISH, MD, LYDIA G 659 EXTON COMMONS EXTON PA 19341 610-594-0850	IM	VESTAL, MD, JAMES C 750 S MAIN ST STE 203 PHOENIXVILLE PA 19460 610-933-1133	U
MAGGITT, MD, MICHAEL J 486 THOMAS JONES WAY STE 110 EXTON PA 19341 610-524-6580	ORS	PAULIN, MD, MITCHELL H 414 PAOLI PIKE MALVERN PA 19355-3311 610-251-5450	PM	ROSE, MD, DONALD J 176 E CONESTOGA RD DEVON PA 19333-1211 610-688-0822	* FP	SNEIDER, MD, ROBERT D 614 MALLARD TER WAYNE PA 19087-2326 610-383-8518	OBG	VIVIAN, MD, GAIL M RR 7 BOX 197 COATESVILLE PA 19320-1229 610-383-0888	GS
MAGNESS, MD, KATHLEEN E 750 S MAIN ST PHOENIXVILLE PA 19355-9626 610-933-8484	CD	PENMAN, MD, WILLIAM R 20 OLD PAOLI PIKE BOX 537 PAOLI PA 19301 610-644-1890	OBG	ROSENBLUM, MD, JEFFREY L 606 E MARSHALL ST STE 207 WEST CHESTER PA 19380 610-696-5227	DR	SOLOMON, MD, MACY B 606 CHERRY LN PHOENIXVILLE PA 19460-2416 610-933-3182	EM	WADE, MD, GEORGE R BOX 358 LE BOULLIER RD PAOLI PA 19301-0358 WAGENFUHR, MD, TIMM GLEN RD LANDENBERG PA 19350-9801 610-696-2850	PD
MAGUIRE, DO, F WILLIAM SOUTHERN CHESTER CTY MED BLDG WEST GROVE PA 19390 610-869-3620	* IM	PENNINGTON, MD, NEIL D 795 E MARSHALL ST STE 203 WEST CHESTER PA 19380-4400 610-344-6230	PD	ROTHENBERG, MD, RODGER F 750 S MAIN ST STE 307 PHOENIXVILLE PA 19460 610-933-3182	FP	SORARUF IV, MD, L PETER 687 UNIONVILLE ROAD KENNETT SQUARE PA 19348-2608 610-444-2002	GP	WAHL, MD, JEFFREY M 600 E MARSHALL ST STE 203 WEST CHESTER PA 19380-4453 610-696-2850	DR
MAHER, MD, JOHN P 601 WESTTOWN RD WEST CHESTER PA 19382-4542 610-344-6230	GPM	PICARIELLO, MD, MICHAEL A 602 E MARSHALL ST STE 11 WEST CHESTER PA 19380-4452 610-696-4628	OTO	ROWLEY, MD, RICHARD S 720 S MAIN ST PHOENIXVILLE PA 19460-3844 610-933-3498	OPH	SORKIN, MD, HARDY L 710 E LANCASTER AVE EXTON PA 19341-2801 610-524-3703	FP	WARD, MD, MICHAEL J A MONTGOMERY AND MAPLE AVES WEST CHESTER PA 19380 610-692-6280	KS
MANSFIELD, MD, RICHARD J 795 E MARSHALL ST STE 304 WEST CHESTER PA 19380-4400 610-436-5610	PD	PLUMMER III, MD, WILLIAM 115 BIRMINGHAM RD WEST CHESTER PA 19382-2101 610-696-3431	DIA	ROY, MD, MARY N SCCMC RADIOLOGY DEPT WEST GROVE PA 19390-9426 610-869-1233	DR	SPECTOR, MD, GUS 750 S MAIN ST STE 203 PHOENIXVILLE PA 19460-4461 610-933-1133	* U	WALKER JR, MD, JERRY D 56 RICKMAR LN FRAZER PA 19355-1564 WALTER, MD, BARBARA J 213 REECEVILLE RD STE 27 COATESVILLE PA 19320-1538 610-384-0580	IM
MARCUS, MD, DONALD J VA MEDICAL CTR COATESVILLE PA 19320 610-384-7711	N	PODOLSKY, MD, LEO A PAOLI MEMORIAL MEDICAL BLDG PAOLI PA 19301 610-647-4260	CD	RUBENSTONE, MD, JEANNE C 1490 ART SCHOOL RD CHESTER SPRINGS PA 19425-1000 610-431-5150	EM	SPENCER, MD, DONALD L 318 LONGWOOD RD KENNETT SQUARE PA 19348-1808 610-327-7186	AN	WARD, MD, MICHAEL J A MONTGOMERY AND MAPLE AVES WEST CHESTER PA 19380 610-692-6280	ORS
MARK, MD, WILLIAM S PO BOX 189 PAOLI PA 19301-0189 610-644-9456	IM	POOLE, MD, ROBERT 1008 N NEW ST WEST CHESTER PA 19380-3836 610-696-4628	FP	RUGGIERO, MD, ROBERT A 21 INDUSTRIAL BLVD STE 100 PAOLI PA 19301-1610 610-644-6900	* ORS	SPYROPOULOS, DO, GEORGE N 102 DEVON DR EXTON PA 19341-1743 610-437-3300	FP		
MARSH, MD, CAROL L 630 COPE RD KENNETT SQUARE PA 19348-3613 610-444-5573	PD	PORTER, MD, EDGAR L 350 WALNUT AVE WAYNE PA 19087-3624 610-688-2955	P	RUSSELL JR, MD, BERTRAM R 520 ROSE LN HAVERFORD PA 19041-1626	R				

CHESTER—CLARION—CLEARFIELD—CLINTON—COLUMBIA

WARD JR, MD, MAURICE J 621 BROOKE LN GLEN MILLS PA 19342-8824 610-383-8108	R	COULTER, MD, CLINTON R PO BOX 354 PARKER PA 16049-0354 412-399-2661	GP	ALBANESE, MD, ELLENJEANE CLEARFIELD PROFESSIONAL GRP CLEARFIELD PA 16830-1229 814-765-8861	IM	WILLIAMS, MD, RICHARD G PO BOX 992 CLEARFIELD PA 16830-1140 814-768-2274	DR	ZELECHOSKI, MD, DAVID M 10 HOMESTEAD DR MILL HALL PA 17751-9623 717-748-7714	IM
WARNER, MD, NORMAN M PARKESBURG HEALTH CENTER PARKESBURG PA 19365 610-857-5300	FP	DAJANI, MD, ZUHDI M 248 ALLEGHENY BLVD BROOKVILLE PA 15825 814-849-6767	* CD	ARNOLD, MD, JOHN J PO BOX 206 CURWENSVILLE PA 16833-0206	GP	CLINTON			COLUMBIA
WARREN, MD, WILLIAM L 127 CARTERS GROVE LN MALVERN PA 19355	D	DIMAIO, MD, F H PAUL CHARLES MED CENTER BROOKVILLE PA 15825 814-849-9698	OTO	BEDGER JR, MD, RICHARD C C/O SUSQUEHANNA ANES ASSOC CLEARFIELD PA 16830-0687 814-768-2296	AN	ADAMS, MD, KEITH I RR 2 BOX 250-A MILL HALL PA 17751 717-748-5601	IM	ALAGRISHWAMI, MD, KRISHNASWAMI 552 E 10TH ST BERWICK PA 18603-3227 717-759-1596	PD
WEDEEN, MD, ROBERT S RR 3 BOX 411 COATESVILLE PA 19320-4936	ORS	GANABATHI, MD, KUMARESAN 134 JEFFERSON ST BROOKVILLE PA 15825-1143	U	BELL, MD, THOMAS G PO BOX 126 CLEARFIELD PA 16830-0126	IM	ADVINCULA, MD, RIZALITO B 405 IRWIN ST LOCK HAVEN PA 17745-2317	FP	ALLEY, DO, ALBERT J 301 W 3RD ST BERWICK PA 18603-3603 717-759-0351	FP
WEINBLATT, MD, FRED M 250 W LANCASTER AVE PAOLI PA 19301-1743 610-296-4219	N	GILFORD, MD, LAWRENCE M RR 3 BOX 308 BROOKVILLE PA 15825-8937 814-849-5066	ADL	BORON, MD, ROBERT J 127 W PAULINE DR CLEARFIELD PA 16830-1021	* DR	ANDRIOLE, DO, JAMES M 1919 SEMINOLE DR TALLAHASSEE FL 32301-5740 717-748-5656	FP	ALLEY, MD, ALI A 301 W 3RD ST BERWICK PA 18603-3603 717-759-0351	FP
WEISMAN, MD, HARLAN F 200 GREAT VALLEY PKY MALVERN PA 19355-1307 610-889-4529	* IM	HUSTON, MD, CHARLES C MAIN ST KNOX PA 16232-0726 814-797-1276	GP	BRAHOS, MD, ANTHONY G 618 ORCHARD HILL DR PITTSBURGH PA 15238-2518 412-963-9359	FP	BHATT, MD, PRAFUL U 72 E CHURCH ST LOCK HAVEN PA 17745-2023 717-748-4565	PD	AVENIA, MD, RONALD J PROF BLDG STE 302 BLOOMSBURG PA 17815-1246 717-387-0600	OPH
WENTZ, MD, CLARKSON 151 PIKELAND RD MALVERN PA 19355-9621	R	ISMAEL, MD, MOHAMED M CLARION PSYCH CTR CLARION PA 16214-9810 814-226-9545	P	CALLEY, MD, WILLIAM D 211 N 2ND ST CLEARFIELD PA 16830-2538 814-765-1511	PD	BRANDT, MD, JOHN P 947 BELLEFONTE AVE LOCK HAVEN PA 17745-3033 717-748-7751	OPH	BADARACCO, MD, MARIE R BLOOMSBURG HOSP PROF BLDG BLOOMSBURG PA 17815 717-387-2207	P
WERRIN, MD, MARGUERITE W 520 MAPLE AVE STE 7 WEST CHESTER PA 19380-4434 610-436-0474	ID	KOENIG, MD, THEODORE R PO BOX T KNOX PA 16232-0620 814-797-1304	GP	CARNEVALE, MD, THOMAS A 102 VIRGINIA ST CLEARFIELD PA 16830-3313 814-765-4151	OBG	BRICKLEY, MD, KENNETH S 5028 OAKLAND HILLS AVE SARASOTA FL 34234-2930	GP	BALDIA, MD, LIVEO B 540 E 11TH ST BERWICK PA 18603-2226 717-759-1400	GP
WERRIN, MD, RONALD J 520 MAPLE AVE STE 7 WEST CHESTER PA 19380-4434 610-436-0474	* IM	KUTZ, MD, CHARLES M 46 OAK ST BROOKVILLE PA 15825-1133	GS	CORCINO JR, MD, BALTAZAR L 820 TURNPIKE AVE CLEARFIELD PA 16830-1229 814-765-2006	IM	BROWN, MD, JOHN L 533 GUARDLOCK DR LOCK HAVEN PA 17745-1816	IM	BALL, DO, DAVID J MED PROFESSIONAL BLDG STE 202 BLOOMSBURG PA 17815-1246 717-387-2395	ORS
WHITE, MD, JACK C VP MED AFFAIRS PAOLI PA 19301	GS	LYNCH, DO, WILLIAM J 127 FRANKLIN AVE BROOKVILLE PA 15825-1121 814-849-3023	GP	COREN, MD, ALFRED B 108 ELIZABETH ST CLEARFIELD PA 16830-3311 814-765-5341	DR	DEL GRIPPO, MD, GERARD A 7 E WATER ST LOCK HAVEN PA 17745-1316 717-748-6111	FP	BECKER, MD, BRUCE PROFESSIONAL BUILDING BLOOMSBURG PA 17815-1463 717-387-1700	FP
WHITE, MD, JOSEPH G 520 N WALNUT WEST CHESTER PA 19380-2367 610-696-5227	U	MARGUGLIO, DO, A EUGENE PO BOX O RIMERSBURG PA 16248-0515 814-473-3191	GP	DOTSEY, MD, MICHAEL T 807 TURNPIKE AVE CLEARFIELD PA 16830-1238 814-765-8716	GS	DIUCCIO, MD, NICHOLAS W PO BOX 89 LOCK HAVEN PA 17745-0089 717-893-5209	GS	BOBEK, MD, FRANCIS B 2 SOUTH MARKET ST ELYSBURG PA 17824-9603 717-672-2574	FP
WILLIAMS, MD, ANDRE' O 201 REECEVILLE RD COATESVILLE PA 19320-1519 610-383-8144	* AN	MATSON, DO, BART L RR 3 BOX 190 CLARION PA 16214 610-691-3603	OBG	DUPONT JR, MD, PHILIP J 807 TURNPIKE AVE CLEARFIELD PA 16830-1238 814-765-8590	GS	DOLAN III, MD, JAMES J 31 PARTRIDGE CIRCLE LOCK HAVEN PA 17745-9520 717-726-3163	FP	BOGNER, MD, EDWARD W 1 FAIRWAY DR SELINGROVE PA 17870-9104 717-784-6320	* FP
WILLIAMS, MD, GREGORY S PAOLI MEM MED BLDG PAOLI PA 19085-1914 610-648-0553	* PUD	MCLEHATTAN, RITA PO BOX 125 BROOKVILLE PA 15825-0125 814-849-5580	EXEC	FENSTER, MD, MARK E 558 BRITANNY DR STATE COLLEGE PA 16803-1424 814-342-5402	D	ENGLISH JR, MD, WALTER E PO BOX 45 MACKEYVILLE PA 17750-0045 717-893-5033	PTH	BUDUSKY, DO, CHARLES K 122 WALL ST DANVILLE PA 17821-1766	FP
WILLNER, MD, DAVID L 615 ST JOHNS CIR PHOENIXVILLE PA 19460-2558	ORS	MC KINLEY, MD, WILLIAM M 395 MAIN ST BROOKVILLE PA 15825-1221 814-849-7388	GS	FUGATE, MD, JAMES K 529 SUNFLOWER DR DUBOIS PA 15801 814-371-1510	PD	FOULSHAM II, MD, CHARLES K PO BOX 117 LOCK HAVEN PA 17745-0117 717-748-6777	OTO	CAMPBELL, MD, DAVID R 1701 FOWLER AVE BERWICK PA 18603-1424 717-759-1228	FP
WILSON, MD, DONALD F RR 3 BOX 354E COATESVILLE PA 19320-4916 610-383-9400	* OBG	MILLER, MD, DAVID L BROOKVILLE HOSP BROOKVILLE PA 15825-1363 814-843-2312	* GP	GILMORE, MD, DOROTHEA M 14 N FRONT ST CLEARFIELD PA 16830-2411	PTH	FRYE, MD, VERYL F PO BOX 768 LOCK HAVEN PA 17745-0768 717-726-3163	GS	CHOPRA, MD, RAJ P 326 MARKET ST BLOOMSBURG PA 17815-1729 717-784-3711	U
WILSON, MD, LINDA C 213 REECEVILLE RD STE 17 COATESVILLE PA 19320-1540	* OBG	MYERS, DO, JOHN H RR 2 CLARION PA 16214-9802 814-226-8800	OBG	GILMORE, MD, FREDERICK R 1004 COUNTRY CLUB RD CLEARFIELD PA 16830-1154	DR	GEISE, DO, STEVEN W 9 W CHURCH ST LOCK HAVEN PA 17745-1209 717-748-9531	GS	CLARK, MD, GRANT C PO BOX 390 BENTON PA 17814-0390 717-925-6424	FP
WINGATE, MD, GARY F 460 CREAMERY WAY STE 110 EXTON PA 19341-2533 610-524-8244	PS	NABATCHI, MD, AHMAD 248 ALLEGHENY BLVD BROOKVILLE PA 15825 814-849-6767	IM	KAO, MD, YI H PO BOX 592 CLEARFIELD PA 16830-0592 814-768-5110	OTO	GREENBERG, MD, MICHAEL R PO BOX 751 LOCK HAVEN PA 17745-0751 717-726-3163	GP	CATAWISSA PA 17820-1338 PO BOX, MD, THOMAS C 10 PENN ST BLOOMSBURG PA 17815-1442 717-784-5611	FP
WITTERHOLT, MD, KENNETH A 795 E MARSHALL ST STE 102C WEST CHESTER PA 19380-4400 610-436-6696	GS	NICHAMIN, MD, LOUIS D 50 WATERFORD PIKE BOX J BROOKVILLE PA 15825 814-849-8344	OPH	KENNARD, MD, JOHN F PO BOX 1088 CLEARFIELD PA 16830-5088 814-765-2862	* PTH	GREENBERG, MD, MICHAEL R PO BOX 751 LOCK HAVEN PA 17745-0751 717-726-3163	FP	CRANE, MD, ROGER F 695 E 16TH ST BERWICK PA 18403-2395 717-759-3561	* GS
WOLF, MD, CHARLES R 845 W CHESTER PIKE WEST CHESTER PA 19380 610-692-2065	ORS	NITKA, DO, DONNA M OLD FRYBURG ROAD FRYBURG PA 16323 814-354-7364	FP	KIGHTLINGER, DO, JAMES 612 TREASURE LK DU BOIS PA 15801-9013 814-371-2200	GP	HOUSER, JUNE L PO BOX 316 LOCK HAVEN PA 17745-0316 717-748-4063	GS	CATAWISSA PA 17820-1338 PO BOX, MD, THOMAS C 10 PENN ST BLOOMSBURG PA 17815-1442 717-784-5611	OBG
WUSHENSKY, MD, CURTIS A 1659 WATERGLEN DR WEST CHESTER PA 19382-6955 610-431-5130	R	LUQUE, MD, CARMELA S 500 TURNPIKE AVE CLEARFIELD PA 16830-1321 814-765-2159	PD	LUNA, MD, FREDRESVINDA 531 HANNAH ST CLEARFIELD PA 16830-1209 814-765-8403	PD	HOUSER, JUNE L PO BOX 316 LOCK HAVEN PA 17745-0316 717-748-4063	EXEC	CRANE, MD, ROGER F 695 E 16TH ST BERWICK PA 18403-2395 717-759-3561	* GS
YOXTHEIMER, MD, ROBERT L 750 S MAIN ST STE 201 PHOENIXVILLE PA 19460-4461 610-933-5852	* GS	PATEL, MD, JIVANLAL M 300 MAPLEVALE RD BROOKVILLE PA 15825-8224 814-849-4442	IM	LUGUE JR, MD, AMADO B 500 TURNPIKE AVE CLEARFIELD PA 16830-1321 814-765-2870	ORS	LONG JR, MD, WILLIAM C 53 W MAIN ST LOCK HAVEN PA 17745-1240 717-748-4063	* GP	CRETELLA, MD, THOMAS S 616 W FRONT ST BERWICK PA 18603-4604 717-752-4544	FP
ZIEGLER, MD, RICHARD W MONTGOMERY AND MAPLE AVES WEST CHESTER PA 19380 610-692-6280	ORS	PRUSAKOWSKI, DO, JOSEPH M 127 FRANKLIN AVE BROOKVILLE PA 15825-1121 814-849-3023	FP	LUNA, MD, FREDRESVINDA 531 HANNAH ST CLEARFIELD PA 16830-1209 814-765-8403	PD	LYTLE, MD, LARRY H PO BOX 790 LOCK HAVEN PA 17745-0790 717-748-4063	GS	DELGATTO, MD, LOUIS J RR 2 BOX 64 BLOOMSBURG PA 17815-9528 DENNIS, MD, JAMES B 1018 E 10TH ST BERWICK PA 18603-3424 DEPAOLI, MD, ROSEMARY T RD 2 BOX 477 CATAWISSA PA 17820-9632 717-387-6433	PD
ZISELMAN, MD, ETHEL M 2 CASTLEBAR LN MALVERN PA 19355-3403 610-337-0950	DMP	REDDY, MD, JAIVEER T 82 BARNETT STREET BROOKVILLE PA 15825-1363 814-849-8858	* U	LUNA, MD, ROBERTO S 531 HANNAH ST CLEARFIELD PA 16830-1209 814-765-2244	OBG	MISHRA, MD, RANDHIR P O BOX 294 BEECH CREEK PA 16822-0294 717-962-2101	IM	DEPERR, DO, JOSE F 101 W 9TH ST BERWICK PA 18603-3024 717-759-2223	FP
CLARION				PEASE, MD, FRED 10904 BORNDAL DR ADELPHI MD 20783-1009	OBG	NICKLAS, MD, GILBERT L CENTRAL AVENUE AVIS PA 17721 PARKER, DO, FRANK PO BOX 748 LOCK HAVEN PA 17745-0748 717-748-6795	GP	ECKEL, MD, TIMOTHY B 1410 BLOOM RD DANVILLE PA 17821-8501 717-275-3789	FP
BHATNAGAR, MD, YUDHISHTER M 75 PICKERING ST BROOKVILLE PA 15825-1245 814-849-4611	OBG	SNYDER, MD, BARRY J PO BOX 39 NEW BETHLEHEM PA 16242-0039 814-275-3320	FP	PASIO, MD, MARK A 807 TURNPIKE AVE STE 140 CLEARFIELD PA 16830-1238 814-768-2225	QRS	PECHT, MD, KARL R PO BOX 215 BLANCHARD PA 16826-0215 717-962-2116	FP	ERWIN, MD, PATRICK J 1 S HOSP DR BLOOMSBURG PA 17815-1476 717-387-1444	GS
BROOKS, DO, JOHN M BOX 200 LEEPER PA 16233 814-744-8525	GP	STAHLMAN, MD, FREDERICK B 72 S 4TH AVE CLARION PA 16214-1360	GP	POLINTAN, MD, RODOLFO S 807 TURNPIKE AVE CLEARFIELD PA 16830-1238 814-765-8590	ORS	ROMEO, MD, VICTORIA J 200 S JONES ST LOCK HAVEN PA 17745-2945 717-748-7714	* FP	FEAR, MD, JESSE G 486 REBECCA ST MORGANTOWN WV 26505-2249 FERRIGNO JR, MD, C JAMES BERWICK HOSP BERWICK PA 18603 717-759-5122	FP
BROOKS, DO, TIMOTHY S 180 GREENVILLE AVE CLARION PA 16214-1645 814-226-7651	GP	TIRUMALASETTY, MD, KUBERAN 473 MADISON AVE BROOKVILLE PA 15825-1354 814-849-2312	DR	REED, MD, MICHAEL F 9 W PAULINE DR CLEARFIELD PA 16830-1011 814-768-2280	PTH	SADKA, MD, GEORGE M 128 SPRING PLACE WAY ANNAPOLIS MD 21401-7295 717-748-7751	OPH	FUNK, MD, ALVIN H 800 E 3RD ST BLOOMSBURG PA 17815-2017 717-784-1221	U
CHAPA, MD, SUKUMAR M 230 ALLEGHENY BLVD STE D BROOKVILLE PA 15825 814-849-5151	GS	TOM, MD, TODD N RR 5 BOX 47B BROOKVILLE PA 15825-9805 WONG, MD, HON YUEN RR 3 BOX 7A CLARION PA 16214-8999	GS	TAGALA, MD, PRAXIDIO H 615 THOMPSON ST CLEARFIELD PA 16830-1227 814-765-4369	OBG	SPONSER, MD, TODD A 947 BELLEFONTE AVE LOCK HAVEN PA 17745 717-748-7751	OPH	GEGWICH, MD, FRANK 1303 N MARKET ST BERWICK PA 18603-2138 717-759-1874	R
CLARK, MD, LAWRENCE M 1002 W SAN MARTIN DR TUCSON AZ 85704-3143	GS	CLEARFIELD		TRINIDAD, MD, TITO B 702 SCOTT ST PHILIPSBURG PA 16866-2018	IM	THOMAS JR, MD, DAVID W SUNSET PINES LOCK HAVEN PA 17745 717-748-7741	* GS		
CONNOR, MD, SUSAN A 240 ALLEGHENY BLVD BROOKVILLE PA 15825 814-849-3033	FP	ADAMS, MD, LAWRENCE G 936 E PRESQUAISLE ST PHILIPSBURG PA 16866-1220 814-765-7312	* IM	VALIGORSKY II, MD, PAUL J 100 HOSP DR DUBOIS PA 15801	* AN				

GEGWICH, MD, JOSEPH F 1303 N MARKET ST BERWICK PA 18603-2138 717-759-8383	IM	RUNYAN, DO, JOHN L HOSP PROFESSIONAL BLDG BLOOMSBURG PA 17815-1246 717-784-6077	FP	GADEA, MD, RAMON A 149 N MAIN ST MEADVILLE PA 16335 814-337-8118	* ID	SOUTHARD, MD, RICHARD N 100 DENNISTON ST APT 413 PITTSBURGH PA 15206-4041 412-647-5494	DR	BROTHERS, MD, PAMELA J 246 PARKER ST CARLISLE PA 17013-3618 717-245-5500	EM
GIUGLIANO, MD, FRANK J 523 FOWLER AVENUE BERWICK PA 18603-3321 717-752-2743	FP	SALOKY, DO, PAUL A MEDICAL ARTS BLDG BLOOMSBURG PA 17815 717-387-2280	IM	GODFREY, DO, CRAIG R 1015 GROVE ST MEADVILLE PA 16335-2944 814-724-8363	IM	SPAHN, DO, KREIG A 104 E ADAMS ST COCHRANTON PA 16314-0677 814-425-2981		BRYAN, MD, FRANK S 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-243-9010	ORS
HARASYM, MD, E LAWRENCE 1 S HOSP DR BLOOMSBURG PA 17815-1476 717-387-1444	* GS	SHEEHE, MD, DENNIS M 307 MAIN ST CATAWISSA PA 17820-1315 717-356-2351	FP	GOMEZ, MD, LUIS L 505 POPLAR ST MEADVILLE PA 16335-3057 814-336-6068	FP	TAR, MD, LESLIE 434 NORTH ST MEADVILLE PA 16335-2502 814-333-3785	A	BRYANT, MD, DAVID W 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-243-2244	GS
HERMANN, MD, MARY E 549 E FAIR ST BLOOMSBURG PA 17815-1498 717-387-2111	* PD	SRIHARSHA, MD, PATALAM S PO BOX 41 BLOOMSBURG PA 17815-0041	P	GUANZON, MD, DANILO L 764 KENNEDY ST MEADVILLE PA 16335-2209 814-724-5900	* U	THOMAS, MD, CHRISTOPHER W 764 KENNEDY ST MEADVILLE PA 16335-2209 814-724-8331	IM	BURICK, DO, THERESA A 712 SUNHAVEN CIR MECHANICSBURG PA 17055 717-532-8521	IM
HUTSON, DO, JODY W PENN ST AND GLEN AVE BLOOMSBURG PA 17815 717-784-7665	FP	STONE, DO, DONALD J BOX 2023 SHICKSHINNY PA 18655-9802 717-864-3191	* FP	HENDRICKS, MD, ROBERT T 507 JACKSON PARD DR MEADVILLE PA 16335-1106	GS	VUKMER JR, MD, GEORGE J 1058 S MAIN ST MEADVILLE PA 16335-4352 814-336-1555	* OPH	CAMPBELL, MD, JOSEPH J 850 WALNUT BOTTOM RD CARLISLE PA 17013-3698 717-243-2244	
IREY JR, MD, PHILIP M 14 E 5TH ST BLOOMSBURG PA 17815-2202 717-275-7210	IM	SURACI, MD, ALDO J BOX 457 JOHN ST MIFFLINVILLE PA 18631-0457 717-759-6491	* U	HOLTZER, MD, KARL W 764 KENNEDY ST MEADVILLE PA 16335-2209 814-336-6384	* PD	WETHLI, DO, MARY C RD 1 BOX 52A SHIPPENVILLE PA 16254-9501 814-827-1851	* FP	CAREY, MD, PHILIP D 977 WALNUT BOTTOM RD CARLISLE PA 17013-7668 717-243-6557	PUD
JOHN, MD, MALIYAKKAL J 1453 W FRONT ST BERWICK PA 18603-4318 717-752-3133	* IM	SZABO, MD, FERDINAND F PO BOX 406 BENTON PA 17814-0406	GS	KING, MD, SIDNEY K 505 POPLAR ST MEADVILLE PA 16335-3057 814-337-2222	OBG	WHITE, MD, PETER F 505 POPLAR ST MEADVILLE PA 16335-3057 814-724-2981	OTO	CASTRINA JR, MD, FRANK P ONE PHICO DRIVE MECHANICSBURG PA 17055-0085 717-766-1122	IM
KANOUSE, MD, GARY D 695 EAST 16TH STREET BERWICK PA 18603-2315 717-752-5500	IM	SZABO, MD, RUDOLPH G 250-126 AVENUE E TREASURE ISLAND FL 33706	GP	KIRKPATRICK JR, MD, DAVID D 279 WALNUT ST MEADVILLE PA 16335-2626	* IM	ZEHNER, MD, LUTHER R 889 MAPLE LN MEADVILLE PA 16335-1140	GP	CHANG, MD, DUCK-KYU CARLISLE HOSP CARLISLE PA 17013-0310 717-245-5365	PTH
KASPUTIS, MD, DAVID A RR 3 BOX 3173 BERWICK PA 18603-9501 717-752-4551	PUD	TANRIBILIR, MD, ABDUL K 701 EAST FRONT ST BERWICK PA 18603 717-752-5056	IM	LAROCHELLE, MD, ANNE G DIABETES CTR OF CRAWFORD CTY MEADVILLE PA 16235 814-337-8532	* END	ZELEN, MD, RANDY S 139 LINDA LN MEADVILLE PA 16335-1110 814-337-1231	* NEP	CHERRY, MD, STEVEN B 8 BROOKWOOD AVE CARLISLE PA 17013-9173 717-243-1180	OBG
KENNY, MD, MICHAEL R 3020 WOODS EDGE DR BLOOMSBURG PA 17815-8904 717-759-5110	PTH	TERHAAR, DO, PETER J 1107 CHERRY HILL RD BLOOMSBURG PA 17815-8822 717-387-2395	* ORS	LAROCHELLE JR, MD, GERALD E RR 6 BOX 632 MEADVILLE PA 16335-8614 814-337-8532	* RHU	ZINNAMOSCA, DO, JOHN B 1015 GROVE ST MEADVILLE PA 16335-2944 814-724-8024	FP	CLARK, MD, LINDA J WAR COLLEGE CARLISLE BARRACK PA 17013 717-245-3301	PD
KNEPLEY, MD, DAVID W 1269 OAK ST BLOOMSBURG PA 17815-9434 717-387-2126	DR	TITMAN, MD, WILLIAM E 25 CHARLES ST DANVILLE PA 17821-8517 717-387-2124	PTH	LEWIS, DO, MARK E 4019 WINCHESTER RD ERIE PA 16506-4256 814-337-2273	FP	CUMBERLAND			
KRESOCK JR, MD, FRANK D RD 2 BOX 477 CATAWISSA PA 17820-9632 717-387-6433	CD	WARD, MD, MARY J P O BOX 1038 CONYNGHAM PA 18219-1038 717-788-4143	* FP	LIEBENTRITT, MD, FRANK J 6247 DOWNHILL DR ERIE PA 16505-1067 814-333-5500	EM	ABRAM, MD, ADAM C MEDICAL ARTS BLDG CARLISLE PA 17013 717-249-3644	OTO	CLAWSON, DO, KEVIN R 209 HICKORY LN SHIPPENSBURG PA 17257-9466 717-243-7598	RHU
KREUZBURG, MD, ROBERT C 820 3RD ST NESCOPECK PA 18635-1407 717-752-1215	PD	WIDGER, MD, JOHN E 1 S HOSP DR BLOOMSBURG PA 17815-1476 717-387-1444	GS	MACIELAK, MD, JAMES R 640 ALDEN ST MEADVILLE PA 16335-2348 814-724-1252	ORS	AGGARWAL, MD, SHIV S 2 BRIDLE LN CAMP HILL PA 17011-1403 717-763-2219	P	COX, MD, PAUL A 905 GLENDALE CT CARLISLE PA 17013-3515 PO BOX 579	OPH
KUPREVICH, DO, WILLIAM J 111 N PENN STREET BLOOMSBURG PA 17815-1479 717-784-8101	DR	WRIGHT, MD, WILLIAM C 163 BEARS PAW TRL NAPLES FL 33942-3132	GS	MARTIN, MD, JAMES W H207 BRINY BREEZES BOYNTON BEACH FL 16316	GP	AHMED, MD, ALI 890 POPLAR CHURCH RD STE 309 CAMP HILL PA 17011-2250 717-737-7353	* P	COYLE, MD, JOHNSON G PO BOX 579 CARLISLE PA 17013-0579 717-249-1212	EM
MANUEL, MD, LAUREANO M 534 E 11TH ST BERWICK PA 18603-2226 717-759-1911	IM	YOST, MD, CHARLES S PO BOX 458 BLOOMSBURG PA 17815-0458	EM	MARTIN, MD, RONALD C 118 RAILROAD ST CAMBRIDGE SPRINGS PA 16403-1060 814-398-4313	GP	ALBRIGHT, MD, DAVID P BELVEDERE MEDICAL CORP CARLISLE PA 17013-3698 717-243-3944	IM	CRIST, MD, HENRY S CARLISLE HOSP CARLISLE PA 17013-0310 717-245-5371	* PTH
MARTIN, MD, J CAMPBELL 549 FAIR ST BLOOMSBURG PA 17815-1463 717-387-2107	PTH	ARNO, MD, J THOMAS 149 N MAIN ST MEADVILLE PA 16335-1112 814-724-7390	* CD	MC GUINNESS, MD, JOHN P 311 N MAIN ST MEADVILLE PA 16335-1211 814-337-5734	AN	ALFANO, MD, SALVATORE N 115 PELHAM RD CAMP HILL PA 17011-1353 717-763-2316	EM	CUTHBERTSON, MD, RAND J 246 PARKER ST CARLISLE PA 17013-3618 717-243-2040	* DR
MEHTA, MD, NIHARIKA D RR 1 BOX 1994 BERWICK PA 18603-9799 717-459-0303	* OBG	ASLAM, MD, AZAR 764 KENNEDY ST MEADVILLE PA 16335-2209 814-724-8491	OTO	MOYERS, MD, ROBERT N 764 KENNEDY ST MEADVILLE PA 16335-2209 814-336-5995	* FP	ALSTER, MD, HOWARD L 1111 SHERWOOD DR CARLISLE PA 17013-3585 717-245-5300	* AN	DAGEN, MD, J EDWARD 9 BROOKWOOD AVE CARLISLE PA 17013-9126 717-245-0131	U
MELDRUM, MD, ROBERT W 447 E FIRST ST BLOOMSBURG PA 17815 717-752-5909	FP	BAILEY III, DO, JOHN H 968 S MAIN ST MEADVILLE PA 16335-3244 814-333-8832	IM	NESBITT, MD, JOHN B 279 WALNUT ST MEADVILLE PA 16335-2626	IM	ARORA, MD, RAMESH 684 ST JOHNS DR CAMP HILL PA 17011-1337 717-763-2316	EM	DANIELS, MD, MICHAEL O 1463 GOODYEAR RD GARDENERS PA 17324-8906 717-486-8550	FP
NESBITT, MD, RICHARD A 606 COUNTRY CLUB DRIVE BLOOMSBURG PA 17815-8529 717-387-2280	* IM	BAILEY JR, MD, JOHN H 968 S MAIN ST MEADVILLE PA 16335-3244 814-333-8831	IM	ORDINARIO JR, MD, VICENTE R PO BOX 357 CONNEAUT LAKE PA 16316-0357 814-382-5575	R	BAUMGART, MD, JUDY R 246 PARKER ST CARLISLE PA 17013-3618 717-245-5311	FP	DAUGHERTY, DO, GLEN R 5 WILLOWMILL PARK RD MECHANICSBURG PA 17055-1780 717-795-1106	IM
NUNGESSER, MD, RAYMOND F STATE ROUTE 254 MILLVILLE PA 17846-0160 717-458-5597	FP	BALMER, DO, JOHN E PO BOX 211 SPARTANSBURG 16434-0211 814-654-7334	FP	OWENS, DO, EDWARD J 118 RAILROAD ST CAMBRIDGE SPRINGS PA 16403-1060 814-398-4313	FP	BEACHY, MD, IVAN E 8 BROOKWOOD AVE CARLISLE PA 17013-9173 717-243-1180	* AN	DAVIS, MD, H ROBERT 303 N BALTIMORE AVE MT HOLLY SPRINGS PA 17065-1607 717-486-8550	FP
ORAM, MD, ALAN J 400 E 6TH ST BERWICK PA 18603-3244 717-752-5909	* OPH	BAZYLAK, MD, ROBERT A PO BOX 636 CONNEAUT LAKE PA 16316-0636 814-382-5660	EM	PAGNIELLO, MD, LUCIA 508 N MAIN STREET EXT MEADVILLE PA 16335-1145	A	BEACHY, MD, STANLEY C 8 BROOKWOOD AVE CARLISLE PA 17013-9173 717-243-1180	OBG	DELL, MD, DAVID A 101 S RIDGE RD BOILING SPRINGS PA 17007-9712 717-258-3812	FP
PANIKKAR, MD, ANANDA K RR 4 BOX 40 BLOOMSBURG PA 17815-9116 717-387-2147	* AN	BEDWELL, MD, SCOTT H 505 POPLAR ST MEADVILLE PA 16335-3057 814-333-5885	* GS	PLESS, MD, PETER R 505 POPLAR ST MEADVILLE PA 16335-3057 814-333-5875	* D	BEHNKE, MD, ANDREW J 700 COLONIAL RD PALMYRA PA 17078-2805 717-249-1929	OPH	DEMUTH JR, MD, WILLIAM E 1884 HOLLY PIKE CARLISLE PA 17013-9118	GS
PYLES, MD, MARK C 695 E 16TH ST BERWICK PA 18603-2315 717-759-1833	GS	DAGHESTANI, MD, AILMAN N 773 N MAIN ST MEADVILLE PA 16335-2561 814-337-5866	ON	PULITO, MD, JOHN M 505 POPLAR ST MEADVILLE PA 16335-3057 814-333-5878	IM	BERK, MD, THEODORE F 1106 STRATFORD DR CARLISLE PA 17013-3541 717-245-2228	IM	DITLOW JR, MD, RICHARD J 7 FORGE RD BOILING SPRINGS PA 17007-9746 717-691-3235	RO
RADICE, MD, EUGENE D 144 W 4TH ST BLOOMSBURG PA 17815-1759 717-752-4504	IM	DEKRUUF, MD, HENDRIK 707 SENECA DR MEADVILLE PA 16335-2840	IM	RAMIREZ, MD, RENATO P 225 W GRANDVIEW BLVD ERIE PA 16508-3039 717-683-5661	US	BROW, MD, DOUGLAS J 220 WILSON ST STE 204 CARLISLE PA 17013-3697 717-243-4112	GE	EHLY, MD, GEORGE W 444 LAKE MEADE DR EAST BERLIN PA 17316-9363 717-249-2811	EM
REKAV, MD, BLAIRANNE H 111 N PENN ST BLOOMSBURG PA 17815-1479 717-784-8101	GP	DOWNING, MD, TIMOTHY M 764 KENNEDY ST MEADVILLE PA 16335-2209 814-336-8384	* PD	SAAVEDRA, MD, BIOGENES A 664 HIGHLAND AVE MEADVILLE PA 16335-1938 814-336-2990	GS	BROW, MD, DOUGLAS J 220 WILSON ST STE 109 CARLISLE PA 17013-3805 717-249-1929	FP	EVANS, MD, DAVID B 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-249-2811	OBG
REKAV, DO, DAVID J PENN AND GLEN AVENUE BLOOMSBURG PA 17815 717-784-8101	GP	DRATLER, MD, M BRUCE 505 POPLAR ST MEADVILLE PA 16335-3057 814-336-6157	* GE	SANTORA, MD, ROBERT A 505 POPLAR ST MEADVILLE PA 16335-3057 814-724-5122	US	BROPHY, MD, DOW E SHERMANSDALE FAMILY PRACTICE SHERMANSDALE PA 17090-0276 717-582-8695	IM	FRITCHLEY, MD, RODNEY B 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-243-2244	GS
ROSKA, MD, JOSE C 1317 SASSAFRASS ST BLOOMSBURG PA 17815-8907 717-387-2126	DR	FARMATI, MD, OSCAR 9240 W BAY HORROR DRIVE BAL HARBOUR FL 33154	AI	SCHROEKENSTEIN, MD, RICHARD F 1034 GROVE ST MEADVILLE PA 16335-2945 814-333-5869	PTH	BRANSCUM, MD, GEORGE P 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-245-2353	GP	GADANI, MD, MANU R 30 E SHADY LN ENOLA PA 17025-2325 717-732-4911	IM
		FARRAH, DO, VICTOR B 1015 GROVE ST MEADVILLE PA 16335-2944 814-333-4401	FP	SMART, MD, LAWSON C 640 ALDEN ST MEADVILLE PA 16335-2348 814-724-1252	ORS	BRAZEL, MD, JOSEPH F 220 WILSON ST CARLISLE PA 17013-3697	IM	GILBREATH, MD, PATRICIA L 2115 WALNUT BOTTOM RD CARLISLE PA 17013-9375 717-267-7181	DR
		FORBES, MD, THOMAS W 50 KINGS DR MEADVILLE PA 16335 814-333-5140	DR	SNEERINGER, DO, THOMAS D 315 E MAIN ST TITUSVILLE PA 16354 814-827-4615	* FP			GRAHAM III, MD, WILLIAM P 816 BELVEDERE ST CARLISLE PA 17013-4001 717-249-0100	* PS

CUMBERLAND—DAUPHIN

GREEN, MD, THOMAS J 220 WILSON ST STE 104 CARLISLE PA 17013-3697 717-243-1414	ORS	MARTIN, MD, GERALD B 64 S WEST ST CARLISLE PA 17013-2838 717-245-2291	* NEP	SPURRIER, MD, DAVID J 8 OAKWOOD DR DILLSBURG PA 17019-9493 717-737-4531	EM	ALLEN, MD, RICHARD 4601 DEVONSHIRE RD HARRISBURG PA 17109-1547 717-652-1211	PD	BALTZ, MD, RICHARD D 2 AMHERST DR CAMP HILL PA 17011-7703 717-782-5933	* PD
GREEN III, MD, JOSEPH E 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632	IM	MASLAND, MD, DAVID S 205 HEISERS LN CARLISLE PA 17013-9204	* IM	TOKEN, MD, DREW J 338 ALEXANDER SPRING RD CARLISLE PA 17013-9129 717-429-6337	* OPH	ALLYN, MD, RUSSELL E 495 N 25TH ST CAMP HILL PA 17011-2102	U	BANDS JR, MD, ROY E 2703 SW 132ND TER ARCHER FL 32618-2130 410-757-4547	ORS
GRONKIEWICZ, MD, BRUCE V BELVEDERE MEDICAL CORP CARLISLE PA 17013-3632 717-243-8072	U	MILLER, MD, PAUL K 1712 JOSIAH CHOWNING WAY NEW CUMBERLAND PA 17070-2228 717-531-6128	AN	SWEER, MD, LEON W 977 WALNUT BOTTOM RD CARLISLE PA 17013-9177 717-243-6557	PUD	ALTAKEER, MD, LAWRENCE L POLYCLINIC MED CTR HARRISBURG PA 17110-2098 717-782-2104	* P	BANK, MD, R STANLEY 2810 GREEN ST HARRISBURG PA 17110-1228 717-238-7432	IM
GUISTWITE, MD, KENNETH R 1225 SADLER DR CARLISLE PA 17013-4262 717-243-1516	FP	MIRA, MD, ALLAN J 220 WILSON ST STE 206 CARLISLE PA 17013-3697 717-249-7400	ORS	TAGGART, MD, JAMES D PO BOX 310 CARLISLE PA 17013-0310 717-243-2040	* R	ALTHOUSE JR, MD, L BRUCE 856 CENTURY DR MECHANICSBURG PA 17055-8405 717-697-3304	CD	BANOOGAN, MD, MARIETTA A 4700 UNION DEPOSIT RD STE 140 HARRISBURG PA 17111-3774 717-652-6605	OBG
HALL II, MD, ROBERT F 161 CANDLEDITE DR CARLISLE PA 17013-2102 717-245-5400	* R	MONTELLO, MD, JOAN M 220 WILSON ST STE 211 CARLISLE PA 17013-3697 717-243-7540	PD	TAYLOR, MD, DEBRA D MASLAND ASSOC CARLISLE PA 17013-3697 717-249-1929	IM	ALVEAR, MD, DOMINGO T 60 PLEASANT GROVE RD MECHANICSBURG PA 17055-1526 717-232-7593	PDS	BANZHOF, MD, GORDON K 890 POPLAR CHURCH RD STE 505 CAMP HILL PA 17011-2250 717-761-2941	OBG
HATLEBERG, MD, STEVEN L 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-243-3944	IM	NEIDERER, DO, PHILIP A 281 OLD STONEHOUSE RD CARLISLE PA 17013-8513 717-249-1929	IM	THOMPSON, MD, DAVID I 640 MOORELAND AVE CARLISLE PA 17013-3730	PD	ALVEAR, MD, VENERANDA B 100 CHESTNUT ST STE 100 HARRISBURG PA 17101-2518 717-233-3225	AN	BARNOSKI, MD, JOHN F 1022 N UNION ST MIDDLETOWN PA 17057-2158 717-944-0491	FP
HELY, MD, DANIEL P 816 BELVEDERE ST CARLISLE PA 17013-4001 717-249-6112	* ORS	ONG, MD, GEORGE P 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-245-0272	D	THOMPSON, MD, ROBERT L 207 MED ARTS BLDG CARLISLE PA 17013-3654 717-243-2331	* OPH	AMEIGH, MD, MARGRETTA J 321 N HANOVER ST HERSHEY PA 17033-2428 717-938-9191	FP	BARTON, MD, F JANE 92 TUSCARORA ST HARRISBURG PA 17104-1667 717-232-0843	* OPH
HERSPERGER, MD, WEBB S 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-243-2345	OTO	OSBORN, DO, VALENTINE M 4223 NANTUCKET DR MECHANICSBURG PA 17055-7649 717-731-8223	FP	THOMPSON III, MD, LAWRENCE K 816 BELVEDERE ST CARLISLE PA 17013-4001 717-249-0100	* PS	AMUSO, MD, SAMUEL J 200 HEARTH RD CAMP HILL PA 17011-8454	ORS	BARTON, MD, JOHN O 104 ERFORD RD CAMP HILL PA 17011-1807 717-163-7685	* D
HIMMELREICH III, MD, LESTER L 220 WILSON ST CARLISLE PA 17013-3697 717-249-1929	IM	PARK, MD, HONG S 5124 E TRINDLE RD MECHANICSBURG PA 17055-3623 717-795-7943	* PM	TOWNSEND, MD, JAY A 100 S HIGH ST NEWVILLE PA 17241-1409 717-776-3114	FP	ANDERSON, MD, ELIZABETH J 104 ERFORD RD CAMP HILL PA 17011-1807 717-763-7685	* D	BATTAGLIA, DO, DANIEL R PENN STATE UNIV MED CTR HERSHEY PA 17033-0850	AN
HOFFMAN, MD, HOLLY C 804 BELVEDERE ST CARLISLE PA 17013-4001 717-243-9634	PD	PERLMAN, MD, HERBERT C 1104 FLEETWOOD DR CARLISLE PA 17013-3512 717-245-5400	* DR	TRAN, MD, TRAN N HOLY SPIRIT HOSP CAMP HILL PA 17011-2204 717-763-2807	NPM	ANDERSON, MD, WILLIAM M 1631 N FRONT ST HARRISBURG PA 17102-2414 717-234-2561	PUD	BATTISTA, MD, FRANK J 825 FISHBURN RD HERSHEY PA 17033-2015 717-533-7400	FP
HOFFMAN, MD, J LYNN 804 BELVEDERE ST CARLISLE PA 17013-4001 717-243-9634	PD	PHELAN, MD, WILLIAM J 17 S WEST ST CARLISLE PA 17013-2839 717-245-9101	FP	URBAN, MD, DONALD G 4 LAWNTON TERRACE W GLENOLDEN PA 19036-1504	R	ANDERSON JR, MD, LYLE F 890 POPLAR CHURCH RD STE 200 CAMP HILL PA 17011	GS	BEALE, MD, BENJAMIN R 250 HUMMEL AVE LEMOYNE PA 17043-1949 717-763-7456	GP
HOLLEN, MD, ROBERT A 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-243-1515	FP	PICCHIO, MD, LUCIANO A 1001 BRENTWATER RD CAMP HILL PA 17011-1508 717-737-5744	P	VASQUEZ, MD, JAVIER A GENERAL DELIVERY MANCHESTER KY 40962	GS	ANDING, MD, ERIC S 1518 MACINTOSH WAY HUMMELSTOWN PA 17036-8727 717-531-8407	OTO	BECK, MD, GUNHILDE M 3544 N PROGRESS AVE HARRISBURG PA 17110-9638 717-782-4132	IM
HOUGH, MD, RODNEY K 49 BROOKWOOD AVE CARLISLE PA 17013-9126 717-243-8000	FP	PION, DO, JOSEPH A 100 S HIGH ST NEWVILLE PA 17241-1409 717-776-3114	FP	WAMPLER, MD, DAVID L 3375 CARLISLE RD GARDNERS PA 17324-9603 717-677-6152	FP	ANDREWS, MD, A THOMAS 112 HOLLY DR MECHANICSBURG PA 17055-5527 717-761-8740	ON	BEITTEL JR, MD, CHARLES R 2022 MIDLAND RD HARRISBURG PA 17104-1438	OBG
JOHNSTON III, MD, JAMES R 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-243-2244	GS	RANKIN, MD, LARRY S 220 WILSON ST CARLISLE PA 17013-3697 717-249-1929	* CD	WEST SR, MD, WILLIAM J 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-249-2811	OBG	ANDREWS, MD, P JOSEPH 3600 LOGAN CT APT A2 CAMP HILL PA 17011-2734	US	BELO, MD, MARGARITA E 887 S ARLINGTON AVE HARRISBURG PA 17109 717-652-7616	PD
JOSEF, MD, ERNEST M 1830 GOOD HOPE RD ENOLA PA 17025-1233 717-732-8877	FP	RAUBENSTINE, MD, DEBORAH A 49 N EAST ST APT 1 CARLISLE PA 17013-2504 717-243-1943	PD	WHITCOMB, MD, LUTHER M 616 MOORELAND AVE CARLISLE PA 17013-3730	EM	ANDRIOLA, MD, FRANK J 2645 N 3RD ST STE 230 HARRISBURG PA 17110-2001 717-233-6791	IM	BELOWICH, MD, DEBBIE L 1713 EDGAR LN CAMP HILL PA 17011-8443 717-657-7200	DR
JURGENSEN, MD, JOHN C 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-243-3944	N	REH, MD, RICHARD C 350 S SPORTING HILL RD MECHANICSBURG PA 17055-3061 717-731-8223	FP	WHITNEY, MD, MARK B 4976 FARMINGTON RD HARRISBURG PA 17112-2182 717-975-0500	AN	ANSWINE, MD, JOSEPH F 60 KIRBY DR ELIZABETHTOWN PA 17022-9116	AN	BENEDICT, MD, JOHN H 7 C CAMPBELL CT HARRISBURG PA 17112-9398 717-763-2128	AN
KANN, MD, DAVID CARLISLE CARDIOPULMONARY CARLISLE PA 17013-9177 717-243-6557	CD	RICKS, MD, JOHN E 1261 KUHN RD BOILING SPRINGS PA 17007-9626 717-697-5555	EM	WILLARD III, MD, WILLIS W 1120 STRATFORD DR CARLISLE PA 17013-3541 717-243-8000	FP	APOLLO, MD, WILLIAM P 575 S FRONT ST HARRISBURG PA 17104 717-531-8407	CD	BENTZ, MD, MICHAEL S 608 WHITTETAIL DR LEWISBERY PA 17339-9417 717-782-5477	PTH
KOSENSKIE, MD, TED D 4 CAROTHERS CIR MECHANICSBURG PA 17055-1713 717-245-5300	AN	RIOLO, MD, CATHERINE M H 18 CHARISMA DR CAMP HILL PA 17011 717-249-0100	PS	WISS, MD, RAYMOND J 1111 FLEETWOOD DR CARLISLE PA 17013-3513 717-243-2882	OTO	ARMESTO, MD, DAVID M 2745 N FRONT ST HARRISBURG PA 17110-1221 717-238-6757	OPH	BENTZ, MD, RALPH A 5 CHELTEN CIR CAMP HILL PA 17011-8427	NS
KREBS, MD, STEPHEN J 804 BELVEDERE ST CARLISLE PA 17013-4001 717-243-1943	PD	ROBISON, DO, CAROL K 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-243-1515	GP	WITHERSPOON, MD, MYRA A 120 CHESTNUT FLAT RD SHELOCTA PA 15774-9364 814-533-1907	FP	ARMSTRONG, MD, DELILAH PO BOX 5098 HARRISBURG PA 17110 717-232-9971	IM	BERGER, MD, PAUL M 119 W CHOCOLATE AVE HERSHEY PA 17033-1528	U
KRETZING, MD, HAROLD G 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-243-1515	FP	ROBISON, DO, TERRY A 220 WILSON ST CARLISLE PA 17013-3697 717-249-1929	IM	YEAGER, MD, JAMES P 2 MAYFIELD RD MECHANICSBURG PA 17055-5627 717-245-5500	EM	ARONOFF, MD, ROBERT D 6507 WINOMERE RD HARRISBURG PA 17111-6837 717-531-8407	CD	BERKHEIMER, MD, GEORGE A 925 N FRONT ST APT A-4 HARRISBURG PA 17102-3417	ORS
LENTON, MD, HERBERT P 420 WALNUT ST CARLISLE PA 17013-3627	IM	RODGERS, MD, JOHN C 816 BELVEDERE ST CARLISLE PA 17013 717-249-6112	ORS	ZORNOSA, MD, JOHN P 1000 N FRONT ST WORMLEYSBURG PA 17043 717-731-0101	CD	ARTHUR, MD, BRIAN W 4111 COOPERFIELD DR HARRISBURG PA 17112-6026 717-657-2020	OPH	BERKHEISER, MD, SAMUEL W 2851 RUSSELL RD CAMP HILL PA 17011-2141	PTH
LEWIS, MD, GREGORY L 504 BOSLER DR CARLISLE PA 17013-4282 717-245-2228	* GE	ROEDER, MD, DONALD K 850 WALNUT BOTTOM RD CARLISLE PA 17013-3632 717-243-2244	TS	DAUPHIN ABER, MD, ROBERT C PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-3876	* ID	ASHBY, MD, THOMAS C 240 UNIV MANOR E HERSHEY PA 17033-2830	IM	BESSELMAN, MD, DAVID M 4601 DEVONSHIRE RD HARRISBURG PA 17109-1547 717-652-1211	PD
LINE, MD, DENNIS E 977 WALNUT BOTTOM RD CARLISLE PA 17013-9177 717-243-6557	CD	ROSARIO JR, MD, ELISEO 1301 STRATFORD DR CARLISLE PA 17013-3567 717-243-1943	PD	ADAMS, MD, D LESLIE 1400 MARKET ST STE 1 CAMP HILL PA 17011-4831 717-761-0400	PTH	ASMAR, MD, HODA A POLYCLINIC MEDICAL CENTER HARRISBURG PA 17110-2098 717-782-4320	IM	BHARGAVE, MD, USHA A RD 8 BOX 304 YORK PA 17403-9653	PD
LOEFFLER JR, MD, JOHN G 524 MOORELAND AVE CARLISLE PA 17013-3728	PD	ROYAL, MD, DAVID R PO BOX 310 CARLISLE PA 17013-0310 717-245-5400	* DR	ALBRIGHT III, MD, WILLIAM J 533 2ND ST HIGHSPIRE PA 17034-1507 717-939-7831	OBG	AUSTIN JR, MD, CHARLES B 3508 TRINDLE RD CAMP HILL PA 17011-4439	DR	BHARUCHA, MD, SHERNAVAZ D 100 CHESTNUT ST STE 100 HARRISBURG PA 17101-2518 717-233-3225	AN
LOH, MD, CHARLES K PO BOX 310 CARLISLE PA 17013-0310 717-245-5400	R	SABOL, MD, JOHN B 50 S COLLEGE ST CARLISLE PA 17013-3711 717-249-2928	GP	ADOLESTEIN, MD, LEE B PO BOX 217 HUMMELSTOWN PA 17036-0217	AN	AZIZKHAN, MD, REZA G 888 POPLAR CHURCH RD CAMP HILL PA 17011-2205 717-763-1151	* PD	BHAT, MD, ELEANOR 130 ROSEDALE HERSHEY PA 17033-2063 717-531-8521	IM
LONG, MD, JOSEPH P 16 STRAWBERRY DR CARLISLE PA 17013-4438	GYN	SCHLANSKY, MD, RONALD M 220 WILSON ST CARLISLE PA 17013-3697 717-243-7598	RHU	AL-ANNOUF, MD, NABIL 4405 SEDGWICK RD BALTIMORE MD 21210	PTH	BAER, MD, MICHAEL T 1900 BRIDGE ST NEW CUMBERLAND PA 17070-1127 717-774-7041	* FP	BIEBUCK, MD, JULIEN F PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-6597	AN
LOWTHIAN, MD, JOHN T 8 BROOKWOOD AVE CARLISLE PA 17013 717-243-1180	OBG	SHARMA, MD, RANJANA S HOLY SPIRIT HOSP CAMP HILL PA 17011 717-763-2461	IM	ALDOUS, MD, THOMAS W 754 STAUFFER CHURCH RD PALMYRA PA 17078-9611 717-761-0202	EM	BAILY, MD, ROBERT G 1000 N FRONT ST WORMLEYSBURG PA 17043-1034 717-731-0101	CD	BIERI, MD, JOHN W 809 CONODOGUINET DR CAMP HILL PA 17011	AN
MACALUSO, MD, RUSSELL A MEDICAL ARTS BLDG CARLISLE PA 17013-3697 717-249-3644	OTO	SHEILLY, MD, WILLIAM L 609 DEVONSHIRE DR CARLISLE PA 17013-3605	GS	ALEXANDER, MD, ROLAND R 425 N 21ST ST STE 2-1 CAMP HILL PA 17011-2223 717-761-7400	ON	BALOG, MD, BALINT 2800 GREEN ST HARRISBURG PA 17110-1228 717-234-5976	* ORS	BLACK, MD, KEVIN P PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-4828	ORS
MARINO, MD, NANCY A 115 N LOCUST LN MECHANICSBURG PA 17055-1659	AN	SMITH, MD, JAMES M 66 HILLSIDE DR CARLISLE PA 17013-3646	PTH			BALSBAUGH, MD, GEORGE T 1623 BERKSHIRE LN HARRISBURG PA 17111-6889	R	BLACKSMITH, DO, WILLIAM A 304-A ST JOHNS RD CAMP HILL PA 17011 717-737-4164	US

BLAKESLEE, DO, MARK A	N	BUCS, MD, ROGER G	AN	CINCOTTA, MD, JOSEPH A	FP	DAVIS, MD, WILLIAM S	GS	ELIA, MD, TIMOTHEA	P
HERSHEY MEDICAL CENTER		PO BOX 5808		350 WELLSVILLE RD		3620 LOGAN CT APT 3C		28 CANAL ST	
HERSHEY PA 17033		HARRISBURG PA 17110-0808		WELLSVILLE PA 17365-9702		CAMP HILL PA 17011		LEBANON PA 17046	
BLUTSTEIN, MD, RICHARD N	NPM	717-236-4877	PD	717-766-1795	* FP	DEARMITT, MD, DON A	FP	ELNOUR, MO, MOHAMED F	IM
HARRISBURG HOSP		BUCU, MD, ELEANOR IRENE B		CLAYTON JR, MD, SAMUEL T		4420 RATHLIN CT		COWLEY ASSOC	
HARRISBURG PA 17101-2010		74 UNIVERSITY MNR E		FAMILY MEDICAL CARE		HARRISBURG PA 17112-1573		CAMP HILL PA 17011	
717-782-3172		HERSHEY PA 17033-2810	IM	HARRISBURG PA 17109-1023		717-540-5154		717-781-7400	
BOBONICH, MD, ARLENE S	IM	BUCU, MD, RODELIO M		717-652-3881		DEES, MD, TERENCE D	AN	ELSNER, MD, CYNTHIA A	PD
2601 N 3RD ST		74 UNIVERSITY MANOR E		COHEN, MD, BRIAN E	OBG	PO BOX 5808		308 DEAVEN RD	
HARRISBURG PA 17110		HERSHEY PA 17033-2810		370 EQUUS DR		HARRISBURG PA 17110-0808		HARRISBURG PA 17111-6821	
717-782-4141		717-531-8395	DR	CAMP HILL PA 17011-8357		717-236-4877		717-652-8001	
BOHONYI, MD, WILLIAM A	OBG	BUETOW, MD, MICHAEL P		717-737-4511		DEFALCIS, MD, DANIEL C	IM	ENTWISTLE, MD, NELSON L	ABS
1100 TUNBRIDGE LN		129 FIRST ST NAS		COHN, MD, BURTON H	OTO	235 ADELIA ST		642 SAINT JOHNS DR	
MECHANICSBURG PA 17055-7691		BARRIGADA GU 96913		1857 CENTER ST		MIDDLETOWN PA 17057-2710		CAMP HILL PA 17011-1337	
717-652-8605		BURGIN, MD, WALTER H	* GP	CAMP HILL PA 17011-1703		717-761-4844	P	717-783-5603	
BOLINE, MD, GEORGE B	U	BETHANY CT APT 3317		717-761-4844		DEACRUZ, MD, SILVESTRE S		ERNST, MD, BRETT B	OPH
2626 N 3RD ST STE 3C		MECHANICSBURG PA 17055		COLDREN, MD, ROBERT L	PD	HOLY SPIRIT HOSP		2509 N FRONT ST	
HARRISBURG PA 17110-2046		717-531-8395	GS	2645 N 3RD ST STE 150		CAMP HILL PA 17011		HARRISBURG PA 17110-1111	
717-234-4484		BURICK, DO, ADAM J		HARRISBURG PA 17110-2001		717-763-2219		717-233-3937	* ORS
BOLLARD, MD, EDWARD R	IM	712 SUNHAVEN CIR		717-232-9774		DELA FUENTE, MD, CARLOS F	IM	ESHBACH, MD, TED B	
231 NORTHWOOD DR		MECHANICSBURG PA 17055-7500		COLLIER, MD, THOMAS F	PTH	6 MARKET PLAZA WAY		2800 GREEN ST	
LEBANON PA 17042-8924		717-782-2828	FP	2691 PASADENA AVE APT 14		MECHANICSBURG PA 17055-5659		HARRISBURG PA 17110-1228	
717-533-2800		BURNOUIST, MD, BONNIE L		LONG BEACH CA 90806-1646		717-766-0228	FP	2374-5976	
BONNEAU, MD, AMY J	PD	2151 LINGLESTOWN RD		CONNER, MD, KENNETH B	* IM	DELLINGER, MD, KAY A		ESPOSITO, MD, JOSEPH P	GS
887 S ARLINGTON AVE		HARRISBURG PA 17110		428 CANDLEWYCK RD		HARRISBURG PA 17105-8700		2012 MOUNTAIN PINES DRIVE	
HARRISBURG PA 17109-5004		717-852-5380	OBG	CAMP HILL PA 17011-8425		717-231-8942	FP	MECHANICSBURG PA 17055-8503	
717-652-7616		BURNS, MD, WILLIAM T		CONRAD, MD, DONALD C	FP	2141 SIR LANCELOT DR APT B4		717-761-4141	
BORROR, MD, MEGAN J	FP	PHICO INSURANCE COMPANY		116 SPRUCE ST		HARRISBURG PA 17110-3546		ETTLINGER, MD, ROBERT A	* FP
4813 JONESTOWN RD		MECHANICSBURG PA 17055-2779		MIDDLETOWN PA 17057-1853		717-872-2100		FREDERICK HLTH CTR	
HARRISBURG PA 17109-1748		717-737-7424	IM	717-944-3552	* HEM	DELONE, MD, CARRIE L	IM	MILLERSBURG PA 17061-1237	
717-657-3030		BUSCHI, MD, MARIE		CONROY JR, DO, JOHN D		146 N 25TH ST		717-892-4781	
BORYS, MD, DAVID J	PTH	1704 GABLE DR		CENTRAL PA HEMONCOL ASSOC		CAMP HILL PA 17011-3608		EVANKOVICH, MD, MICHAEL R	U
7932 JEFFERSON		COOPERSBURG PA 18036-3149		LEMOYNE PA 17043-1163		717-761-7400		RR 6 BOX 382	
HUMMELSTOWN PA 17036-9320		717-531-8521	DR	717-737-5767		DELONE JR, MD, CHARLES A	* GYN	DANVILLE PA 17821-8759	
BOWER, MD, JAMES H	IM	BUXTON JR, MD, DONALD R		COTTON, MD, JOY C L	* IM	HOLY SPIRIT HOSP		EVANS, MD, DAVID J	OBG
614 MAIN ST		1501 N FRONT ST		856 CENTURY DR		CAMP HILL PA 17011-2288		205 S FRONT ST STE A	
LYKENS PA 17048-1309		HARRISBURG PA 17102-2523		MECHANICSBURG PA 17055-4375		717-763-2181		HARRISBURG PA 17101	
717-453-7135		717-238-6751	OBG	717-697-3304		DELONG, MD, BRIAN S	CRS	717-652-3500	
BOWMAN, MD, HERBERT S	HEM	BYRNE, MD, WILLIAM E		COWLEY, MD, ALLEN W		2626 N 3RD ST STE 2B		EVANS, ROBERT W	EXEC
504 OHIO AVE		HARRISBURG PA 17110-2044		666 3RD ST SO		HARRISBURG PA 17110-2044		MEDICAL BUREAU BLDG	
LEMOYNE PA 17043-1524		717-236-5023	VS	NAPLES FL 33940		717-232-4112	P	HARRISBURG PA 17101-1187	
717-761-7080	* IM	CALCAGNO, MD, DAVID		813-262-4437	* FP	DELROSARIO, MD, VIVENCIO G		717-234-1678	
BOYD, MD, WILLIAM J		160 POPLAR CHURCH RD		CRAWFORD, MD, DONALD G		HOLY SPIRIT HOSP		EVARTS, MD, M MCCOLLISTER	ORS
131 STATE ST		CAMP HILL PA 17011		1091 COUNTRY HILL DR		CAMP HILL PA 17011		PENN STATE UNIV MED CTR	
HARRISBURG PA 17101-1027		717-763-0510	IM	HARRISBURG PA 17111-4657		717-763-2257	* PD	HERSHEY PA 17033-0850	
717-234-4187		717-763-0510		717-545-4201		DEMUTH, MD, CYNTHIA T		717-531-8323	
BOYLSTON, MD, BEDFORD F	CDS	CALEGA, MD, VIRGINIA C		CRAWFORD, MD, PAUL H	AN	1610 BROOKLINE DR		EVERHART, MD, WILSON C	OBG
650 N 12TH ST		115 E LAUER LN		2900 SOCIETY HILL DR		HUMMELSTOWN PA 17036-8989		1 LEMOYNE SO	
LEMOYNE PA 17043-1220		CAMP HILL PA 17011-1313		CAMP HILL PA 17011-8114		717-843-8623	ORS	LEMOYNE PA 17043-1230	
717-763-7551		717-761-7400	TS	717-843-8623		3916 TRINDLE RD		717-737-4511	
BRAY, MD, JOHN S	CD	CAMPBELL, MD, DAVID B		CRISPEN, MD, JAMES F	HEM	CAMP HILL PA 17011-4246		FABER, MD, F SAMUEL	FP
1409 LIMERICK CT		PENN STATE UNIV MED CTR		2645 N 3RD ST STE 390		717-781-5530		2151 LINGLESTOWN RD	
HUMMELSTOWN PA 17036-9161		HERSHEY PA 17033-0850		HARRISBURG PA 17110-2001		DESTEFANO, MD, DENNIS M	CD	HARRISBURG PA 17110	
BRENNAN, DO, EDWARD C	CD	717-531-6714	D	717-782-4285	DR	100 CHESTNUT ST STE 100		717-652-5380	
845 SIR THOMAS CT STE 2		CAMPBELL, MD, WILLIAM J		1501 N FRONT ST		HARRISBURG PA 17101-2531		717-652-5380	OBG
HARRISBURG PA 17109-4840		3016 CHARWOOD CT		HARRISBURG PA 17102-2523		717-233-3225		717-652-5380	
717-652-7300		SPRING VALLEY CA 91978-1946		717-238-6751		DIMARCO, DO, LUCIANO A	GS	705 APPLE DR	
BRENNAN, MD, ROBERT W	N	619-660-8056		CULLEN, MD, EUGENE A	FP	879 S ARLINGTON AVE		MECHANICSBURG PA 17055-3474	
PENN STATE UNIV MED CTR		CAMPONOVO, MD, ERNEST J		1280 HAMPTON HILL CT		HARRISBURG PA 17109-5004		FAGELMAN, MD, KERRY M	POS
HERSHEY PA 17033-0850		A Z RITZMAN ASSOC INC		HARRISBURG PA 17111		717-657-1424		2600 N 3RD ST	
BRENNER, MD, LOUIS O	* END	MECHANICSBURG PA 17055-4351		CUMMINGS III, MD, CARY	IM	DO, MD, S I V	PM	HARRISBURG PA 17110-2003	
1813 CORTLAND RD		717-766-3182	GS	1617 N FRONT ST		597 ORIOLE CT		717-232-7593	
HARRISBURG PA 17110-3307		CARDINALE, DO, JOSEPH P		HARRISBURG PA 17102-2414		HARRISBURG PA 17111-5319		FAGER, MD, JOSEPH S	* P
717-763-7551		879 S ARLINGTON AVE		717-236-4682		717-691-3755		6104 WESTOVER DR	
BRICKNELL, MD, PAUL P	AN	HARRISBURG PA 17109-5004		DAHMS, MD, ROBERT R	ORS	DORKO, MD, CARL J	OBG	MECHANICSBURG PA 17055-2372	
48 BOXWOOD DR		717-657-1424	FP	187 HERSHEY ROAD		1400 MARKET ST STE 1		FAIRBROTHER, MD, MAUREEN E	* AN
HERSHEY PA 17033-2611		CARHART, MD, JUDY A		HUMMELSTOWN PA 17036		CAMP HILL PA 17011-4831		1511 POTATO VALLEY RD	
717-975-0500		2401 PARK DR STE 300		717-566-6162		717-761-0400		HARRISBURG PA 17112-9215	
BRIER, MD, PETER M	IM	HARRISBURG PA 17110-9303		DAILEY, MD, EDWARD G	OPH	DOUGHERTY III, DO, JOHN E	GP	FAIRBROTHER, MD, PAUL F	OBG
108 LOWTHER ST		717-545-4433	OBG	1857 CENTER ST		4300 LONDONDERRY RD		2626 N 3RD ST STE 2A	
LEMOYNE PA 17043-2012		CARP, MD, MASON J		CAMP HILL PA 17011-1703		HARRISBURG PA 17109-5317		HARRISBURG PA 17110-2044	
717-774-1366		2201 FOREST HILLS DR STE 8		717-761-3011		717-657-7415		717-236-5023	
BRITTON, MD, L LYNNE	IM	HARRISBURG PA 17112-1089		DAILEY, MD, JOHN R	OPH	DOUGLASS JR, MD, WILLIAM T	CRS	FANELLI, MD, CLAUDE	CD
108 LOWTHER ST		717-657-7025	OBG	RR 2 BOX 316		4411 N FRONT ST		1000 N FRONT ST	
LEMOYNE PA 17043-2012		CARR, MD, WILLIAM F		HERSHEY PA 17033-9771		HARRISBURG PA 17110-1709		WORMLEYSBURG PA 17043-1034	
717-774-1388		890 POPLAR CHURCH RD		717-761-3011	PD	DOWLING, MD, KEITH J	U	717-731-0101	
BROCK, MD, RICHARD R	R	CAMP HILL PA 17011		DALY JR, MD, JAMES F		4700 UNION DEPOSIT RD STE 110		FARIES JR, MD, GEORGE B	GS
BOX 4271		717-761-2941	* PM	2645 N 3RD ST		HARRISBURG PA 17111-3774		25 FOREST DR	
HIDDEN VALLEY PA 15502		CARUSO, DO, THOMAS D		HARRISBURG PA 17110-2001		717-545-6666		MECHANICSBURG PA 17055-4706	
BROCKMOLE, MD, DEAN M	DR	5124 E TRINDLE RD	* P	717-232-9774		DUGGAN JR, MD, FRANCIS J	U	717-761-4141	
370 MOUNTAIN RD		MECHANICSBURG PA 17055-3623		DAROWISCH, DO, CHARLES E	PD	4700 UNION DEPOSIT RD STE 110		FARRELL, MD, LEO D	* PS
DAUPHIN PA 17018-9411		717-652-6107		887 S ARLINGTON AVE		HARRISBURG PA 17111-3774		711 INDIANA AVE	
717-652-6107		CARY, MD, GENE L		HARRISBURG PA 17109-5004		717-545-6666		LEMOYNE PA 17043-1566	
BRONFMAN, MD, HOWARD J	R	200 BRIARCREST SQ STE 205		717-652-7616	PUD	DUNN, DO, LORI	AN	717-763-9383	
1501 N FRONT ST		HERSHEY PA 17033-2359		DARWICH, MD, M SOUHEIL		7155 STERLING RD		FARRELL, MD, TIMOTHY P	DR
HARRISBURG PA 17102-2523		717-533-4797	GS	192 TOWNHOUSE		HARRISBURG PA 17112-8910		25 WESTWIND DR	
717-761-7470		CASAL, MD, ROLANDO A		HERSHEY PA 17033-2376		DURBECK, MD, DONALD C	CD	LEMOYNE PA 17043-1234	
BROKITSKY, MD, CARL N	OBG	532 N FRONT ST		717-531-1037	OBG	856 CENTURY DR		717-761-7470	
1740 CRISWELL PL		WORMLEYSBURG PA 17043-1016		DAVIES, MD, MATTHEW F		MECHANICSBURG PA 17055-4375		FEDOK, MD, FREDERICK G	FPS
CAMP HILL PA 17011-8465		717-761-4141	AN	PENN STATE UNIV MED CTR		717-697-3304		8258 STIRRUP CT	
717-737-4511		CASCIOTTI, DO, MICHAEL S		HERSHEY PA 17033-0850		DURISEK, MD, GEORGE S	DR	HARRISBURG PA 17111-6895	
BROOKS, MD, HARRY R	GP	1808 SILVER PINE CIR		717-531-8141	PTH	1501 N FRONT ST		717-531-8945	
707 4TH ST		MECHANICSBURG PA 17055-8506		DAVIS, MD, ABBY T L		HARRISBURG PA 17102-2593		FELDMAN, MD, SHERRIE B	D
NEW CUMBERLAND PA 17070-1807		717-763-2125	PH	2181 WEXFORD RD		717-761-7470	GE	425 N 21ST ST	
BROZA, MD, DAVID J	OTO	CHAPMAN, MD, ALBERT L		PALMYRA PA 17078-9258		DYE, MD, ROBERT E		CAMP HILL PA 17011-2223	
281 TOWNHOUSE		108 OCTOBER DR APT 6		717-531-8755	* P	51 WOODLAND AVE		717-652-5063	
HERSHEY PA 17033-2382		CAMP HILL PA 17011-5054	CD	DAVIS, MD, DONNA J S		HERSHEY PA 17033-2157		FELLIN, MD, DENISE M	FP
717-531-8407		CHAUDHRY, MD, NASSER A		124 WALKER ST		717-533-3678	R	184 BEACON DR	
BRUBAKER, MD, WARREN W	OM	741 N HIGHLANDS DR		CORNWALL PA 17016		EATON, MD, EDWARD H		HARRISBURG PA 17112-4124	
415 ELM AVE		HARRISBURG PA 17111	* PM	717-531-8515	FP	5025 WOODBOX LN		717-545-0020	
HERSHEY PA 17033-1752		717-531-8407		DAVIS, MD, RICHARD L	PS	MECHANICSBURG PA 17055-4856	OS	FENCEL, MD, RICHARD M	R
717-534-4118		CHO, MD, JAY J		39 TIMBER LN		EDMISTON, MD, ROBERT B		2601 N 3RD ST	
BRYAN, MD, THOMAS M	FP	5124 E TRINDLE RD		NEW CUMBERLAND PA 17070-2348		911 BRADFORD RD		HARRISBURG PA 17110-2004	
1153 POND RD		MECHANICSBURG PA 17055-4442	OPH	717-732-8883	P	HARRISBURG PA 17112-1611	GP	717-238-7621	
HARRISBURG PA 17111-3763		717-795-7943		DAVIS, MD, ROBERT H		EDWARDS, MD, GEORGE E		FIDELER, MD, RICHARD	NS
717-652-7268		CHOTINER, MD, BENNETT		6125 STEPHENS KING		1900 BRIDGE ST		56 EFFORD RD	
BUCHER JR, MD, ROBERT W	OBG	HARRISBURG PA 17112-6006		MECHANICSBURG PA 17055-2371		NEW CUMBERLAND PA 17070-1127		CAMP HILL PA 17011-2304	
5 WILLOW MILL PARK RD		717-657-2020		717-766-8537		717-744-7041	IM	717-763-7705	
MECHANICSBURG PA 17055-1600		CINCOTTA, MD, JANET F	FP	DAVIS, MD, THOMAS S		ENGARTNER, DO, GREG R		FIERER, MD, ROBERT R	IM
717-691-0332		2140 FISHER RD		330 GOVERNOR RD		1199 POPLAR CHURCH RD STE 508		HARRISBURG PA 17112-1900	
BUCKINGHAM, MD, ROBERT C	FP	MECHANICSBURG PA 17055-5122		HERSHEY PA 17033-2074		CAMP HILL PA 17011-2260		717-652-8438	
45 S HILLS DR		717-766-1795		717-533-2099		717-617-3875			

FISHER, MD, TODD R FAMILY MED CTR OF MIDDLETOWN MIDDLETOWN PA 17057-2158 717-944-0491	* FP	GARCIA, MD, JOSE A 502 S BALTIMORE ST DILLSBURG PA 17019-9601 717-432-5909	GP	GREINER, MD, ANN S 208 LAMP POST LN CAMP HILL PA 17011-1463 717-531-8311	AN	HAWN, MD, MARGARET M 4700 UNION DEPOSIT RD STE 140 HARRISBURG PA 17111-3774 717-652-6605	OBG	JANTON III, MD, FRANCIS J 108 LOWTHER ST LEMOYNE PA 17043-2012 717-774-2202	N
FLORENCE, MD, DAVID W POLYCLINIC MED CTR HARRISBURG PA 17110-2004 717-782-4187	ORS	GARDYASZ, MD, MIROSLAW D 475 W GOVERNOR RD HERSHEY PA 17033-2217 717-534-2793	PD	GRIBB, MD, JOSEPH C 715 ARLINGTON RD CAMP HILL PA 17011-1604 717-234-1202	GP	HECK, MD, ALBERT W 33 WINDSOR WAY CAMP HILL PA 17011-1752 717-774-2202	N	JEFFERIES III, MD, GEORGE E 890 POPLAR CHURCH RD STE 206 CAMP HILL PA 17011-2250 717-761-6945	OBG
FLURKEY, MD, EMERSON C 859 HILLTOP RD LEMOYNE PA 17043-1203	OBG	GAWLAS, DO, MICHAEL R GOOD HOPE FAMILY PHYSICIANS ENOLA PA 17025-1285 717-732-8877	FP	GRIFF, MD, LEONARD C 1545 APPLE TREE RD HARRISBURG PA 17110-3336	R	HEFFLEY, MD, WILLIAM M 120 W MAIN ST HUMMELSTOWN PA 17036-1511 717-566-2591	IM	JENKINS, MD, ROSEMARY HOLY SPIRIT HOSP CAMP HILL PA 17011-3806 717-763-2986	ATP
FOLGUERAS, MD, ANNETTE G 2098 RALEIGH RD HUMMELSTOWN PA 17036-8719	AN	GEADAH, MD, FOUD A 725 VISTA DR CAMP HILL PA 17011-1641 717-761-6777	OTO	GRIFF, MD, ROBERTA E 5124 E TRINDLE RD MECHANICSBURG PA 17055-3623	* PM	HEMLER, MD, PAUL M 3813 COPPER KETTLE RD CAMP HILL PA 17011-1420	AN	JOHNSTAD, MD, CHRISTOPHER J 14 KILLARNEY BLDG HERSHEY PA 17033-2264	AN
FORSYTHE, MD, PATRICK D B 802 CONODOGUINET DR CAMP HILL PA 17011 717-763-2121	AN	GERACI, MD, GASPERE C 3535 TRINDLE ROAD CAMP HILL PA 17001-4451 717-975-9800	* FP	GROFF, DO, JAMES A 2409 RUDY RD HARRISBURG PA 17104 717-652-3000	IM	HENKEN, DO, HOWARD B 2645 N 3RD ST STE 150 HARRISBURG PA 17110-2096 717-232-9774	PD	JONES, MD, JAMES E 2645 N 3RD ST STE 150 HARRISBURG PA 17110-2001 717-232-9774	PD
FORTI, MD, WILLIAM P 3705 VARTAN WAY HARRISBURG PA 17110-9112 717-652-2224	PD	GERLACH IV, MD, CHARLES D 1401 SKYVIEW CIR APT F HARRISBURG PA 17110-9234 717-545-9666	IM	GROTZINGER, MD, MARGARET L 1 LEMOYNE SO STE 201 LEMOYNE PA 17036-9756 717-737-4511	OBG	HENSLEY, MD, FREDERICK A PENN STATE UNIV MED CTR ANES HERSHEY PA 17033-0850 717-531-6135	AN	JORGE, MD, EDUARDO AMERICAN REHAB CTR CAMP HILL PA 17011-2207 717-975-0900	CDS
FOUST, MD, TILMAN H 41 KENSINGTON SO MECHANICSBURG PA 17055-5228	DR	GETTE, MD, MICHAEL T 100 COLONIAL RD HARRISBURG PA 17109 717-652-5063	D	GRZESZCZAK, MD, EWA F 244 UNIVERSITY MNR E HERSHEY PA 17033-2831	DR	HERBERT, DO, REX A 805 SIR THOMAS CT HARRISBURG PA 17109 717-652-9555	ORS	JOYNER, MD, DAVID M 3916 TRINDLE RD CAMP HILL PA 17011-4246	ORS
FRANK, MD, HERBERT L PO BOX 6048 HARRISBURG PA 17112-0048	AN	GILDEA, MD, JAMES E 100 CHESTNUT ST STE 100 HARRISBURG PA 17101-2518	AN	GRZESZCZAK, MD, MAREK J 244 UNIVERSITY MNR E HERSHEY PA 17033-2831	PD	HERCEG, MD, STEPHEN J 2101 N FRONT ST BLDG 4 HARRISBURG PA 17110-1036 717-233-4691	* PS	JUDSON, MD, JOHN P 423 N 21ST ST CAMP HILL PA 17011-2207 717-975-0900	TS
FRANKEL, MD, CARL A 1800 LINGLESTOWN RD STE 200 HARRISBURG PA 17110-3343 717-234-5050	OPH	GILROY, MD, ROBERT C 1631 N FRONT ST HARRISBURG PA 17102-2414 717-234-2561	PUD	GUARINO, MD, JAMES C 954 INNSBRUCK DR HUMMELSTOWN PA 17036-9749	IM	HERMAN, MD, JAMES M 1658 NOTTINGHAM DR HUMMELSTOWN PA 17036-8712 717-531-8187	FP	JUVELIER, MD, BERNARD W 182 SPYGLASS DR ADVANCE NC 27006	PTH
FRANKEL, MD, SHARON R 358 LAMP POST LN HERSHEY PA 17033-1882 717-652-6202	IM	GIULIAN, MD, BERTRAND B 1501 N FRONT ST HARRISBURG PA 17102-2523 717-237-6751	DR	GUNDER, MD, SCOTT A 2626 N 3RD ST STE 3A HARRISBURG PA 17110-4713 717-236-3111	GE	HEROLD JR, MD, CRESTON C 890 POPLAR CHURCH RD STE 108 CAMP HILL PA 17011-2213 717-737-9181	FP	KALENAK, MD, ALEXANDER ORTHOPEADIC INST OF PA CAMP HILL PA 17011 717-731-4033	ORS
FRANKENY II, MD, JOHN R 3916 TRINDLE RD CAMP HILL PA 17011-4246 717-761-5530	ORS	GIVENS, MD, FREDERICK T 4041 VALLEY RD HARRISBURG PA 17112-2844	U	GUSIC, MD, MARYELLEN E 3 SUNFIRE AVE CAMP HILL PA 17011-1019	PD	HERZEL JR, MD, FRANK B 681 MARIA DR HARRISBURG PA 17109-4216	P	KALES, MD, ANTHONY PENN ST UNIV MED CTR HERSHEY PA 17033-2391 717-531-8135	P
FREEDMAN, MD, DONALD B 890 POPLAR CHURCH RD STE 508 CAMP HILL PA 17011-2250 717-761-3875	IM	GLEESON, MD, GEORGE L 1700 MARKET ST RM 106 CAMP HILL PA 17011-4817	GYN	GUSTAVSON, MD, ROGER B 890 POPLAR CHURCH RD STE 508 CAMP HILL PA 17011-2250 717-761-3875	IM	HESTER, MD, CHRISTOPHER E 13 GARDEN CT ELIZABETHTOWN PA 17022-9005	IM	KANDRA, MD, JOSEPH J 4610 DANBURY DR HARRISBURG PA 17109-1623 717-652-8436	IM
FRESHMAN, MD, JOHN R 2645 N 3RD ST STE 230 HARRISBURG PA 17110-2001 717-233-6791	IM	GLICK, MD, MARK R 1050 STONEGATE RD HUMMELSTOWN PA 17036-9756 717-274-5500	CD	HAAS, MD, DAVID R 210 RICHARDS ST WILSON NC 27895-3128 919-291-7008	OPH	HILLS, MD, JAMES R RR2 BOX 3003 GRANTVILLE PA 17028-9508 717-531-8044	R	KANEDA, DO, ROBERT R 450 POWERS AVE STE 101 HARRISBURG PA 17109-5926 717-558-8222	* ORS
FRIEDLANDER, MD, MILTON A 4518 UNION DEPOSIT RD HARRISBURG PA 17111-2910 717-652-5840	R	GOEDECKE, MD, JOHN B 1400 MARKET ST STE 1 CAMP HILL PA 17011 717-761-0400	GYN	HAIDET, MD, KEITH R 1007 KENT DR MECHANICSBURG PA 17055-7608 717-766-3162	R	HODGE, MD, ARTHUR J 151 EAST ST WILLIAMSTOWN PA 17098-1440 717-647-7101	* IM	KANENSON, MD, WILLIAM L 890 POPLAR CHURCH RD STE 508 CAMP HILL PA 17011-2250 717-761-3875	IM
FRIEDMAN, MD, MARK C 4732 ROCK LEDGE DR HARRISBURG PA 17110-3253 717-761-7405	GE	GOELTSCH, MD, ROBERT E 502 BURNT HOUSE RD CARLISLE PA 17013-9350	OBG	HAKKE, MD, JEAN H 7675 DEVONSHIRE HTS RD HUMMELSTOWN PA 17036-9410 717-533-8073	CHP	HOLENCIK, DO, MARK P PO BOX 6507 HARRISBURG PA 17112-0507 717-652-9555	ORS	KANTOR, MD, ROBERT J HARRISBURG HOSP HARRISBURG PA 17101-2099 717-231-8343	* IM
FRIEDMAN, MD, SUMNER H 350 N 27TH ST CAMP HILL PA 17011-3628	DR	GOLDMAN, MD, STANLEY R 4700 UNION DEPOSIT RD STE 120 HARRISBURG PA 17111-3774 717-545-9666	IM	HALCOVAGE, DO, JOHN S 4300 LONDONDERY RD HARRISBURG PA 17109-5397 717-652-3000	IM	HOLLIMAN, MD, CECIL J 21 FOX CHASE DR HERSHEY PA 17033-9700 717-531-8955	EM	KASE, MD, PAUL F 6411 DEVONSHIRE HEIGHTS RD HARRISBURG PA 17111-4824 KATSAMPEES, MD, ERNEST T	* FP
FRICTHEY JR, MD, JOHN A 7031 BLUE RIDGE AVE HARRISBURG PA 17112-3691	D	GOOD, MD, GARY R 1306 DAVOS PT WOODBRIDGE NY 12789-5919	IM	HALL, MD, VIRGINIA E 645 N 12TH ST LEMOYNE PA 17043-1219 717-761-8900	* OBG	HOTTENSTEIN, MD, DANIEL W 3 CONEWAGO HILL RD LEBANON PA 17042-9509 717-761-7470	R	KEAGY, DO, GREGORY S 423 N 21ST ST CAMP HILL PA 17011-2207 717-975-0900	AN
FROELICH, MD, A DAVID 532 N FRONT ST WORMLEYSBURG PA 17043-1016 717-761-4141	GS	GOODMAN, MD, BRUCE 1515 N FRONT ST HARRISBURG PA 17102-2523 717-234-3203	ORS	HALLOCK, MD, RICHARD H 3916 TRINDLE RD CAMP HILL PA 17011-4246 717-761-5530	ORS	HOWANITZ, MD, MICHAEL P 2151 LINGLESTOWN RD HARRISBURG PA 17110 717-652-5380	FP	KEARNEY, MD, JAMES D 1024 BROOKWOOD DR MECHANICSBURG PA 17055-6765 717-761-8331	CD
FROMME, MD, KENNETH L 125 RODNEY LN CAMP HILL PA 17011-1323	PD	GOODPASTURE, MD, AUDREY B FAM MED CTR OF MARYSVILLE MARYSVILLE PA 17053 717-957-2242	IM	HAMILTON, MD, ROBERT W 739 FISHBURN RD HERSHEY PA 17033-2012 717-533-4341	HEM	HOWE, MD, FRANCIS R C 2280 MOCKINGBIRD RD HARRISBURG PA 17112-9615 717-233-3225	AN	KEENEY, MD, GALEN E 216 PEARL ST HARRISBURG PA 17109-4333 KELLER, MD, DAVID A	IM
FRY, MD, CHLOE O 442 BETHANY DR MECHANICSBURG PA 17055-4359 717-766-7009	GYN	GORDON, MD, DUDLEY R 6091 LINGLESTOWN RD HARRISBURG PA 17112-1208 717-657-3274	* FP	HAN, MD, WON K 78 UNIVERSITY MANOR E HERSHEY PA 17033-2811	ORS	HOWE, MD, FRANCIS R C 2280 MOCKINGBIRD RD HARRISBURG PA 17112-9615 717-233-3225	AN	KEENEY, MD, GALEN E 216 PEARL ST HARRISBURG PA 17109-4333 KELLER, MD, DAVID A	FP
FUGATE, DO, JEFFREY S 856 CENTURY DR MECHANICSBURG PA 17055-4375 717-697-3304	CD	GORDON, MD, ROBERT A 109 NICHOLAS CT HARRISBURG PA 17110-3575 717-761-7400	ON	HANDFORD, MD, H ALLEN 1232 WOOD RD HUMMELSTOWN PA 17036-9759 717-531-8515	US	HOWE, MD, FRANCIS R C 2280 MOCKINGBIRD RD HARRISBURG PA 17112-9615 717-233-3225	FP	KEENEY, MD, GALEN E 216 PEARL ST HARRISBURG PA 17109-4333 KELLER, MD, DAVID A	FP
FULTZ, MD, CRAIG W 99 NOVEMBER DR CAMP HILL PA 17011-5064 717-761-8644	ORS	GORDON, MD, WILLIAM S 1256 PIKETOWN RD HARRISBURG PA 17112-9054 717-659-3274	* FP	HARKER, MD, RICHARD C 6344 PENNSBORO DR MECHANICSBURG PA 17055-2322 717-737-9181	CHP	HOWE, MD, FRANCIS R C 2280 MOCKINGBIRD RD HARRISBURG PA 17112-9615 717-233-3225	FP	KEENEY, MD, GALEN E 216 PEARL ST HARRISBURG PA 17109-4333 KELLER, MD, DAVID A	FP
GAITHER, MD, HERBERT CEDAR CLIFF MALL CAMP HILL PA 17011-7705 717-737-0453	IM	GRANDON, MD, RAYMOND C 131 STATE ST HARRISBURG PA 17101-1027 717-234-4187	* IM	HARM JR, MD, KENNETH R GOOD HOPE FAMILY PHYSICIANS ENOLA PA 17025-1285 717-732-8877	* FP	HOWE, MD, FRANCIS R C 2280 MOCKINGBIRD RD HARRISBURG PA 17112-9615 717-233-3225	FP	KEENEY, MD, GALEN E 216 PEARL ST HARRISBURG PA 17109-4333 KELLER, MD, DAVID A	FP
GALBREATH, MD, JOHN W 616 CAMBRIDGE CT PALMYRA PA 17078-9357	IM	GRANITO, MD, CHARLES D 1012 W FOXCOFFT DR CAMP HILL PA 17011-1235	AN	HARR, MD, DENISE F 1224 PEGGY DR MECHANICSBURG PA 17036-9014	FP	HOWE, MD, FRANCIS R C 2280 MOCKINGBIRD RD HARRISBURG PA 17112-9615 717-233-3225	FP	KEENEY, MD, GALEN E 216 PEARL ST HARRISBURG PA 17109-4333 KELLER, MD, DAVID A	FP
GALLAGHER, MD, BRYAN J PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-8521	END	GREEN, MD, M EDWIN 500 FISHING CREEK VALLEY RD HARRISBURG PA 17112-9223	IM	HARRIS, MD, BRIAN W 64 KELLOCKS RUN RD HUMMELSTOWN PA 17036-9182 717-657-7200	DR	HOWE, MD, FRANCIS R C 2280 MOCKINGBIRD RD HARRISBURG PA 17112-9615 717-233-3225	FP	KEENEY, MD, GALEN E 216 PEARL ST HARRISBURG PA 17109-4333 KELLER, MD, DAVID A	FP
GALLAGHER, MD, JAMES V 6601 DORSET WAY HARRISBURG PA 17111 717-531-8246	PTH	GREEN, DO, ROBERT L 875 S ARLINGTON AVE HARRISBURG PA 17109-5004 717-652-9555	ORS	HARRISON, MD, C SCOTT 1400 BRANDTOWN RD MECHANICSBURG PA 17055-6740	* ORS	HOWE, MD, FRANCIS R C 2280 MOCKINGBIRD RD HARRISBURG PA 17112-9615 717-233-3225	FP	KEENEY, MD, GALEN E 216 PEARL ST HARRISBURG PA 17109-4333 KELLER, MD, DAVID A	FP
GALLAGHER-SHRIFT, MD, KATHERINE A 1011 S WATERFORD WAY MECHANICSBURG PA 17055-7654 717-975-9800	FP	GREENAWALD, MD, HENRY A 4918 LOCUST LN HARRISBURG PA 17109-4535 717-545-4201	FP	HART, MD, JAMES C CAPITAL AREA CARD SURG INST CAMP HILL PA 17011-2207 717-975-0900	CDS	HOWE, MD, FRANCIS R C 2280 MOCKINGBIRD RD HARRISBURG PA 17112-9615 717-233-3225	FP	KEENEY, MD, GALEN E 216 PEARL ST HARRISBURG PA 17109-4333 KELLER, MD, DAVID A	FP
GALLARDO, MD, MARK A 4919 EASTMAN DR HARRISBURG PA 17109-3216	IM	GREENSMITH, MD, J ERIC 100 CLIPPER CREEK CT SMITHFIELD VA 23430 804-398-7135	AN	HASHIN, MD, KIMBERLY A 531 ALISON DR APT 10 HUMMELSTOWN PA 17036-1802	IM	HOWE, MD, FRANCIS R C 2280 MOCKINGBIRD RD HARRISBURG PA 17112-9615 717-233-3225	FP	KEENEY, MD, GALEN E 216 PEARL ST HARRISBURG PA 17109-4333 KELLER, MD, DAVID A	FP
GALLIA, MD, FRANCIS J 1501 N FRONT ST HARRISBURG PA 17102-2523 717-238-6751	DR	GREENWALD, MD, EARL F 2601 N 3RD ST HARRISBURG PA 17110-2098 717-782-2383	ON	HAUTEA, MD, MARION C 2405 N 2ND ST APT 3 HARRISBURG PA 17110-1103 717-782-2100	FP	HOWE, MD, FRANCIS R C 2280 MOCKINGBIRD RD HARRISBURG PA 17112-9615 717-233-3225	FP	KEENEY, MD, GALEN E 216 PEARL ST HARRISBURG PA 17109-4333 KELLER, MD, DAVID A	FP
GARCIA, MD, GUILLERMO 153 S 32ND ST CAMP HILL PA 17011-5101 717-761-7901	PD	GREER III, MD, ROBERT B 6008 BOOTY LN NEW BERN NC 28560	ORS						

KIRKER JR, MD, WALTER R 4000 VINE ST MIDDLETOWN PA 17057 717-652-3500	OBG	LEVINE, MD, RICHARD L 939 SIDDONSBURG RD LEWISBERRY PA 17339-9749 717-782-6753	PD	MANIGLIA, MD, ROSARIO 2865 SUNSET DR CAMP HILL PA 17011-1632	PTH	MILLER, MD, LEE C 2201 FOREST HLS DR STE 9 HARRISBURG PA 17112-1089 717-540-4420	P	O'BOYLE, DO, LOUIS J 555 WINTER ST OLD FORGE PA 18518 717-531-8521	IM
KLEIN, MD, MICHAEL E 425 N 21ST ST CAMP HILL PA 17011-2223 717-761-7400	IM	LEWIN, MD, STANLEY B 425 N 21ST ST CAMP HILL PA 17011-2223 717-761-7400	CD	MANNING, MD, ANNE M 4700 UNION DEPOSIT RD HARRISBURG PA 17111-3774 717-652-6605	OBG	MILLER JR, MD, WILLIAM B 1056 BROOKWOOD DR MECHANICSBURG PA 17055-6765 717-761-7470	DR	O'CONNELL, MD, BRENT J 112 MILLWOOD DR HARRISBURG PA 17110-9432 717-730-1124	PD
KNIGHT JR, MD, EMERSON L 304 N PAXTANG AVE HARRISBURG PA 17111-1842 717-234-4484	*U	LEWIS, MD, MAURICE J 890 POPLAR CHURCH RD STE 508 CAMP HILL PA 17011-2260 717-761-7875	IM	MARGOLIS, MD, ERIC C HERSHEY MED CTR HERSHEY PA 17033-0850 717-531-8156	NEP	MILLS, MD, M DUANE 98 CAROL PL NEW CUMBERLAND PA 17070-1101 2432 E BAYBERRY DR HARRISBURG PA 17112-6013 717-545-1541	IM	OLIVES, MD, MANUEL 107 SHERFIELD CT ELIZABETHTOWN PA 17022 ORECCHIA, MD, PAUL M 800 POPLAR CHURCH RD CAMP HILL PA 17011 717-763-0510	GER
KOERBER JR, MD, WALTER A 1199 COLONIAL RD HARRISBURG PA 17112-1900 717-652-5882	D	LICHTENBERGER, CARLA M 63 UNIVERSITY MANOR E HERSHEY PA 17033-2808	ST	MARSHALL, MD, BERNARD M 3705 VARTAN WAY HARRISBURG PA 17110-9112 717-652-2224	PD	MILSTEEN, MD, SCOTT A 100 CHESTNUT ST STE 100 HARRISBURG PA 17101-2518 717-233-3225	AN	ORMAN, MD, STEVEN K 104 ERFFORD RD CAMP HILL PA 17011-1807 717-763-7685	*D
KONHAUS, MD, CAROL H PO BOX 279 SHERMANSDALE PA 17090-0279	GS	LIM, MD, HENG-FENG 1000 N FRONT ST WORMLEYSBURG PA 17043-1034 717-731-0101	CD	MARKIEWICZ, MD, ANN M 2645 N 3RD ST STE 230 HARRISBURG PA 17110-2001 717-233-6791	IM	MOFFITT JR, MD, GEORGE R 1000 N FRONT ST WORMLEYSBURG PA 17043-1034 717-731-0101	CD	OSTDAHL, MD, ROGER H 920 CENTURY DR MECHANICSBURG PA 17055-4351 717-697-5800	NS
KOSCO III, DO, GEORGE M 5803 FOX ST HARRISBURG PA 17112-2222 717-652-3000	IM	LIPPE, MD, RONALD W 3916 TRINDLE RD CAMP HILL PA 17011-4246 717-761-5530	ORS	MARSHNER JR, MD, RICHARD K 342 TOWNHOUSE HERSHEY PA 17033-2328 717-531-5690	OPH	MOLONEY, MD, JOSEPH D 302 N PROGRESS AVE HARRISBURG PA 17109-2411 717-545-1541	US	OSTMAN, MD, ZENAIDA E WEST SHORE ANESTHESIA LTD CAMP HILL PA 17001-1050 717-763-2121	AN
KOSDROSKY, MD, MARTIN A 1108 PEGGY DR HUMMELSTOWN PA 17036-9015	U	LITTLE, MD, G ROBERT 1900 BRIDGE ST NEW CUMBERLAND PA 17070-1127 717-774-7041	*GP	MARSHALL, MD, WAYNE K PENN STATE UNIV MED HERSHEY PA 17033-0850 717-531-4290	AN	MOMIN, MD, MALIK N 6224 W ARREN AVE HARRISBURG PA 17112-1763 MOODY, MD, JACK H 2432 E BAYBERRY DR HARRISBURG PA 17112-6013 717-545-9666	AN	OWENS, MD, ERIK L 6288 SPRING KNOLL DR HARRISBURG PA 17111-6883 717-531-8521	GS
KRATZ, MD, RONALD D 1265 PEGGY DR HUMMELSTOWN PA 17036-9014	AN	LITTLE, MD, ROBERT G 3544 N PROGRESS AVE HARRISBURG PA 17110-9638 717-652-7266	FP	MARTE, MD, EGON 206 HEMLOCK RD NEW CUMBERLAND PA 17070-2819 717-782-4235	AN	MOORE, MD, BARRY B 920 CENTURY DR MECHANICSBURG PA 17055-4351 717-697-5800	NS	OWENS, MD, R SCOTT HARRISBURG UROLOGICAL CAMP HILL PA 17011 PACKER, MD, LESLIE A 2304 E TILDEN RD HARRISBURG PA 17112-1054 717-233-5116	U
KREIDER, MD, JOHN W PENN STATE UNIV MED CTR HERSHEY PA 17033-0850	PTH	LITTON, MD, LINDA T 100 CHESTNUT ST STE 100 HARRISBURG PA 17101-2518 717-233-3225	AN	MAURLER, MD, ROBERT J 187 HERSHEY RD HUMMELSTOWN PA 17036 717-566-6162	ORS	MOROHUNFOLA, MD, KEHINDE A 604 S BAY ST GREENSBURG KS 67054-1903 717-232-9971	IM	PACKMAN, MD, IRA J 108 LOWTHER ST LEMOYNE PA 17043-2012 717-774-1366	*AN
KRUG, MD, JAMES R 1431 WOODHAVEN DR HUMMELSTOWN PA 17036-8906 717-531-8521	AN	LITTS, MD, ALAN W 3002 PINEFORD DR MIDDLETOWN PA 17057-2630 LONG, MD, DAVID A 4 HOLLY DR NEW CUMBERLAND PA 17070-2304	AN	MAY JR, MD, KENNETH J 856 CENTURY DR MECHANICSBURG PA 17055-4375 717-691-3304	CD	MORROW GORTON, MD, JILL D 810 ZERMATT DR HUMMELSTOWN PA 17036-9706 717-782-4650	PD	PAGE, MD, ROBERT B PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-4382	IM
KSHATRI, MD, ATULKUMAR M 81 UNIVERSITY MNR E HERSHEY PA 17033-2812 717-531-6128	AN	LOWRY, MD, DONALD J 4904 COLONIAL RD MECHANICSBURG PA 17055-4803	FP	MC CARTY, MD, CHRISTINE M 650 N 12TH ST LEMOYNE PA 17043-1220 717-763-7551	*CDS	MORTELL, MD, RODRIGUE PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-8146	GYN	PAL, MD, SHIKHA 196 ANDRIEN RD GLEN MILLS PA 19342-1168 PARENTIS, MD, MICHAEL A 20394 RALEIGH RD HUMMELSTOWN PA 17036-8950 2447 N 3RD ST HARRISBURG PA 17110-1902 717-233-5116	NS
KUHLENGEL, MD, BARBARA G 20 BRIARCREST SO STE 205 HERSHEY PA 17033-2331 717-533-4797	P	LUK, MD, STEPHEN S 6130 SPRINGFORD DR APT B6 HARRISBURG PA 17111-6868	GS	MC CALL, MD, WILLIAM M 4700 UNION DEPOSIT RD STE 140 HARRISBURG PA 17111-3774 717-652-6605	PD	MORTON, MD, JOHN C 23 GLENDALE DR MECHANICSBURG PA 17055-6138 MOYER, MD, EARL S 106 STATE ST HARRISBURG PA 17101-1024 717-233-5369	DR	PARIKH, MD, MUKUL L 2047 N 3RD ST HARRISBURG PA 17110-1902 717-233-5116	DR
KUHLENGEL, MD, KEITH R PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-8807	NS	LUPINACCI, MD, MICHAEL F 175 LANCASTER BLVD MECHANICSBURG PA 17055-3562 717-691-3755	PM	MC CABE, MD, PAUL H HERSHEY MED CTR HERSHEY PA 17033 717-531-8692	PD	MOYER, MD, JOHN H 1090 MILLER RD PALMYRA PA 17078-9602 717-833-8658	IM	PARIKH, MD, NEELIMA M PO BOX 1050 CAMP HILL PA 17001-1050 717-763-2125	GS
KUNDU, MD, SAMBHU N 890 POPLAR CHURCH RD STE 505 CAMP HILL PA 17011-2250 717-761-2941	OBG	MAAS, MD, ANTHONY E HOLY SPIRIT HOSP LAB CAMP HILL PA 17011 717-763-2208	PTH	MC CALL, MD, WILLIAM M 4700 UNION DEPOSIT RD STE 140 HARRISBURG PA 17111-3774 717-652-6605	OBG	MULLER, DO, ARTHUR J 1000 N FRONT ST WORMLEYSBURG PA 17043-1034 717-731-0101	IM	PARK, MD, NAE H 1000 N FRONT ST STE 400 WORMLEYSBURG PA 17043-1034 717-761-7676	*OTO
KUNKEL, MD, BARBARA K 1501 N FRONT ST HARRISBURG PA 17102-2593 717-763-2600	R	MACLEAN, MD, DUNCAN S 2601 N 3RD ST HARRISBURG PA 17110-2098 717-782-2790	*FP	MC COY, MD, ANDREA C S 887 S ARLINGTON AVE HARRISBURG PA 17109-5004 717-652-7616	OBG	MURRAY, MD, WILLIAM M 2650 SPRING HILL LN ENOLA PA 17025-1257	CD	PARNES, MD, HERBERT M 104 ERFFORD RD CAMP HILL PA 17011-1807 717-763-7685	AN
KUNKEL, MD, GEORGE W 2405 LINGLESTOWN RD HARRISBURG PA 17110-9429 717-652-1051	RHU	MADGWELL, MD, JOHN E 500 UNIVERSITY DR HERSHEY PA 17033-2360 717-531-8044	GP	MC GILL, MD, REGINA B 3109 GOLDEN HIND RD CHESAPEAKE VA 23321	CD	MUSSEY, MD, BENJAMIN G 95 GREENWOOD CIR WORMLEYSBURG PA 17043-1140 MYERS, MD, GORDON D 350 N 21ST ST CAMP HILL PA 17011-3701 717-761-6557	IM	PATEL, MD, DIPAK M 6213 SPRING KNOLL DR HARRISBURG PA 17111-6001 717-761-7400	*D
KUSKIN, MD, LOUIS F 1199 COLONIAL RD HARRISBURG PA 17112-1900 717-652-8436	IM	MADGWELL, MD, JOHN E 500 UNIVERSITY DR HERSHEY PA 17033-2360 717-531-8044	R	MC GRATH, MD, JOSEPH M NORTHWOOD OFC CTR HARRISBURG PA 17112-1089 717-540-4420	P	MYERS, MD, JOHN L CHOP RM 4B-465 PITTSBURGH PA 15238 MYERS III, MD, FRANKLIN J 417 COCKLIN ST MECHANICSBURG PA 17055-6619 717-234-2561	GS	PATEL, MD, SHASHIKANT B 3912 TRINDLE RD CAMP HILL PA 17011-4246 717-761-8740	IM
LACEY, MD, PAUL G 2626 N 3RD ST HARRISBURG PA 17110-2044	IM	MADGWELL, MD, JOHN E 500 UNIVERSITY DR HERSHEY PA 17033-2360 717-531-8044	IM	MC LAUGHLIN, DO, JOHN P 4700 UNION DEPOSIT RD STE 230 HARRISBURG PA 17111-3774 717-545-9811	*GE	MYERS, MD, JOHN L CHOP RM 4B-465 PITTSBURGH PA 15238 MYERS III, MD, FRANKLIN J 417 COCKLIN ST MECHANICSBURG PA 17055-6619 717-234-2561	PDS	PATTERSON, MD, LELAND F 1820 LINGLESTOWN RD HARRISBURG PA 17110-3339 717-231-2885	HEM
LANNING, MD, RICHARD C 220 GRANDVIEW AVE CAMP HILL PA 17011-1706 717-761-8688	OPH	MADEEN, MD, ZIAD I 248 UNIVERSITY MANOR E HERSHEY PA 17033-2831 717-531-8692	N	MC MILLER, MD, JAMES I 3335 MARKET ST CAMP HILL PA 17011-4424 717-763-0533	*IM	NADAR, MD, VENKATESH K PLAZA 21 STE 2-1 CAMP HILL PA 17011-2223 717-761-7400	CD	PATTERSON, MD, LEWIS T KEPRO HARRISBURG PA 17105-8310 717-564-8288	N
LARACH, MD, DAVID R PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-534-8310	*AN	MAHON, MD, MARILYN S 6011 DEVONSHIRE HEIGHTS RD HARRISBURG PA 17112-3114 MAHON, MD, WILMER B 6011 DEVONSHIRE HEIGHTS RD HARRISBURG PA 17112-3114 717-232-7641	GP	MC MULLIN, MD, DANA F 38 UNIVERSITY MANOR E HERSHEY PA 17033-2805 MEHDI, MD, IFTIKHAR J STAT MED USA GETTSYBURG PA 17325-0153 717-782-5256	PD	NASSAR, MD, JAY P PO BOX 5808 HARRISBURG PA 17110-0808 717-236-4877	AN	PAWELSKI, MD, RICHARD J 650 ST JOHNS DR CAMP HILL PA 17011-1337 717-652-6107	*GS
LAWSON JR, MD, HERMAN 3544 N PROGRESS AVE HARRISBURG PA 17110-9638 717-652-7266	FP	MAINGI, MD, NARESH S 1433 N SECOND ST HARRISBURG PA 17102-2610 717-234-4674	PD	MEISLER, MD, WILLIAM J 4126 WIMBLEDON DR HARRISBURG PA 17112-1037 717-652-9015	R	NGUYEN, MD, THACH N 1030 FAIRDELL DR HUMMELSTOWN PA 17036-8710 717-731-0101	CD	PAWLUSH, MD, DAVID G 1000 N FRONT ST WORMLEYSBURG PA 17036-9706 717-731-0101	CD
LEAMAN, MD, THOMAS L 77 HILL MANOR DR HERSHEY PA 17033-2510	FP	MAISH III, MD, GEORGE O 241 TOWNHOUSE HERSHEY PA 17033-2379 MALIN, MD, THOMAS H 99 NOVEMBER DR CAMP HILL PA 17011-5064 717-761-8644	GS	MEENEY, MD, ALFRED W 777 E PARK DR HARRISBURG PA 17111-2738 MERCER, MD, KENNETH A 200 SHAMOKIN ST HARRISBURG PA 17110 717-782-2100	*PD	NICHOLS, MD, CLAUDE E 1727 N 6TH ST HARRISBURG PA 17102-1108 NOLTE, DO, ROBERT S 606 LOPAX RD HARRISBURG PA 17112-4358 717-782-3131	GP	PEASE, MD, WILLIAM E 1000 N FRONT ST WORMLEYSBURG PA 17043-1034 717-731-0101	R
LEASER, MD, JOSEPH P 635 YORK HAVEN RD YORK HAVEN PA 17370-9006 717-787-8821	FP	MAISH III, MD, GEORGE O 241 TOWNHOUSE HERSHEY PA 17033-2379 MALIN, MD, THOMAS H 99 NOVEMBER DR CAMP HILL PA 17011-5064 717-761-8644	GS	MEENEY, MD, ALFRED W 777 E PARK DR HARRISBURG PA 17111-2738 MERCER, MD, KENNETH A 200 SHAMOKIN ST HARRISBURG PA 17110 717-782-2100	*PD	NICHOLS, MD, CLAUDE E 1727 N 6TH ST HARRISBURG PA 17102-1108 NOLTE, DO, ROBERT S 606 LOPAX RD HARRISBURG PA 17112-4358 717-782-3131	GP	PEASE, MD, WILLIAM E 1000 N FRONT ST WORMLEYSBURG PA 17043-1034 717-731-0101	CD
LEBER, MD, DAVID C 2101 N FRONT ST BLDG 4 HARRISBURG PA 17110-1036 717-233-4691	*PS	MAISH III, MD, GEORGE O 241 TOWNHOUSE HERSHEY PA 17033-2379 MALIN, MD, THOMAS H 99 NOVEMBER DR CAMP HILL PA 17011-5064 717-761-8644	GS	MEENEY, MD, ALFRED W 777 E PARK DR HARRISBURG PA 17111-2738 MERCER, MD, KENNETH A 200 SHAMOKIN ST HARRISBURG PA 17110 717-782-2100	*PD	NICHOLS, MD, CLAUDE E 1727 N 6TH ST HARRISBURG PA 17102-1108 NOLTE, DO, ROBERT S 606 LOPAX RD HARRISBURG PA 17112-4358 717-782-3131	GP	PEASE, MD, WILLIAM E 1000 N FRONT ST WORMLEYSBURG PA 17043-1034 717-731-0101	R
LEE, MD, MONIKA G COLONIAL PARK FAMILY PRACTICE HARRISBURG PA 17036-8716 717-657-3030	FP	MAISH III, MD, GEORGE O 241 TOWNHOUSE HERSHEY PA 17033-2379 MALIN, MD, THOMAS H 99 NOVEMBER DR CAMP HILL PA 17011-5064 717-761-8644	GS	MEENEY, MD, ALFRED W 777 E PARK DR HARRISBURG PA 17111-2738 MERCER, MD, KENNETH A 200 SHAMOKIN ST HARRISBURG PA 17110 717-782-2100	*PD	NICHOLS, MD, CLAUDE E 1727 N 6TH ST HARRISBURG PA 17102-1108 NOLTE, DO, ROBERT S 606 LOPAX RD HARRISBURG PA 17112-4358 717-782-3131	GP	PEASE, MD, WILLIAM E 1000 N FRONT ST WORMLEYSBURG PA 17043-1034 717-731-0101	CD
LEHMAN, MD, RALPH A PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-8807	NS	MAISH III, MD, GEORGE O 241 TOWNHOUSE HERSHEY PA 17033-2379 MALIN, MD, THOMAS H 99 NOVEMBER DR CAMP HILL PA 17011-5064 717-761-8644	GS	MEENEY, MD, ALFRED W 777 E PARK DR HARRISBURG PA 17111-2738 MERCER, MD, KENNETH A 200 SHAMOKIN ST HARRISBURG PA 17110 717-782-2100	*PD	NICHOLS, MD, CLAUDE E 1727 N 6TH ST HARRISBURG PA 17102-1108 NOLTE, DO, ROBERT S 606 LOPAX RD HARRISBURG PA 17112-4358 717-782-3131	GP	PEASE, MD, WILLIAM E 1000 N FRONT ST WORMLEYSBURG PA 17043-1034 717-731-0101	R
LEHMAN, MD, RUBY V 63 E MAIN ST MIDDLETOWN PA 17057-1825	PD	MAISH III, MD, GEORGE O 241 TOWNHOUSE HERSHEY PA 17033-2379 MALIN, MD, THOMAS H 99 NOVEMBER DR CAMP HILL PA 17011-5064 717-761-8644	GS	MEENEY, MD, ALFRED W 777 E PARK DR HARRISBURG PA 17111-2738 MERCER, MD, KENNETH A 200 SHAMOKIN ST HARRISBURG PA 17110 717-782-2100	*PD	NICHOLS, MD, CLAUDE E 1727 N 6TH ST HARRISBURG PA 17102-1108 NOLTE, DO, ROBERT S 606 LOPAX RD HARRISBURG PA 17112-4358 717-782-3131	GP	PEASE, MD, WILLIAM E 1000 N FRONT ST WORMLEYSBURG PA 17043-1034 717-731-0101	CD
LEIS, MD, DEAN J 825 FISHBURN RD HERSHEY PA 17033-2015 717-533-7400	FP	MAISH III, MD, GEORGE O 241 TOWNHOUSE HERSHEY PA 17033-2379 MALIN, MD, THOMAS H 99 NOVEMBER DR CAMP HILL PA 17011-5064 717-761-8644	GS	MEENEY, MD, ALFRED W 777 E PARK DR HARRISBURG PA 17111-2738 MERCER, MD, KENNETH A 200 SHAMOKIN ST HARRISBURG PA 17110 717-782-2100	*PD	NICHOLS, MD, CLAUDE E 1727 N 6TH ST HARRISBURG PA 17102-1108 NOLTE, DO, ROBERT S 606 LOPAX RD HARRISBURG PA 17112-4358 717-782-3131	GP	PEASE, MD, WILLIAM E 1000 N FRONT ST WORMLEYSBURG PA 17043-1034 717-731-0101	R
LEVIN, MD, DANIEL M 5036 WOODBOX LN MECHANICSBURG PA 17055-4808	IM	MAISH III, MD, GEORGE O 241 TOWNHOUSE HERSHEY PA 17033-2379 MALIN, MD, THOMAS H 99 NOVEMBER DR CAMP HILL PA 17011-5064 717-761-8644	GS	MEENEY, MD, ALFRED W 777 E PARK DR HARRISBURG PA 17111-2738 MERCER, MD, KENNETH A 200 SHAMOKIN ST HARRISBURG PA 17110 717-782-2100	*PD	NICHOLS, MD, CLAUDE E 1727 N 6TH ST HARRISBURG PA 17102-1108 NOLTE, DO, ROBERT S 606 LOPAX RD HARRISBURG PA 17112-4358 717-782-3131	GP	PEASE, MD, WILLIAM E 1000 N FRONT ST WORMLEYSBURG PA 17043-1034 717-731-0101	CD

PERNA, MD, FRANCIS X 1521 CEDAR CLIFF DR CAMP HILL PA 17011-7706 717-737-9044	IM	RAZZINO, MD, RICHARD A 800 POPLAR CHURCH RD CAMP HILL PA 17011 717-763-0510	GS	SAMUELS, MD, TODD L NEUROLOGY CENTER, PC CAMP HILL PA 17011-2250 717-975-8585	* N	SHAW III, MD, LEWIS C 2039-G RALEIGH RD HUMMELSTOWN PA 17036-8950 717-782-4686	* EM	SROUJI, MD, SAMIR J 3438 TRINDLE RD CAMP HILL PA 17011-4436 717-763-4888	PS
PEROUTKA, MD, KATHRYN 245 S HOMESTEAD DR LANDISVILLE PA 17538-1378 717-761-8740	ON	REDDY, MD, PATRICIA A 2301 PAXTON CHURCH RD HARRISBURG PA 17110-9688 717-540-8485	GVN	SANDERSON, MD, DOUGLAS K GRANDVIEW CORPORATE PLACE CAMP HILL PA 17011-1756 717-763-1560	* ORS	SHENAI, MD, PUNDALIK G PO BOX 5808 HARRISBURG PA 17110-0808 717-236-4877	AN	STANKOVIC, MD, LJUBISA 797 POPLAR CHURCH RD CAMP HILL PA 17011-2314 717-763-4383	IM
PETERS, DO, DAVID J 302 ROBIN RD HERSHEY PA 17033-1855 717-531-8521	IM	REICHWEIN, MD, RAYMOND K 906 HAMILTON CIR HARRISBURG PA 17111-3529 717-531-8521	N	SANFORD, MD, ROBERT G 650 POPLAR CHURCH RD CAMP HILL PA 17011-1837 717-761-3505	RHU	SHERMAN, MD, ALFRED J 307 MONTROSE ST HARRISBURG PA 17110-1458 717-531-8521	OBG	STEIN, MD, ELEANOR R FOULKEWAYS B5 GWYNEDD PA 19436 717-531-8521	PD
PHEASANT, MD, THOMAS R 220 GRANDVIEW AVE CAMP HILL PA 17011-1706 717-761-8688	OPH	REILLY, MD, DESMOND J 4200 JONATHAN LN HARRISBURG PA 17110-3314 717-233-5116	AN	SANGILLO, MD, CATHLEEN K 2417 W BAYBERRY DR HARRISBURG PA 17112-1040 717-732-8877	* FP	SHILLING, MD, JACK W 14 CHEVY CHASE HERSHEY PA 17033 717-531-8521	* OPH	STENE, MD, JOHN K 851 PROVIDENCE CIR HUMMELSTOWN PA 17036-9753 717-531-8434	AN
PHILLIPS, MD, PAUL F PO BOX 5622 HARRISBURG PA 17110-0622 717-238-2266	P	REYNOLDS, MD, HERBERT Y 226 E CARACAS AVE HERSHEY PA 17033-1309 717-531-5017	IM	SANGILLO, MD, MARIO M 2645 N 3RD ST STE 150 HARRISBURG PA 17110-2001 717-732-9774	PN	SHRIFT, MD, CRAIG A 1011 S WATERFORD WAY MECHANISBURG PA 17055-7654 717-737-9181	PD	STERLING, MD, NANCY I 3 FOX RUN RD HUMMELSTOWN PA 17036-8609 717-233-3225	AN
PHILLIPS, MD, VERNON R 2440 LINCOLN ST CAMP HILL PA 17011-3637 717-761-2245	FP	RICCI, MD, JOSEPH A 443 WOODCREST DR MECHANISBURG PA 17055-6809 717-763-3334	IM	SANTO, MD, JEAN L 2447 N 3RD ST HARRISBURG PA 17110-3203 717-236-3361	AN	SICKEL, MD, EDWARD F 2645 N 3RD ST STE 120 HARRISBURG PA 17110-2001 717-236-1070	OTO	STEWART, MD, RICHARD P 1501 N FRONT ST HARRISBURG PA 17102-2523 717-238-8751	DR
PHOOKAN, MD, GAUTAM 165 UNIVERSITY MNR E HERSHEY PA 17033-2821	GS	RICH, MD, JAMES F 4 CONESTOGA LN MECHANISBURG PA 17055-8214	* IM	SASSANI, MD, JOSEPH W HERSHEY MED CTR DEPT OF OPHTH HERSHEY PA 17033-1878 717-531-8129	OPH	SIGUENZA, MD, ROBERT F 245 N 26TH ST CAMP HILL PA 17011-3621 717-432-5430	GE	STONER, MD, JOHN C 1900 BRIDGE ST NEW CUMBERLAND PA 17070-1127 717-774-7041	* GP
PICCINI, MD, PAUL A 1000 N FRONT ST WORMLEYSBURG PA 17043-1034 717-731-0101	CD	RICHARDS, MD, ANDREW J 1511 N FRONT ST HARRISBURG PA 17102 717-232-4567	CRS	SAUERTEIG, MD, ELLIOTT A 2337 N 3RD ST HARRISBURG PA 17110-1816 717-234-8772	OBG	SILVA, MD, GAYANI P 4601 DEVONSHIRE RD HARRISBURG PA 17109 717-652-1212	FP	STONER, MD, MAX A 3381 ARLETTE DR NAPLES FL 33942-1512 717-531-8187	PM
PIERCE, MD, WILLIAM S PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-8328	TS	RIFE, MD, CHARLES J 1849 FISHER RD MECHANISBURG PA 17055-5116	OPH	SAXON, MD, JOSEPH G 108 RIDGEWOOD DR CAMP HILL PA 17011-1627 717-761-2320	P	SILVER, MD, LAWRENCE B 1800 LINGLESTOWN RD STE 404 HARRISBURG PA 17110-3343 717-232-8741	PD	STRATIS, MD, JOHN P 816 BELVEDERE ST CARLISLE PA 17013-4001 717-249-0100	* PS
PINK, MD, STUART B 856 CENTURY DR MECHANISBURG PA 17055-4375 717-697-3304	CD	ROCHMAN, MD, ALAN J RR 2 BOX 2400 DUNCANNON PA 17020-9640 717-589-3144	FP	SAYE JR, MD, WILLIAM H 100 COLONIAL RD HARRISBURG PA 17109-6218 717-652-5063	D	SIMMONS, MD, MARY A 1811 WARREN ST NEW CUMBERLAND PA 17070-1148 717-761-7400	OBG	STROCK, MD, BRADFORD K 600 W MAIN ST MECHANISBURG PA 17055-3245 717-531-8187	FP
PIPER, MD, JEFFREY G 92 TUSCARORA ST HARRISBURG PA 17104 717-232-0843	OPH	RODAS, DO, RAUL A 222 LAUREL DR HERSHEY PA 17033-2623 717-533-8807	NS	SCHAEFEN, MD, WENDY COWLEY ASSOCT CAMP HILL PA 17011-2223 717-761-7400	IM	SIMONS, MD, RICHARD J 1253 STONEGATE RD HUMMELSTOWN PA 17036-9789 717-531-8390	HEM	STRYKER, MD, JOHN A 1044 BEECH AVE HERSHEY PA 17033-2207 717-531-8024	RO
POLACHEK JR, MD, WILLIAM J 99 NOVEMBER DR CAMP HILL PA 17011-5064 717-761-8644	ORS	RODRIGUEZ, MD, RODOLFO E 13355 NW 9TH LN MIAMI FL 33182-2225	GP	SCHAEFER, MD, DAVID N 475 GOVERNOR RD HERSHEY PA 17033-2217 717-534-2793	PD	SKEEHAN, MD, THOMAS M 890 POPLAR CHURCH RD STE 312 CAMP HILL PA 17011-2250 717-975-0500	IM	STURTZ, MD, KRAIG W 1691 BRITANNIA CT HARRISBURG PA 17112-8542 717-531-8246	PTH
POLES, DO, GWENDOLYN A 1114 ABERDEEN CT HARRISBURG PA 17111-4760 717-232-9971	IM	ROHLAND, MD, DONALD V 340 BLACKLATCH LN CAMP HILL PA 17011-8412	IM	SCHER, MD, DAVID L 856 CENTURY DR MECHANISBURG PA 17055-4375 717-697-3304	OPH	SKOTNICKI, DO, ROBERT A 856 CENTURY DR STE A MECHANISBURG PA 17055-4375 717-697-3304	AN	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	* P
POLK, MD, MIRIAM R 321 NORTH ST MILLERSBURG PA 17061-1619	* OS	ROHNER JR, MD, THOMAS J PENN STATE UNIVERSITY HOSP HERSHEY PA 17033-0850 717-531-8849	U	SCHIER, MD, JOHN C 161 S 32ND ST CAMP HILL PA 17011-5102 717-763-1700	CD	SMELTZER, MD, KENNETH L PLAZA 21 CAMP HILL PA 17011-2223 717-761-7400	AN	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
POOL, MD, CHAMPE C 514 ALBRIGHT DR MECHANISBURG PA 17055-4301	ORS	ROHRBAUGH JR, MD, CHARLES M 331 SCHUYLKILL ST HARRISBURG PA 17110-1930 717-236-3095	OBG	SCHROEDER, MD, JOHN J 220 GRANDVIEW AVE CAMP HILL PA 17011-1706 717-761-8688	OPH	SMITH, MD, DAVID A 709 HILLTOP DR NEW CUMBERLAND PA 17070-1723 717-774-0755	CD	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
POPAT, MD, ANJANA V 420 SIOUX DR MECHANISBURG PA 17055-2587	PD	ROSE, MD, JOEL E 4601 DEVONSHIRE RD HARRISBURG PA 17109-1547 717-652-1211	OBG	SCHROEDER, MD, JOHN C 161 S 32ND ST CAMP HILL PA 17011-5102 717-763-1700	* IM	SMITH, MD, DAVID A 709 HILLTOP DR NEW CUMBERLAND PA 17070-1723 717-774-0755	CD	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
PORITZ, MD, USA S 2069 RALEIGH RD APT C HUMMELSTOWN PA 17036-8713	GS	ROTH JR, MD, GEORGE R 920 CENTURY DR MECHANISBURG PA 17055-4351 717-697-5800	DR	SCHUCKER, MD, FORREST A 890 POPLAR CHURCH RD STE 501 CAMP HILL PA 17011-2250 717-761-1386	IM	SMITH, MD, ELLEN G HARRISBURG FAMILY PRACTICE HARRISBURG PA 17105-8700 717-231-8660	FP	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
PORTER, MD, ALBERT R 1 KELLOCKS RUN RD HUMMELSTOWN PA 17036-9182 717-652-5840	DR	ROUIMM, MD, ALAN D 650 POPLAR CHURCH RD CAMP HILL PA 17011-1837 717-761-3505	FP	SCHWARTZ, MD, GARY M 2140 FISHER RD MECHANISBURG PA 17055-5122 717-766-7232	NS	SMITH, MD, SANDRA J 2645 N 3RD ST STE 150 HARRISBURG PA 17110-2001 717-232-9774	PD	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
POTTER, MD, JEFFREY N 890 POPLAR CHURCH RD STE 108 CAMP HILL PA 17011-2250 717-737-9181	FP	RUBBO, MD, ERNEST R 2800 GREEN ST HARRISBURG PA 17110-1228 717-234-5976	RHU	SCHWARTZBERG, DO, PAUL M 314 HALLMARK S HERSHEY PA 17033-2337 717-531-8521	GS	SMITH JR, MD, J STANLEY PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-4404	PD	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
POWERS, MD, STEPHEN K PENN STATE UNIVERSITY MED CTR HERSHEY PA 17033-2391 717-531-8807	NS	RUBENSTEIN, MD, MORTON J 3712 WOODRIDGE DR HARRISBURG PA 17110-9523 717-766-1122	ORS	SCHWENKER, MD, EDWARDS P PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-7312	PD	SMITH JR, MD, PAUL H 645 12TH ST STE 300 LEMOYNE PA 17043-1219 717-763-7037	PD	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
PRATT, MD, DAVID S CHO HERSHEY PA 17033 717-534-4117	PUD	RUBIN, MD, MORTON L 207 HOUSE AVE STE 104 CAMP HILL PA 17011 717-730-4433	ORS	SEBASTIAN, MD, EUGENE F 4701 HUNT CIR HARRISBURG PA 17112-9543 717-761-1386	OPH	SOLLER, MD, HERBERT I PO BOX 710 HARRISBURG PA 17108-0710 717-236-5542	CRS	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
PROCOPIO, MD, FRANK 3 CAMPBELL PL CAMP HILL PA 17011-2530	PD	RUFFLE, MD, JOAN M PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-6133	PUD	SEIDEL, MD, FREDERICK J 117 N 5TH ST HALIFAX PA 17032-9414 717-692-4761	PD	SOLLER, MD, HERBERT I PO BOX 710 HARRISBURG PA 17108-0710 717-236-5542	U	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
PRUDENCIO JR, MD, JOSE N 12 CHRISMA DR CAMP HILL PA 17011-1004 717-540-1944	* U	RUSSEK, MD, EDWARD PO BOX 11845 HARRISBURG PA 17108-1845 717-233-5112	ORS	SEIDEL, MD, FREDERICK J 117 N 5TH ST HALIFAX PA 17032-9414 717-692-4761	PD	SOLLER, MD, HERBERT I PO BOX 710 HARRISBURG PA 17108-0710 717-236-5542	CRS	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
PRYADKO, MD, ALEKSEY 147 UNIVERSITY MNR HERSHEY PA 17033-2820	* AN	RUBIN, MD, MORTON L 207 HOUSE AVE STE 104 CAMP HILL PA 17011 717-730-4433	ORS	SEIDEL, MD, FREDERICK J 117 N 5TH ST HALIFAX PA 17032-9414 717-692-4761	PD	SOLLER, MD, HERBERT I PO BOX 710 HARRISBURG PA 17108-0710 717-236-5542	U	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
QUICKEL, MD, KENNETH E 400 ARLINGTON RD CAMP HILL PA 17011-2106	CD	RUFFLE, MD, JOAN M PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-6133	PD	SEIDEL, MD, FREDERICK J 117 N 5TH ST HALIFAX PA 17032-9414 717-692-4761	PD	SOLLER, MD, HERBERT I PO BOX 710 HARRISBURG PA 17108-0710 717-236-5542	CRS	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
QUIRK, MD, BRIAN C 4918 LOCUST LN HARRISBURG PA 17109-4535 717-545-4201	FP	RUSSEK, MD, EDWARD PO BOX 11845 HARRISBURG PA 17108-1845 717-233-5112	ORS	SEIDEL, MD, FREDERICK J 117 N 5TH ST HALIFAX PA 17032-9414 717-692-4761	PD	SOLLER, MD, HERBERT I PO BOX 710 HARRISBURG PA 17108-0710 717-236-5542	U	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
RABIN, MD, HAROLD S 1501 N FRONT ST HARRISBURG PA 17102-2523 717-761-7470	DR	RYCHAK, MD, JOHN S 2800 GREEN ST HARRISBURG PA 17110-1228 717-233-5914	* ORS	SEIDEL, MD, FREDERICK J 117 N 5TH ST HALIFAX PA 17032-9414 717-692-4761	PD	SOLLER, MD, HERBERT I PO BOX 710 HARRISBURG PA 17108-0710 717-236-5542	CRS	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
RAHAM, MD, DAVID C 907 BRIARCREST DR HERSHEY PA 17033-2212	FP	SACKMAN, MD, IRA 2151 LINGLESTOWN RD STE 300A HARRISBURG PA 17110-9453 717-652-6658	* CD	SEIDEL, MD, FREDERICK J 117 N 5TH ST HALIFAX PA 17032-9414 717-692-4761	PD	SOLLER, MD, HERBERT I PO BOX 710 HARRISBURG PA 17108-0710 717-236-5542	CRS	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
RAY, MD, SUBIR N 2645 N 3RD ST STE 280 HARRISBURG PA 17110-2091 717-233-6404	* GS	SALUS, DO, JOHN E 921 SAMOSET DR HARRISBURG PA 17109-4350	AN	SEIDEL, MD, FREDERICK J 117 N 5TH ST HALIFAX PA 17032-9414 717-692-4761	PD	SOLLER, MD, HERBERT I PO BOX 710 HARRISBURG PA 17108-0710 717-236-5542	CRS	SU, MD, SEAN 20 TALISMAN BLDG HERSHEY PA 17033-2255	OPH
		SAMKOFF, MD, JUDITH S 14 WILLIAMSBURG BLDG HERSHEY PA 17033-2241 717-564-8288	OS	SHAW, MD, JAMES A 3916 TRINDLE RD CAMP HILL PA 17011-4246 717-534-8535	ORS	SOTTO-HAMLIN, MD, ANGELA M 532 N FRONT ST WORMLEYSBURG PA 17043-1016 717-761-4141	GS	TANTUM, MD, KERMIT R RR 2 BOX 162 A HUMMELSTOWN PA 17036-9435 717-233-3225	AN
						SOTTO-HAMLIN, MD, ANGELA M 532 N FRONT ST WORMLEYSBURG PA 17043-1016 717-761-4141	GS	TANTUM, MD, KERMIT R RR 2 BOX 162 A HUMMELSTOWN PA 17036-9435 717-233-3225	AN
						SPIGNER, MD, DONALD W 3544 N PROGRESS AVE HARRISBURG PA 17110-9638 717-652-7266	FP	TANTUM, MD, KERMIT R RR 2 BOX 162 A HUMMELSTOWN PA 17036-9435 717-233-3225	AN
						SPOTS, MD, DOUGLAS A 6111 SPRINGFORD D APT O 3 HARRISBURG PA 17111-4816	FP	TANTUM, MD, KERMIT R RR 2 BOX 162 A HUMMELSTOWN PA 17036-9435 717-233-3225	AN

TIVAKARAN, MD, SANJEEVI C 17 UNIVERSITY MNR E HERSHEY PA 17033-2802 717-531-8692	N	WALTZ, MD, PAUL K PO BOX 2015 MECHANICSBURG PA 17055-2015 717-761-4141	CRS	YARNALL, MD, G WINFIELD 30 W LAUER LN CAMP HILL PA 17011-1318 717-558-1000	* IM	ARORA, MD, MANJU 667 S HEILBRON DR MEDIA PA 19063-4624 610-284-8301	DR	BIALAS, MD, ROBERT F 609 LAKEVIEW RD CLEARWATER FL 34616-3335 813-447-4536	PS
TKATCH, MD, USA S PO BOX 539 DILLSBURG PA 17019-0539 412-648-6616	ID	WARAVDEKAR, MD, NEIL V 1968 WEXFORD RD PALMYRA PA 17078-9248 717-531-6525	PUD	YATES, MD, JAMES A GRANDVIEW CORPORATE PL CAMP HILL PA 17011-1756 717-763-7814	PS	ARORA, MD, SAT P 1 MEDICAL CENTER BLVD STE 303 UPLAND PA 19013-3988 610-872-8501	NEP	BLAKE, MD, PAUL O 273 N LANDSDOWNE AVE LANDSDOWNE PA 19050-1245	* GP
TOLAN, MD, JEFFREY R LEIS BATTISTA & ASSOCIATES PC HERSHEY PA 17033-2015 717-533-7400	FP	WARD, MD, SAMUEL P 26 PRIMROSE RD HERSHEY PA 17033-2635 717-782-5228	PTH	YOUNG, MD, THOMAS A 890 POPLAR CURCH RD CAMP HILL PA 17011-3817 717-761-3875	IM	AROUH, MD, ALBERT 201 INDIAN CREEK RD WYNNWOOD PA 19096-3406 610-645-2802	R	BLOCK, MD, RONALD M 23 STURBRIDGE LN WAYNE PA 19087-5800 610-543-1881	* IM
TORCHIA, MD, JOSEPH A 207 HOUSE AVE STE 101 CAMP HILL PA 17011-2308 717-761-8331	IM	WASKO, MD, MARGERY L PO BOX 5098 HARRISBURG PA 17110 717-232-9971	PD	YOUNG, MD, WILLIAM W 2203 MARKET ST CAMP HILL PA 17011 717-975-7800	IM	ARSHT, DO, DAVID B 510 DARBY RD HAVERSTOWN PA 19083-4630 610-449-4500	* U	BOBMAN, MD, DAVID E 8 MORTON AVE STE 301 RIDLEY PARK PA 19078-2210 610-521-2008	IM
TORP, MD, LISA K 381 LAURIE AVE HUMMELSTOWN PA 17036-9720 717-531-8521	GS	WATKIN JR, MD, WALTER B 2645 N 3RD ST STE 230 HARRISBURG PA 17110-2001 717-233-6791	IM	ZAMBARANO, MD, THOMAS J 1501 N FRONT ST HARRISBURG PA 17102-2523 717-238-6751	DR	ARSHT, MD, EDWIN D 811 W WOODLAND AVE SPRINGFIELD PA 19064-1633 610-544-1149	FP	BOGDANOFF, MD, BRUCE M CROZER CHESTER MEDCL CTR CHESTER PA 19013 610-874-1184	N
TORRES, MD, LUIS E 75 UNIVERSITY MANOR E HERSHEY PA 17033	P	WEAVER, MD, MICHAEL A 9 SWARTHMORE HERSHEY PA 17033	AN	ZEIGLER JR, MD, MAURICE L 34 DEVONSHIRE SQ MECHANICSBURG PA 17055-6877	AN	ASHBY, MD, BONNIE L 3501 W CHESTER PIKE NO 201 NEWTOWN SO PA 19073-3704 610-353-6033	* IM	BOGUICKI, MD, EDWIN I 23 W CHESTER PIKE STE 200 RIDLEY PARK PA 19078-1629 610-521-1297	* PD
TOSTO JR, M, S THOMAS 4789 SWEETBRIAR TER HARRISBURG PA 17111	IM	WEBER, MD, DANIEL I 661 OLDE VENTURA FARM RD HUMMELSTOWN PA 17036-8501 717-231-8341	OBG	ZELIGER, DO, BERNARD I 5285 DEVONSHIRE RD HARRISBURG PA 17112 717-671-2663	* ORS	AVART, DO, HERBERT DELAWARE COUNTY MED CTR BROOMALL PA 19008 610-359-1134	PM	BONGIOVANNI, DO, ANDREW G 1272 PROVIDENCE RD SECANE PA 19018-2802 610-543-5700	IM
TRAIN, MD, HENRY D 1465 COLONIAL RD HARRISBURG PA 17112-1919 717-545-8846	OBG	WEIGEL, MD, JESSE A HARRISBURG HOSP HARRISBURG PA 17101-2010 717-782-3120	EM	ZIEGLER, MD, PENELOPE P PA MED SOCIETY HARRISBURG PA 17105-8820 717-558-2240	P	AYERS JR, MD, WILLIAM H 3001 GARRETT ROAD DREXEL HILL PA 19026 610-626-4665	GS	BOOR, MD, JOHN W 1128 DORSET DR WEST CHESTER PA 19382-8008 610-565-7010	N
TRASMONTE, MD, JOSEPH M V 57 UNIVERSITY MANOR E HERSHEY PA 17033-2807 717-531-8521	PD	WEISS, MD, STEPHEN M 2601 N 3RD ST HARRISBURG PA 17110-2098 717-782-2328	GS	ZIMMERMAN, MD, DAVID S 6 MARKET PLAZA WAY MECHANICSBURG PA 17055-5659 717-766-0228	GP	BABIACK, MD, OLESH 8 MINSHALL CIR GLEN MILLS PA 19342-1235 610-447-2108	AN	BOOTH, MD, KEVIN R 1245 HIGHLAND AVE STE 401 ABINGTON PA 19001 610-874-1184	* N
TRAUTLEIN, MD, JOSEPH J 6430 COLCHESTER AVE HARRISBURG PA 17111-3920 717-241-5705	IM	WENGER, MD, ALLEN S MEDICAL ARTS BLDG CAMP HILL PA 17011-2250 717-763-1174	U	ZIMMERMAN IV, MD, CLARK B 6202 STANFORD CT MECHANICSBURG PA 17055-5245	FP	BAIO, MD, MICHAEL V 5 BARLEYCORN DR BROOMALL PA 19008-4428 215-879-2400	* IM	BOOVA, MD, ROBERT S 101 S BRYN MAWR AVE STE 130 BRYN MAWR PA 19013-3120 610-527-1600	CDS
TRAVISANO, MD, FRANK J 423 N 21ST ST CAMP HILL PA 17011-2207 717-975-0900	CDS	WENGERT JR, MD, PAUL A 2626 N 3RD ST STE 2-B HARRISBURG PA 17110-2044 717-232-4112	GS	ZUCKERMAN, MD, ROBERT M 2151 LINGESTOWN RD STE 160A HARRISBURG PA 17110-9453 717-541-8066	AI	BALIN, MD, ARTHUR K 2129 PROVIDENCE AVE CHESTER PA 19013-5506 610-876-0200	D	BOSACCO, MD, DAVID N 1088 BALTIMORE PIKE STE 2302 MEDIA PA 19063 610-565-6445	* ORS
TRELLA, MD, JENNIFER M 545 ALISON DR APT 11 HUMMELSTOWN PA 17036-1800 717-531-8603	PD	WENNER, DO, DAVID R 609 REDWOOD ST HARRISBURG PA 17109-4722 717-766-1795	FP	ABRAMS, MD, PEGGY L CROZER CHESTER MED CTR CHESTER PA 19013 610-447-6776	PM	BALIN, MD, BENJAMIN R 829 JEFFERSON WAY WEST CHESTER PA 19380-6905 407-488-1680	GP	BOTTGER, MD, DAVID A 2100 KEYSTONE AVE STE 305 DREXEL HILL PA 19026-1129 610-259-0444	PS
TRIANO, MD, GENE J 1501 N FRONT ST HARRISBURG PA 17102-2523 717-238-6751	R	WERTIME, MD, CLARA G 930-A MENNONITE VLG CHAMBERSBURG PA 17201 WETMORE, MD, STANLEY M 809 MARKET ST LEMOYNE PA 17043-1518 717-737-7616	PD	ABRAMSON, MD, JOHN 252 LANKENAU MED BLDG E WYNNWOOD PA 19096-3427 610-896-7360	GE	BARD, MD, PENNY A 739 MUSTIN LN VILLANOVA PA 19085-2013 610-874-6448	AN	BOUCHER, MD, ROBERT M 68 BRYN MAWR AVE LANDSDOWNE PA 19050-1912 610-874-5366	OTO
TULCHINSKY, MD, MARK PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-5342	NM	WHITE, MD, WAYNE D 890 POPLAR CHURCH RD CAMP HILL PA 17011-2250 717-761-2941	IM	ACETO, MD, JOSEPH N 100 S SHADELAND AVE APT 206 DREXEL HILL PA 19026-2036	DR	BARR, MD, RICHARD G 15TH STREET AND UPLAND AVENUE UPLAND PA 19015 610-874-7111	PD	BOYD, MD, KENNETH J 1088 W BALTIMORE PK STE 2101 MEDIA PA 19063 610-565-3435	CRS
TURSKY, MD, ROSEMARIE J 432 PARMER DR HALIFAX PA 17032-9115	PD	WHITNEY, MD, JONATHAN P PLAZA 21 STE 21 CAMP HILL PA 17011 717-761-7400	OBG	ADESMAN, MD, MICHAEL B 400 WOODWARD RD ROSE VALLEY PA 19065-4227 610-876-2400	* CD	BARTKOWSKI, MD, RICHARD R T JEFFERSON UNIV HOSP ANES PHILADELPHIA PA 19107 215-955-7288	AN	BOYD, MD, ROBERT L 2100 KEYSTONE AVE DREXEL HILL PA 19026-1129 610-626-6318	ON
ULRICH, MD, SAMUEL D 3422 DERRY ST HARRISBURG PA 17111-1812 717-652-4121	OS	WIECKI, MD, MICHAEL J 20 HILLSIDE RD DAUPHIN PA 17018-9511 717-236-3361	IM	AGARWAL, MD, PASHA 503 VAN LEARS RUN VILLANOVA PA 19085-1023 215-779-7662	* PTH	BASH, MD, EVAN K ONE MEDICAL CENTER BOULEVARD UPLAND PA 19013 610-876-0347	ORS	BOYLE, MD, DENIS A 111 LONG LN UPPER DARBY PA 19082-3112 610-352-7816	PM
UNAL, MD, ABDURRAHMAN 775 S ARLINGTON AVE HARRISBURG PA 17109-5002 717-541-9240	TR	WIEGAND, MD, DAVID A PO BOX 317 PALMYRA PA 17078-9802 717-761-5556	AN	AGRAWAL, MD, UDAYAN 100 E GLENOLDEN AVE APT G6 GLENOLDEN PA 19036-2248	IM	BATCHELET, DO, RICHARD B 275 FIRETHORN DR WEST CHESTER PA 19382-8149 610-874-6448	AN	BOYLE JR, MD, DENIS A 111 LONG LN UPPER DARBY PA 19082-3112 610-352-7816	PM
VARMA, MD, NEENA 4601 DEVONSHIRE RD HARRISBURG PA 17109-1547 717-652-8001	PD	WILSON, MD, J EDWARD PO BOX 5834 HARRISBURG PA 17110-0834 717-232-4112	OTO	AL-KHORI, MD, FAREED F 56-14 REVERE RD DREXEL HILL 19026-5307	IM	BATIPPS JR, MD, PERCY O 608 SUMMER ST MEDIA PA 19063-1507	GP	BRADBOURD, DO, TRINA L 18 CEDAR HOLLOW DR WALLINGFORD PA 19086-6719 610-497-4040	FP
VICKERY, MD, JON L 108 LOWTHER ST LEMOYNE PA 17043-2012 717-774-2202	N	WISMAN, MD, CRAIG B 1024 MOUNT ALEM DR HUMMELSTOWN PA 17036-8900 717-975-0900	FP	ALDERFER, MD, GILL R PROFESSIONAL ARTS BLDG RIDLEY PARK PA 19078-1703 610-521-4311	OBG	BAUM, MD, SHELTON F LANKENAU HOSP WYNNWOOD PA 19096-3498 610-645-2428	NM	BRANCAZIO, DO, PASOALE 1088 W BALTIMORE PK STE 2205 MEDIA PA 19063 215-565-7010	N
VIOLAGO, MD, EDUARDO S 1008 BROOKWOOD DR MECHANICSBURG PA 17055-6765 717-782-2341	PM	WOLF, MD, ROBERT E 423 N 21ST ST STE 201 CAMP HILL PA 17011-2207 717-763-9383	PD	ALEXANDER, MD, CHARLES M 930 W SPROUL RD SPRINGFIELD PA 19064-1217 610-544-7070	OPH	BECK, MD, JEFFREY A 2886 EASTBURN AVE BROOMALL PA 19008-1006	IM	BRANDFASS, MD, W TAYLOR CROZER CHESTER MEDICAL CENTER CHESTER PA 19013 610-876-0347	ORS
VLAASKOV, MD, KAMEN V 121 UNIVERSITY MNR E HERSHEY PA 17033 717-531-6128	AN	WOLFF, MD, NORMAN M 205 GRANDVIEW AVE STE 205 CAMP HILL PA 17011-1708 717-763-7701	PD	ALEXANDER, MD, PAUL G RALSTON HOUSE PHILADELPHIA PA 19104-2676 215-898-4317	EM	BEDROSSIAN, MD, E HOWARD 4501 STATE RD DREXEL HILL PA 19026-4019 610-789-6565	* OPH	BRASLOW, MD, NORMAN H 1098 BALTIMORE PK STE 3402 MEDIA PA 19063 610-565-3250	PUD
VON RAGO, MD, LAWRENCE L 102 BARRINGTON CT PALMYRA PA 17078-9362 717-531-8821	P	WON, MD, KWAN H 3810 TRINDLE RD CAMP HILL PA 17011-4336 717-761-8877	GS	ALLEN JR, MD, SAMUEL D 100 GRANITE DR STE 104 MEDIA PA 19063-5134 610-565-2776	U	BENDER JR, MD, FRANK C 1025 BLYTHE AVE DREXEL HILL PA 19026-4212 610-649-1970	OPH	BRAUNFELD, DO, ROBERT 800 DERWYN RD DREXEL HILL PA 19026-1523 610-789-7140	* FP
WAGNER, MD, KRISTINA M 104 WALMAR MNR DILLSBURG PA 17019-1420	PD	WOODWARD, MD, EDWARD G 4000 VINE ST MIDDLETOWN PA 17057 717-948-4150	CDS	ANDERSON, MD, RONALD B 1098 W BALTIMORE PK STE 3307 MEDIA PA 19063-5139 610-565-5082	RHU	BENESKI, MD, DANIEL A 210 SCHOOL HOUSE LN GLEN MILLS PA 19342-1103 610-237-4280	GS	BRENNER, MD, ANGUS L 40 ASHTON WAY WEST CHESTER PA 19380-6900	OBG
WALDHAUSEN, MD, JOHN A PENN STATE UNIV MED CTR HERSHEY PA 17033-0850 717-531-4992	CDS	WUERZ, MD, RICHARD C PENN STATE UNIVERSITY MED CTR HERSHEY PA 17033-0850 717-531-8955	OTO	ANDRIES, MD, RAYMOND C 300 SYCAMORE MILLS RD MEDIA PA 19063-2030 610-259-7600	* AN	BELL, MD, JAMES B 1275 SOUTHGATE RD WEST CHESTER PA 19382 610-565-6805	IM	BRILL, MD, JOSEPH M RIDDLE VILLAGE MEDIA PA 19063-6035	US
WALKER, MD, JAMES L PENN STATE UNIV MED CTR PSY HERSHEY PA 17033-0850 717-531-8338	P	YANOFSKY, MD, CHARLES S 108 LOWTHER ST LEMOYNE PA 17043-2012 717-724-2202	* PS	ANNESLEY JR, MD, WILLIAM H 256 LANKENAU MED BLDG E WYNNWOOD PA 19096-3427 610-649-1970	OPH	BEPFLER, MD, CHARLES R 312 E SECOND ST MEDIA PA 19063-3033 610-565-4201	PD	BRISKIN, MD, JONATHAN A 733 OLD LANCASTER RD BRYN MAWR PA 19010-3337 610-527-0401	PTH
WALLENDJACK, MD, JOHN C 2601 MARKET PLACE ST HARRISBURG PA 17110-9878 717-540-6774	* IM		OTO	ANTONELLO JR, MD, ANTHONY 1098 W BALTIMORE PK STE 3302 MEDIA PA 19063-5105 610-565-6780	OPH	BERGMAN, MD, MARTIN J 8 MORTON AVE STE 304 RIDLEY PARK PA 19078-2210 610-521-1701	* AN	BROD, MD, ROBERT C RIDDLE HEALTH CARE CENTER MEDIA PA 19063-5105 610-565-7810	CD
WALLIN, MD, THOMAS E 1 LEMOYNE SO STE 201 LEMOYNE PA 17043-1227 717-737-4511	OBG		OBG	APPLEGATE, MD, RUSSEL C RIDDLE HEALTH CARE CENTER II MEDIA PA 19063-5136 610-566-6516	PD	BERNETT, MD, GARY B 2245 GARRETT RD DREXEL HILL PA 19026-1101 610-626-0940	RHU	BROOKS JR, MD, CLINT E 312 E SECOND ST DREXEL HILL PA 19026-1129 610-626-8112	GS
WALLOWER, DO, LORI L 7723 W VALLEYVIEW AVE HARRISBURG PA 17112 717-533-3101	FP		EM	ARMAO, MD, JOSEPH J 557 E SPRINGFIELD RD SPRINGFIELD PA 19064-3335 610-543-1661	FP		RHU	BROWN, DO, MARION L 911 HILLTOP DR LEWISBURG PA 17837-9521 717-387-2413	OBG
WALSH, MD, DOUGLAS M 1821 FULTON ST HARRISBURG PA 17110 717-232-9971	PD		N	ARMITAGE, MD, HARRY V 1032 GENERAL LAFAYETTE BLVD WEST CHESTER PA 19382-8062	GS		IM	BRUNNER, MD, DOUGLAS J 175 E CHESTER PIKE RIDLEY PARK PA 19078-2212 610-595-6542	PM

DELAWARE

BUCCO, DO, MARIA C 3001 GARRETT RD DREXEL HILL PA 19056-2216 610-626-0111	* IM	COLEMAN, MD, MARTIN R LLANERCH MEDICAL CENTER HAVERTOWN PA 19083-4630 610-446-0560	ORS	DIMAGGIO, MD, OLIVIA T 2500 N PROVIDENCE RD MEDIA PA 19063-1905 610-565-1945	PD	FIRPO JR, MD, JOHN J 2100 KEYSTONE AVE STE 703 DREXEL HILL PA 19026-1129 610-284-0550	* NEP	GIAMMATTEI, MD, FRANK P CROZER CHESTER MEDICAL CTR CHESTER PA 19013 610-872-3364	ORS
BULLOCK, MD, BRIAN W HAVERFORD FAMILY MEDICINE HAVERFORD PA 19041-1139 610-649-6400	* FP	COLEMAN-BRACKEN, DO, BARBARA A MERCY FITZGERALD MED OFF BLDG DARBY PA 19023 610-534-6230	IM	DIMARCO, DO, ANTHONY E 127 SOLTNER DR KENNETT SQUARE PA 19348-1444 610-358-1301	* FP	FISCHER, MD, STEVEN W 2112 PROVIDENCE AVE CHESTER PA 19013-5507 610-874-5366	OTO	GIBBONS, MD, JACQUELYN H 2500 N PROVIDENCE RD MEDIA PA 19063-1905 610-565-1945	PD
BUSILLO, MD, NICHOLAS A 6245 ELMWOOD AVE PHILADELPHIA PA 19142-2907 215-729-0199	IM	CONDON, MD, ROBERT H ONE MEDICAL CENTER BLVD UPLAND PA 19013 610-447-2426	* PM	DIWAN, MD, KANTA 34 SPRINGTON POINTE RD NEWTOWN SQUARE PA 19073-3930 610-565-2754	GP	FISHER, DO, JON S 1277 DOGWOOD DR JAMISON PA 18929-1189 610-237-8740	FP	GIBSON, MD, WILLIAM B 907 HEATHDALE LANE WALLINGFORD PA 19086-1647 610-565-1945	D
CALEB, MD, MAE H 501 ELM AVENUE SWARTHMORE PA 19081-1116 610-543-2737	* IG	CONROY, DO, ELLEN D 12 ORCHARD LN WALLINGFORD PA 19086-6707 610-447-2426	FP	DIWAN, MD, SATYENDRA K 34 SPRINGTON POINTE DR NEWTOWN SQUARE PA 19073-3930 610-565-2754	P	FITZMAURICE, MD, JOHN W 5151 ISLA KEY BLVD S APT 420 ST PETERSBURG FL 33715-1635 610-237-8740	GP	GILLIGAN, MD, FRANK P SALEM PARKE 106 OAK CINCINNATI OH 45230-2743 610-565-1945	US
CAMP, MD, MARK O 642 E CHESTER PIKE RIDLEY PARK PA 19078-1701 610-532-3622	IM	CONSTANTINE, MD, GINGER D 29 LONG LN MALVERN PA 19355-2947 610-566-8342	RHU	DOBKIN, MD, STEPHEN F 2100 KEYSTONE AVE STE 307 DREXEL HILL PA 19026-1129 610-259-3000	U	FITZPATRICK, MD, LUCRETIA A 125 CLAMAR AVE HAVERTOWN PA 19083-4907 610-447-2755	PM	GINSBURG, MD, DAVID S PROF ARTS BLDG RIDLEY PARK PA 19078-1703 610-521-4311	OBG
CAMPBELL, MD, KEVIN M 1720 DORHAM CT BLUE BELL PA 19422-2909 610-237-4228	* AN	CONSTANTINE, MD, JAY J PROVIDENCE MEDICAL CENTER MEDIA PA 19063 610-566-8342	END	DODDS, MD, H THOMAS 62 LANKENAU MEDICAL BLDG EAST WYNNWOOD PA 19096 610-642-2099	* OPH	FITZPATRICK, MD, MARCIA A 3 WESTBRAE LN GREENVILLE DE 19807-2026 610-642-9050	* PS	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	OPH
CARBO, DO, ANTHONY P 105 KELLY LN MEDIA PA 19063-2018 610-595-6458	EM	COOK, MD, WILLIAM L 5219 LEPARC DR UNIT 3 WILMINGTON DE 19809 610-566-8342	GP	DOHERTY, DO, JOHN M 5000 CHICHESTER AVE ASTON PA 19014-2324 610-485-0990	GP	FITZPATRICK, MD, RUTHANN P ENDOCRINOLOGY ASSOC CCMC-POB UPLAND PA 19013 610-872-8200	* END	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	OBG
CARLSON, MD, ERIC J 1501 LANDSOWNE AVE STE 304 DARBY PA 19023 610-532-8222	OTO	COOPER, MD, JOSEPH H 265 E GOLF VIEW ROAD ARDMORE PA 19003-1717 610-645-2617	CLP	DOMBKOSKI, MD, RUTH A 130 NORTH VILLAGE LANE CHADDS FORD PA 19317-9328 610-447-6079	AN	FITZSIMMONS, MD, AMY S 108 W GREENWOOD AVE LANDSOWNE PA 19050-1866 610-449-8400	PM	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	CD
CARRATO, MD, ANTHONY M 508 FAIRMONT RD HAVERTOWN PA 19083-1816 215-955-6864	GS	COOPER JR, MD, E NEWBOLD 15 ORCHARD LN WALLINGFORD PA 19086-6707 610-447-2426	AN	DOMINGO, MD, ORVILLE H 772 E PROVIDENCE RD BLDG B ALDAN PA 19018-4321 610-348-3440	GS	FISCHER, MD, LEROY B 19 N WYOMING AVE ARDMORE PA 19003-1406 610-353-5840	PS	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	AN
CARROLL, MD, WILLIAM L 5848 W CHESTER PIKE EDGEMONT PA 19028 610-325-9200	FP	CORNACCHIA, DO, DAMIAN J 7 CHRISTINA LANE GLENMILLS PA 19342-1724 610-595-6480	IM	DORFMAN, MD, MURRAY L 1001 CITY LINE AVENUE WYNNWOOD PA 19096 610-649-5667	GP	FLORES, MD, MARIA L 252 PHILIP PL PHILADELPHIA PA 19106-3902 610-237-4722	IM	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	IM
CARSON, MD, CHARLES P TAYLOR HOSP RIDLEY PARK PA 19078 610-595-6455	* PTH	COYLE, MD, WILLIAM A BOX 668 MEDIA PA 19063-0668 610-595-6455	US	DUCKETT, MD, JAMES E 51 N 39TH ST PHILADELPHIA PA 19104-2640 215-662-8244	AN	FORNWALT, MD, GEORGE R 1035 KENNETH WAY WEST CHESTER PA 19380-5730 610-565-8600	OBG	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	PD
CASS, MD, PAUL T 148 W STATE ST KENNETT SQUARE PA 19348 610-444-6350	IM	CRAPARO, MD, JOCELYN L 234 BRYN MAWR AVE STE 100 BRYN MAWR PA 19010 610-525-6400	* OBG	DUPONT, DO, DANIEL C 1 BARTOL AVE STE 14 RIDLEY PARK PA 19078 610-521-4400	PUD	FOX, MD, ROGER E 38 TOFT WOODS WAY MEDIA PA 19063-4336 610-565-8600	IM	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	IM
CELLINI, MD, L LUKE 4225 EDGMONT AVE BROOKHAVEN PA 19015-2315 610-876-7111	FP	D'ANGELO, DO, DAVID W 2608 RADCLIFFE RD BROOMALL PA 19008-2115 610-566-8664	GS	EBBA, MD, CELSUS I DARBY MEDICAL ASSOC DARBY PA 19023-2193 610-461-2440	* IM	FRANK, MD, BARBARA B 409 RICHARD KNOLL HAVERFORD PA 19041-1919 215-762-8101	GE	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	CD
CHADAGA, MD, P C S 110 INVERNESS DR BLUE BELL PA 19422 610-292-9785	R	DALLARA, MD, CHARLES A 436 S LANDSOWNE AVE YEADON PA 19050-2443 610-626-4665	GS	EBERLY, MD, DAVID E CHESLEY OFFICE CAMPUS MEDIA PA 19063 610-565-8600	IM	FREELAND, MD, GEORGE R 54 NEWPORT DR WAYNE PA 19087 610-341-5779	GP	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	IM
CHATTERJEE, MD, MINAKSHI 633 W RITTENHOUSE ST # 614B PHILADELPHIA PA 19144-4302	P	DAVIS, MD, PAUL K 101 BRYN MAWR AVE STE 130 BRYN MAWR PA 19010 610-527-1600	CDS	EICHNER, MD, LAMBERT G 7 DAVIS AVE BROOMALL PA 19008-2103 610-356-3327	IM	FREES, MD, ANDREW 18 FAWN LANE HAVERFORD PA 19041-1116 215-662-4000	NS	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	* OBG
CHAU, MD, DEMING 400 S LANDSOWNE AVE APT A8 LANDSOWNE PA 19050-2409 215-602-2289	IM	DE SANTIS, MD, DONALD 204 E CHESTER PIKE RIDLEY PARK PA 19078-1730 610-521-4833	* GS	EISEN, MD, CAROLE L 16 ORCHARD LN ROSE VALLEY PA 19086-6707 610-595-6090	IM	FRIEDLANDER, MD, MARK S 630 LORAIN ST ARDMORE PA 19003 610-896-5657	* CHP	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	CD
CHAUDHRI, MD, MUNAWAR S 167 SPROUL RD VILLANOVA PA 19085-1326 215-739-2591	PTH	DEBARKER, MD, CAROL J LANKENAU HOSP WYNNWOOD PA 19096 610-645-3185	PM	EISENHOWER-TURNER, MD, EDITH S 16 BRIARCREST DR WALLINGFORD PA 19086-6710 610-566-6664	P	FRIEDMAN, MD, DONALD CROZER CHESTER MED CENTER CHESTER PA 19013 610-876-8882	RHU	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	PD
CHEN, MD, CHIJEN LANKENAU MED SCIENCE BLDG WYNNWOOD PA 19096-3427 610-642-1908	GS	DECAIRO, MD, MARY M 62 GRADYVILLE RD GLEN MILLS PA 19342-1701 610-328-4340	FP	ELIA, MD, EUGENE A 510 DARBY RD HAVERTOWN PA 19083-4630 610-449-8499	ORS	FRIEDMAN, MD, JEFFREY M 847 GARRETT LN SPRINGFIELD PA 19064-3713 610-876-8882	PM	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	PD
CHERNOFF, MD, ROBERT W PROFESSIONAL ARTS BUILDING RIDLEY PARK PA 19078-1713 610-521-3333	IM	DEES-PORCH, MD, FRANCES MEADOWWOOD AT WORCESTER LANSDALE PA 19446 610-521-3333	OBG	ELKIN, MD, RODNEY M 1440 CONCHETER HWY STE 5A BOOTHWYN PA 19061 610-459-3722	IM	FROMELL, MD, GREGG J 701 LAWSON AVE HAVERTOWN PA 19083-4109 215-662-7310	* IM	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	* IM
CHITALE, MD, VIDYADHAR S CROZER CHESTER MEDICAL CENTER CHESTER PA 19013 610-874-4044	* NS	DEFALCIS, DO, DELPHY F 21 TENBY RD APT 2 HAVERTOWN PA 19083-5312 610-447-6707	US	ELLIS, MD, DAVID J 602 PORTLEDGE DR BRYN MAWR PA 19010-1154 610-525-6580	U	FURIA, MD, FREDERICK A 21 MARPLE RD HAVERFORD PA 19041-1025 610-876-8882	* CD	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	FP
CHOGICH, MD, JOHN C 419 WAYNESBROOKE RD BERWYN PA 19312-2061	R	DEGUZMAN-CAM, MD, BRIGIDA 2100 KEYSTONE AVE STE 302 DREXEL HILL PA 19026-1129 610-626-7534	* OBG	EMANUEL, MD, E STEPHEN DEL COUNTY MED BLDG STE 12 BROOMALL PA 19008-3504 610-356-8426	* OBG	GAARY, MD, ALVIN E 320 CHERRY LN WYNNWOOD PA 19096-1719 215-335-6200	* AN	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	PD
CHRISTIE, DO, PETER N 1215 W BALTIMORE PIKE STE 13 MEDIA PA 19063-5501 610-565-1919	FP	DELGUERCIO, MD, EDMUND T 1501 LANDSOWNE AVE STE 201 DARBY PA 19023-1333 610-534-6230	IM	ESPOSITO, MD, JOHN C 226 E SPRINGFIELD RD SPRINGFIELD PA 19064-3221 610-544-0404	A	GABROY, MD, ALLEN S 204 E CHESTER PIKE RIDLEY PARK PA 19078-1730 610-521-4833	* GS	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	CD
CHUIPEK, MD, STEPHANIE A 515 WESTMINSTER AVE SWARTHMORE PA 19081-2428 610-447-6707	NPM	DELONE JR, MD, FRANCIS X PAVILION BLDG UPLAND PA 19013-3995 610-876-6269	PS	FABUIS, MD, RAYMOND J 20 STANFIELD AVENUE BROOMALL PA 19008-2743 215-283-8694	OS	GALATI, MD, VICTOR G 2100 KEYSTONE AVE STE 407 DREXEL HILL PA 19026-1129 610-394-9860	PUD	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	ORS
CIANCICULLI, MD, FRANCIS D 1098 W BALTIMORE PK MEDIA PA 19063-5136 610-565-3250	PUD	DEMEDIO, MD, WILLIAM J 46 GREENHILL RD SPRINGFIELD PA 19064-2510 610-284-8444	FP	FEDDER, MD, STEPHEN L LANKENAU MEDICAL BLDG E WYNNWOOD PA 19096-3427 215-662-7854	NS	GARTLAND, DO, CHARLES J A 710 LONG LN UPPER DARBY PA 19082 610-876-8882	IM	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	N
CIRILLO JR, MD, ROBERT L 5509 BAYRIDGE DR HILLIARD OH 43026	US	DENNISON, MD, MARIA M 1952 WINDMOOR PL ST LOUIS MO 63131	OS	FEDERMAN, MD, JAY L 160 LANKENAU MOB E WYNNWOOD PA 19096-3425 610-896-0768	OPH	GARTNER, MD, WILLIAM S 627 BRIGHTON TER HOLMES PA 19043-1009 610-876-8882	GP	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	IM
CLARE, MD, HENRY E 1127 YELLOW SPRINGS RD MALVERN PA 19355-9750 610-889-7466	* P	DERIVAN, MD, ALBERT T 226 HARDWICKE LN VILLANOVA PA 19085-1405 610-341-5782	* P	FELSHER, MD, JONATHAN C CCMC PROF OFF BLDG I STE 203 UPLAND PA 19015 610-874-6262	* CD	GERHARD, MD, WILHELM CROZER CHESTER MEDICAL CTR CHESTER PA 19013 610-872-2000	OTO	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	FP
CLARK, MD, JAMES E 5 WELLESLEY RD SWARTHMORE PA 19081-1232 610-874-6600	NEP	DERKRIKORIAN, MD, HAGOP L 1088 W BALTIMORE PIKE MEDIA PA 19063-5136 610-566-7787	NS	FINK JR, MD, ALBERT H #5 THE CLUSTERS CHESLEY OFF MEDIA PA 19063 610-565-8600	IM	GEVJAN, MD, ARMEN H 536 DOGWOOD PL NEWTOWN SQUARE PA 19073-4403 610-872-2000	GS	GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	DR
CLAY, MD, STEPHEN N 249 N ALDEN ST PHILADELPHIA PA 19139-1222 610-874-6231	* IM	DIEPHAUS, MD, MARY E 452 LANKENAU MED BLDG E WYNNWOOD PA 19096 610-896-8840	OBG	FIRME, MD, STEVE RANDAL E 1000 WALNUT ST APT 1607 PHILADELPHIA PA 19107-5521 302-425-1824	PD			GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	
COHEN, DO, WILLIAM L 234-A PENNELL RD ASTON PA 19014-1853 610-497-4040	* GP	DILIBERTO, DO, THOMAS A RD 2 MALVERN PA 19355-9802	R					GINSBURG, MD, LEONARD H RETINA & DIABETIC EYE INST HAVERTOWN PA 19083 610-448-0400	

GROSSINGER, DO, BRUCE H CROZER-CHESTER MEDICAL CTR UPLAND PA 19013 610-328-4050	* N	HITCHNER, MD, LEWIS C 535 GRADYVILLE ROAD NEWTOWN SQUARE PA 19073-2815	AN	KAPADIA, MD, DILIP L 1037 N PROVIDENCE RD MEDIA PA 19063-1404 610-566-7114	NM	KOHUTIAK, MD, VSEVOLOD RIDDLE HEALTH CARE CENTER MEDIA PA 19063-5105 610-565-7810	IM	LEWIS, MD, STUART H 3508 TYSON RD NEWTOWN SQUARE PA 19073-2415	TRS
GUARINI, MD, PASOQUALE B 103 E STANTON RD WILDWOOD CREST NJ 08260-3759 609-522-8358	GP	HOLMS, DO, BARRY C PROFESSIONAL ARTS BLDG RIDLEY PARK PA 19078 610-521-3333	IM	KARPIN, MD, MAX 1911 ARCH ST PHILADELPHIA PA 19103 215-665-0009	* NS	KOTYO, MD, JOHN A 3774 SCHOOL LN NEWTOWN SQUARE PA 19073-3205 610-876-9000	* FP	LEWIS, MD, WILLIAM J 831 NORTHWINDS DR BRYN MAWR PA 19010-2070 610-896-6800	OTO
GUARINO, MD, JULIUS M 228 HEMLOCK LN SPRINGFIELD PA 19064-1113 810-789-3510	GE	HOLSTEIN, MD, JAMES J 664 W ROLLING RD SPRINGFIELD PA 19064-1335 610-383-8120	DR	KATCHER, MD, AARON H 200 S ABERDEEN AVE WAYNE PA 19087-4802	P	KOWALSKI, MD, THOMAS E 2107 COVENTRY LN GLEN MILLS PA 19342-9434 610-876-1551	* GE	LIBERI, MD, ALFRED A 209 DOGWOOD LN WALLINGFORD PA 19086-6006	DR
GUILDAY, MD, ROBERT E 100 W LANCASTER AVE WYNNWOOD PA 19096 610-645-2000	GS	HOSSETLER, MD, LISA W 643 E MENA HAVERTOWN PA 19083-5602 215-662-2737	D	KATIN, MD, LAWRENCE I 558 SUGARTOWN RD MALVERN PA 19355-2820	* OTO	KOZIN, MD, WILLIAM 1999 SPROUL ROAD BROOMALL PA 19008-3504 610-353-5840	FP	LICHTENBERG, MD, RICHARD A 1999 SPROUL ROAD BROOMALL PA 19008-3508 610-353-5840	CD
GUIRGUS, MD, MORRIS F 498 RAMBLEWOOD DR BRYN MAWR PA 19010-2064 610-259-4900	IM	HSU, MD, WEI T 686 LAWSON AVE HAVERTOWN PA 19083-4108 215-233-0506	D	KAVJIAN, MD, EDWARD M 56 MARPLE RD HAVERFORD PA 19041-1026	U	KRACKOW, MD, JOEL A 107 BRENT DR WALLINGFORD PA 19086-6610 610-876-2400	CD	LILLEY, MD, GEORGE W BEECH 2301 HAVERFORD PA 19041-1061	IM
GUMINA, MD, THOMAS F DELAWARE CITY MED CTR STE 15 BROOMALL PA 19008 610-353-8506	IM	HUBSHER, MD, JAY W 1501 LANSOWNE AVE STE 201 DARBY PA 19023-1333 610-534-6230	NEP	KEATING, MD, PAUL J CROZER-CHESTER MED CTR # 400 CHESTER PA 19016-0001 610-874-6448	AN	KRAIN, MD, RAYMOND 1919 STONE RIDGE LN VILLANOVA PA 19085-1721	D	LINCOFF, MD, WILLIAM 1919 CHESTNUT ST PHILADELPHIA PA 19103-3401 610-876-6521	OPH
HADFIELD JR, MD, WILLIAM A 5244 OLEANDER RD DREXEL HILL PA 19026-4806 610-284-8229	IM	HUMMER III, MD, CHARLES D 20 GUERNSEY RD SWARTHMORE PA 19081-1207	ORS	KEISMAN, MD, ROBERT A RD 2 BOX 249 GUM TREE CORNER BRIDGETON NJ 08302 215-235-0455	CD	KRALL, MD, J THOMAS 134 LANSOWNE CT LANSOWNE PA 19050-2349	* OPH	LINDENBAUM, MD, GARY A 204 E CHESTER PIKE RIDLEY PARK PA 19078-1730 610-521-4833	* GS
HAGGERTY, MD, ROBERT W CROZER-CHESTER MED CAL CTR UPLAND PA 19013 610-876-7756	* OBG	HUMMER JR, MD, CHARLES D 20 GUERNSEY RD SWARTHMORE PA 19081-1207 610-876-0347	* ORS	KELEMAN, MD, SYLVIA B 2105 N PROVIDENCE RD MEDIA PA 19063-1841 610-447-2108	* AN	KURTZ, MD, ROBERT M 4605 SIMON RD WILMINGTON DE 19803-3927 610-284-8322	R	LINDER, MD, LISA J 3501 W CHESTER PIKE STE 202 NEWTOWN SQUARE PA 19073-3704 610-356-9155	OPH
HAITH JR, MD, LINWOOD R POB 1 STE 206 UPLAND PA 19013-3995 610-872-8192	GS	HURLEY, MD, HARRY J 39 COPLEY RD UPPER DARBY PA 19082-2511	D	KELLY, MD, EDWARD A 4713 STATE RD DREXEL HILL PA 19026-4727 610-789-7181	* FP	KURTZ, MD, ROSA T 203 RIDGEWOOD RD MEDIA PA 19063-1723 215-339-3994	PM	LIRIO, MD, SIXTO M 10 EASY ST CAPE MAY CH NJ 08210 610-284-8444	FP
HALLERMEIER JR, MD, ROBERT G 33 WINDING WAY BOOTHWYN PA 19061-2939 610-874-8177	IM	HURLEY, MD, JEFFREY P 39 COPLEY RD UPPER DARBY PA 19082-2511 610-352-2500	D	KELLY, MD, JAMES J 501 WINDERMERE AVE DREXEL HILL PA 19026-1117 610-259-5349	* GP	LABORDA, MD, OSCAR E RIDDLE OUTPATIENT PAV MEDIA PA 19063 610-521-2008	GE	LISBERGER, MD, MARK D 1999 SPROUL ROAD BROOMALL PA 19008-3504 610-353-5840	CD
HAMILTON, MD, GERALDINE E 5010 DERMOND RD DREXEL HILL PA 19026-4513 610-237-4353	DR	HUSHION, MD, WILLIAM F 120 E BISHOP HOLLOW RD MEDIA PA 19063-1804	OM	KELLY, MD, MARK F 400 W TOWNSHIP LINE RD HAVERTOWN PA 19083-5210 610-449-8101	OTO	LACAVARO, MD, JULES A 1088 W BALTIMORE PIKE STE 210 MEDIA PA 19063-5136 215-565-6419	IM	LO GRASSO, DO, PAUL P 53 BUNNING DR VOORHEES NJ 08043 610-328-8943	PTH
HANCHAK, MD, NICHOLAS A 425 ACHILLE RD HAVERTOWN PA 19083-2101 215-542-5254	IM	HUSTED, MD, JAMES W 134 LAKEVIEW DR MEDIA PA 19063-1016 610-447-2633	* DR	KELLY, MD, PAUL O STATE ROAD & ARDINGHAM AVE DREXEL HILL PA 19026 610-250-4000	* IM	LACHMAN, MD, JOSEPH CROZER-CHESTER MEDICAL CTR CHESTER PA 19013-5313	PD	LONDON, MD, GLADYS Z 19TH ST AND PROVIDENCE AVE CHESTER PA 19013 610-872-2135	GP
HAWES, MD, ROBERT B 2121 N RIDLEY CREEK RD MEDIA PA 19063-1925 610-449-3500	GER	IGIDBIASHIAN, DO, VARTAN N 41 ROBERTS RD NEWTOWN SQUARE PA 19073-2011 610-237-4050	R	KELSEY, MD, DAVID M 6 GUNNING LN GLADWYNE PA 19035-1135 610-649-6420	U	LANGAN III, MD, E LAWRENCE LANKENAU HOSP WYNNWOOD PA 19096-3411 610-642-4850	* OBG	LOTHE, MD, PRADEEP A 2325 E MACCADE BLVD HOLMES PA 19043-1301 610-532-1882	FP
HAYES, MD, ROBERT B 1529 BRINTON PARK DR WYNNWOOD PA 19096-2626 610-237-4185	PTH	IVILL, MD, DENNIS W CROZER-CHESTER MEDICAL CTR UPLAND PA 19013 610-874-2501	PM	KENT, MD, PATRICIA 209 LINDEN LN WALLINGFORD PA 19086-6013	P	LASKAS, MD, JOHN J 114 WILTON WOODS LN MEDIA PA 19063-1846	D	LUBIN, DO, HOWARD S 355 MILLBANK RD BRYN MAWR PA 19010-2929 610-789-4464	* FP
HART, DO, WILLIAM J 3407 GARRETT RD DREXEL HILL PA 19026-2320 610-284-6400	FP	IVINS, MD, JOSEPH L 3 ARTHUR CT WALLINGFORD PA 19086-6609	GS	KESSLER, MD, REX K PROVIDENCE AND BEATTY RDS MEDIA PA 19063-3888 610-566-8155	IM	LASKAS JR, MD, JOHN J 605 E BALTIMORE PIKE MEDIA PA 19063-1734 610-566-7111	D	LUCAS, MD, GLYNDA W 13714 FLINT ROCK RD ROCKVILLE MD 20853	PD
HATTI, MD, SHIVKUMAR S 1025 PLUMLY RD WEST CHESTER PA 19382-7544 610-891-9024	* P	IVINS, MD, SAMUEL P 19TH ST & PROVIDENCE AVE CHESTER PA 19013 610-872-2135	* P	KESSLER, MD, WOODROW B PROVIDENCE AND BEATTY RDS MEDIA PA 19063-3888 610-566-8155	IM	LAWRENCE, MD, JOHN W 1078 W BALTIMORE PIKE # 208 MEDIA PA 19063-5105 610-566-4311	* RHU	LUCENA, MD, AURORA L 340 TOWER LN NARBERTH PA 19072-1144 215-427-7495	AN
HATTON, MD, DUNCAN S WHITEHORSE VILLAGE NEWTOWN SQUARE PA 19073 610-447-6363	OTO	JACKSON, MD, PAUL W 2112 PROVIDENCE AVE CHESTER PA 19013-5507 610-874-5366	PS	KHAN, MD, MOHAMMAD A EPISCOPAL HOSP PHILADELPHIA PA 19125-1098 215-427-7000	IM	LAZORIK, MD, FRANCIS C 3309 CHATHAM PL MEDIA PA 19063-4313 610-566-7300	* D	LUCENA, MD, ERNESTO E 340 TOWER LN NARBERTH PA 19072-1144 610-891-3304	R
HAUPT, MD, RICHARD M 584 MILITIA HILL DR WEST CHESTER PA 19382-8701 610-649-7042	PD	JACOBS, MD, MARK 129 LORI LN BROOMALL PA 19008-2639 610-789-3510	GE	KIEL, MD, STEVEN M 2100 KEYSTONE AVE # 203 DREXEL HILL PA 19026-1129 610-259-8801	N	LEE, MD, CHARLES Y 13106 BUCCANEER RD SILVER SPRING MD 20904-3243	GP	LUCIER, MD, ALFRED C 30 HAMPDEN RD UPPER DARBY PA 19082-2516 610-352-0286	* OPH
HAUSER, MD, ADAM C 14 HUNTSMAN DR BOOTHWYN PA 19061 610-447-6363	* AN	JAEGER, MD, EDWARD A RIDDLE HEALTHCARE CTR # 3302 MEDIA PA 19063-1126 610-565-6780	OPH	KIMMEL, MD, HENRY A RIO VISTA WEEMS VA 22576	IM	LEHMAN, DO, GREGORY M 82 SLITTING MILL RD GLEN MILLS PA 19342-1616 610-259-7900	IM	LUTZ, MD, R BRUCE 1 MEDICAL CENTER BLVD UPLAND PA 19013-3988 610-876-0347	ORS
HAYES, MD, MERRILL B 5806 ROSS NECK RD CAMBRIDGE MD 21613	OTO	JAHNLE, MD, RICHARD L 752 CORNERSTONE LN BRYN MAWR PA 19010-2074 610-446-8080	* OPH	KINDER, MD, ROY R 35 BRANDON RD UPPER DARBY PA 19082-2504 610-932-9021	D	LEIBOWITZ, MD, ARTHUR N 543 OXFORD RD BALA CYNWYD PA 19004-2205 215-283-6756	PD	MAGARGEE, DO, SUSAN P 418 E LANCASTER AVE WAYNE PA 19087-4310 610-687-3600	PD
HERRERA, MD, ANIBAL F 8 MORTON AVE RIDLEY PARK PA 19078 610-521-4677	GE	JAMALI, MD, ANMAR A RIDDLE HEALTH CENTER MEDIA PA 19063-5136 610-565-0825	* IM	KIRCHHOFFER, MD, LEWIS H 301 WYNDMOOR RD SPRINGFIELD PA 19064-2398	GP	LEIGH, MD, FLORA B 828 SHARON CIR WEST CHESTER PA 19382-7181 215-761-3920	FP	MAGUIRE, MD, JOSEPH I 256 LANKENAU MED BLDG E # 256 WYNNWOOD PA 19096 610-649-1970	OPH
HESSEN, MD, MARGARET T 5101 TOWNSHIP LINE RD DREXEL HILL PA 19026-4813 610-446-5550	ID	JENKINS, MD, DOROTHY S 330 CORNELL AVE SWARTHMORE PA 19081-1902 610-874-6231	* IM	KITCHEN III, MD, JAMES G 356 LANKENAU MED BLDG EAST WYNNWOOD PA 19096-3425 610-649-7625	CD	LEISE, MD, ELEANOR O 452 LANKENAU MEDICAL BLDG E WYNNWOOD PA 19096 610-896-8840	OBG	MAGUIRE, MD, JOSEPH I 179 113TH ST STONE HARBOR NJ 08247	* OBG
HIBBERD, MD, ALAN E 123 S LANSOWNE AVE LANSOWNE PA 19050-2855 610-284-9195	* ORS	JOHNSONBAUGH, MD, ROGER E 5 RICHARDS RDG NEWTOWN SQUARE PA 19073-1918 610-832-3990	PD	KLAVAN, MD, MARSHALL CROZER-CHESTER MEDICAL CTR UPLAND PA 19013 610-872-7794	OBG	LELE, MD, PRAMOD S 1541 CHICHESTER AVE LINWOOD PA 19061-4207 610-485-1176	NEP	MAGUIRE, MD, LEO J 203 SYCAMORE LN WALLINGFORD PA 19086-6526	U
HILLS, MD, EVERETT C 5024 SMITHFIELD RD DREXEL HILL PA 19026-4521 215-349-8370	PM	JONES, MD, ANCIL A CROZER-CHESTER MEDICAL CTR UPLAND PA 19013 610-876-2400	* CD	KLEIN, MD, RAYMOND A PO BOX 8299 PHILADELPHIA PA 19101-0082 610-971-5516	OBG	LEMAN, MD, WILLIAM W 106 W 17TH ST OCEAN CITY NJ 08226-2926	GP	MAHADEVIAH, MD, ANN S 700 AVONDALE RD APT 5F WALLINGFORD PA 19086-6660 610-874-6448	* AN
HIMELSTEIN, MD, RIMA H 409 BICKMORE DR WALLINGFORD PA 19086-6006 215-427-5038	PD	JONES, MD, ROBERT K LANKENAU MEDICAL BUILDING E WYNNWOOD PA 19096-3427 610-649-4416	NS	KLEIN, MD, THOMAS E 400 W TOWNSHIP LINE RD HAVERTOWN PA 19083-5210 610-789-1313	AI	LEOPOLD, DO, NORMAN A CROZER-CHESTER MEDICAL CTR CHESTER PA 19013-5313 610-874-1184	N	MAISTROW, MD, MARLA G 118 IVYWOOD LN RADNOR PA 19087-2827	AN
HIMMELSTEIN, MD, EUGENE GREEN HILL WYNNWOOD PA 19096-3907	R	JURNOVOY, MD, JOEL B DELAWARE COUNTY MEDICAL CTR BROOMALL PA 19008 610-353-6966	* D	KLINE, MD, IRWIN K LANKENAU HOSP WYNNWOOD PA 19096-3498 610-645-2615	PTH	LEUNISSEN, MD, R L ABRAHAM RIDDLE HEALTH CARE I MEDIA PA 19063-5196 610-566-9122	* IM	MALAMUT, MD, RICHARD I 18 LONGPOINT LN MEDIA PA 19063-4948 610-874-1184	N
HIRSH, MD, LEONARD F CROZER-CHESTER MEDICAL CTR CHESTER PA 19013-5313	* NS	KAIN III, MD, THOMAS M MERCY FITZGERALD MED OFF BLDG DARBY PA 19023-1333 610-534-6130	ORS	KLINDEFELTER, MD, HYLDA C 264 S IVY LN GLEN MILLS PA 19342-1322 610-565-6200	OBG	LEUTE, MD, MILLARD S 15 W DUNDEE RD OCEAN CITY NJ 08226-4615	IM	MALETA, MD, VIVIANA M 400 S ORANGE ST #205 MEDIA PA 19063-3656 302-651-4000	PD
HIRSH, MD, S JAY CROZER-CHESTER MEDICAL CTR UPLAND CHESTER PA 19013-5313 610-874-6580	U	KALODNER, DO, DAVID R 100 W CHESTER PK RIDLEY PARK PA 19078-1615 610-521-3333	GP	KLINZING, MD, GERARD F 130 S BRYN MAWR AVE BRYN MAWR PA 19010 610-526-3400	FP	LEVENBERG, MD, RICHARD J 120 MILL BROOK LN MEDIA PA 19063-6319 215-353-0800	ORS	MALUMED, MD, JEFFREY 1 BARTOL AVE STE 100 RIDLEY PARK PA 19085-1023 610-521-8970	* ORS
		KANE, MD, WILLIAM M 29 GLENDALE RD UPPER DARBY PA 19082-2513 610-352-1235	OBG	KODUMAL, MD, LUIS E 1245 JEFFERSON AVE WOOLLYN PA 19094-1314 610-833-1616	IM	LEVY, MD, EDWIN J 85 N LANSOWNE AVE LANSOWNE PA 19050-2003 610-623-7400	D	MANIN, MD, GORDON C 10 TOP OF THE OAKS CHADDS FORD PA 19317-9147 610-449-3330	FP

DELAWARE

MANN, MD, DOUGLAS G 2112 PROVIDENCE AVE CHESTER PA 19013-5507 610-874-5366	OTO	MEHALICK, DO, PAMELA G 23 W CHESTER PIKE STE 200 RIDLEY PARK PA 19078-1629 610-521-1297	* PD	MULLER, MD, OTTO F MERCY CATHOLIC MED CTR-FITZ DARBY PA 19023 610-237-4965	CD	OTT, DO, WILLIAM A 340 MEDIA STATION RD APT C324 MEDIA PA 19263-4741 610-526-3000	FP	PRATT, MD, LORETTA A 2129 PROVIDENCE AVE CHESTER PA 19013-5506 610-876-0200	D
MANNELLA, MD, WILLIAM J 204 E CHESTER PIKE RIDLEY PARK PA 19078-1730 610-521-4833	* GS	MELLI, MD, MARIA G 130 S STATE RD STE 110 SPRINGFIELD PA 19064 610-544-0900	FP	MULVANEY, MD, DENISE A 5000 HILLTOP DR STE 1 BROOKHAVEN PA 19015 610-874-4404	* FP	PALENA, MD, PETER V OUTPATIENT PAV STE 3302 MEDIA PA 19063-5139 610-565-6780	IM	PRESSER, MD, MICHAEL D 286 OAK AVE MEDIA PA 19063-5717 215-662-2884	* OTO
MANSURE, MD, FRANK T 74 PASTURE LN APT 102 BRYN MAWR PA 19010-1768 610-527-1610	OS	MELLON JR, MD, LAWRENCE J CERTAINTED CORP VALLEY FORGE PA 19482-0860 610-341-7944	OM	MUNDTH, MD, ELDRED D 143 CARTERS GRV MALVERN PA 19355-2648 610-525-8431	CDS	PAN, MD, JEFFREY C 7004 HILLTOP DR BROOKHAVEN PA 19015-1327 610-896-6780	IM	PRESTEL JR, MD, THOMAS F 2100 KEYSTONE AVE STE 407 DREXEL HILL PA 19026-1129 610-394-9860	PUD
MARCZYK, MD, STANLEY C 101 SECOND AVE BROOMALL PA 19008-2315	ORS	MENDEL, MD, KENNETH D CROZER-CHESTER MEDICAL CTR CHESTER PA 19013-5313 610-876-2400	CD	MUROFF, DO, ROBERT E 2 ST ALBANS AVE NEWTOWN SQUARE PA 19073-3605 610-353-7300	GP	PARIS, MD, ERIKA F 633 CHILDS AVE DREXEL HILL PA 19026-3804 215-595-6410	AN	PRICE JR, MD, JOSEPH J 1501 LANSDOWNE AVE STE 201 DARBY PA 19023 610-534-6230	NEP
MARINO, MD, DANIEL J 14 RINGFIELD RING RD CHADDS FORD PA 19317	CD	MESETE, MD, A FRANCIS 20 HIDDEN SPRINGS CIR NEWTOWN SQUARE PA 19073-3430 610-534-6150	CD	MURPHY, DO, PATRICK CROZER-CHESTER MEDICAL CTR UPLAND PA 19013 610-874-2501	PM	PARRY, MD, PETER 181 GORDON DR MEDIA PA 19063-1941 610-623-1162	IM	PRIME, DO, MICHAEL F 280 N PROVIDENCE RD MEDIA PA 19063 610-891-1616	FP
MARVIN, MD, ROBERT F 2100 KEYSTONE AVE STE 206 DREXEL HILL PA 19026-1129 610-259-5200	* CD	MEYER, MD, ALLEN E MERCY CATHOLIC MED OFF BLDG DARBY PA 19023-1333 610-534-6230	NEP	MURPHY, DO, WILLIAM C 428 FOSTER DR SPRINGFIELD PA 19064-1709 610-534-6230	* ORS	PARTRIDGE, MD, ROBERT A 1017 FOSS AVE DREXEL HILL PA 19026-1901 215-386-6284	P	PRIOR, MD, PATRICIA A 130 S STATE RD STE 110 SPRINGFIELD PA 19064 610-544-0900	FP
MARZIANO, MD, MICHELE L 855 OLD LANCASTER RD #6-B BRYN MAWR PA 19010-3226 610-526-3400	FP	MIKHAEL, MD, MICHAEL M 2100 KEYSTONE AVE DREXEL HILL PA 19026 610-622-3818	* ON	NACHMAN, MD, JEFFREY A 302 GRAMONT LN VILLANOVA PA 19085 610-447-6579	AN	PASDAR, MD, HOMAYOON 2100 KEYSTONE AVE STE 400 DREXEL HILL PA 19026-1129 610-259-8585	CDS	PURNER JR, DO, WILLIAM M 1088 W BALTIMORE PK STE 2106 MEDIA PA 19063-5136 610-566-2682	* IM
MATTONE-VOLPE, MD, FRANCESCA 443 CLAIREMONT RD VILLANOVA PA 19085-1705 215-687-3600	PO	MILEWSKI, MD, LEONARD F 301 W CHESTER PIKE HAVERTOWN PA 19083-4530 610-853-1862	GS	NAEDELE, DO, RONN ANN HAHNEMANN UNIVERSITY HOSP PHILADELPHIA PA 19102-1192 610-853-1862	IM	PASSERO, MD, FRANK C 1120 WILDE AVE DREXEL HILL PA 19026-4033 610-284-6491	RHU	RABINOWITZ, DO, JOSHUA A LANKENAU MEDICAL BLDG E WYNNWOOD PA 19096 610-896-8009	PD
MATULEWSKI, MD, THOMAS J 301 W CHESTER PIKE STE 204 HAVERTOWN PA 19083-4530 610-853-1662	* VS	MILLER, MD, CURT D 2004 SPROUL RD 1ST FL BROOMALL PA 19008-3511 610-353-0800	ORS	NAGLE, MD, W WILLIAM 1037 N PROVIDENCE RD MEDIA PA 19063-1404 610-566-7114	DR	PATEL, MD, MUKESH A 1421 LINCOLN AVE PROSPECT PARK PA 19076-1107 717-532-5343	IM	RAEZER, MD, DAVID M 1501 LANSDOWNE AVE STE 301 DARBY PA 19023-1333 610-534-6100	U
MAYO, MD, EDITH A BISHOP WHITE LODGE 801A PHILADELPHIA PA 19128-1928	GP	MILLER, MD, HERMAN 50 BELMONT AVE APT 510 BALA CYNWYD PA 19004-2428 610-668-9600	CRS	NANSTEEL JR, MD, JOHN F 8 MARTINS RD NEWTOWN SO PA 19073-1916 610-642-2002	IM	PATEL, MD, PRABHA H 545 S HIELBON DR MEDIA PA 19063-4549 215-748-9164	PTH	RAFF, MD, H BARRY 2100 KEYSTONE AVE STE 200 DREXEL HILL PA 19026-1129 610-259-0240	* CD
MC ALER, MD, DAVID J 410 TOWNSHIP LINE RD HAVERTOWN PA 19083-5210 610-449-9311	GS	MILLER, MD, LAWRENCE S 357 MALIN RD NEWTOWN SQUARE PA 19073-4318 610-649-8055	ORS	NASRI, MD, HAMZEH 305 W BROOKHAVEN RD MEDIA PA 19066-6711 610-853-1862	PDE	PATEL, MD, YASHVANTKUMAR S 257 N STATE RD APT 6C SPRINGFIELD PA 19064-1807 609-342-2250	PD	RATNER, MD, RICHARD R PROFESSIONAL ARTS BUILDING RIDLEY PARK PA 19078-1703 610-521-3333	IM
MC BREARTY, MD, FRANCIS X 7312 EMLEN ST PHILADELPHIA PA 19119-2811 610-645-2619	CLP	MILLINER, MD, DAVID H CROZER-CHESTER MED PROF BLDG UPLAND PA 19013-5313 610-874-6448	* AN	NEGREY JR, MD, JOHN N 56 W EAGLE RD HAVERTOWN PA 19083-1447 610-446-8080	* OPH	PATERSON, MD, KIMBERLY K CCMC AMBULATORY CARE STE 532 UPLAND PA 19013-5313 814-876-1800	IM	RECH, MD, FRANK M 2500 EDMONT AVE CHESTER PA 19013-5032 610-876-4111	OBG
MC BRIDE, MD, THOMAS J PO BOX 519 WALLINGFORD PA 19086-0519	IM	MILSTEIN, MD, SEYMOUR W 3200 EDMONT AVE PARKSIDE PA 19015-3105 610-876-5569	FP	NEWMAN, MD, FRANK W WESTMINSTER GARDENS DUARTE CA 91010 610-876-5569	P	PATTERSON, MD, CHRIS 204 BERKLEY AVE LANSDOWNE PA 19050-1505 610-626-6743	IM	RED, MD, DONALD E LANKENAU HOSP WYNNWOOD PA 19096-3498 610-645-2802	DR
MC CADDEN, MD, JOSEPH A 613 MORRIS LN WALLINGFORD PA 19086-6966	FP	MISHALOVE, MD, R DAVID CROZER-CHESTER MEDICAL CTR CHESTER PA 19013-5313 610-876-2400	CD	NEWTON, MD, CORINNE V 264 OVERBROOK DR NEWTOWN SQUARE PA 19073-3409 610-876-2400	* US	PATTON, MD, MARY L CROZER-CHESTER MEDICAL CTR UPLAND PA 19013-3995 610-874-3540	* GS	REID, MD, DANIEL W CROZER KEYSTONE FAM HLTH CTR SPRINGFIELD PA 19064 610-690-4490	* FP
MC CAUSLAND, MD, PAUL J 47 WINDSOR AVE UPPER DARBY PA 19082-2727	FP	MIYAMOTO, MD, CURTIS T 32 PARKDALE PL MARLTON NJ 08053 215-762-8410	ON	NGHIEM, DO, GEORGE T CROZER KEYSTONE CTR FAM HLTH SPRINGFIELD PA 19064 215-690-4490	FP	PECHIN, MD, SERGIUS P 430 SYCAMORE MILLS RD MEDIA PA 19063-2032 610-876-2400	GS	REITSMA, MD, DOUGLAS B 70 NEWLANDS RD ENGLAND 610-891-5841	FP
MC CLELLAN, MD, R MICHAEL RIDDLE MEMORIAL HOSP MEDIA PA 19063-5139	PS	MOCH, MD, ANNE L 211 NOTTINGHAM CT GLEN MILLS PA 19342-2023 610-853-1662	R	NGUYEN, MD, BACH V 30 OLD STATE RD BERWYN PA 19312-1125 215-755-8220	IM	PEIMER, MD, MICHAEL E PROFESSIONAL ARTS BUILDING RIDLEY PARK PA 19078-1703 610-521-3333	IM	RENDIN, MD, LARRY J 245 S RIDLEY CREEK RD MOYLAN PA 19063-4215 610-891-5841	* GP
MC CLOSKEY, MD, DAVID S 301 WEST CHESTER PIKE HAVERTOWN PA 19083-4530 610-853-1662	GS	MONDERO, DO, NANCY A 116 MANSION DR MEDIA PA 19063-1043 610-353-6748	OBG	NONACK, MD, PETER B 5 CLUSTERS CHESLEY CAMPUS MEDIA PA 19063 610-565-8600	IM	PEREIRA, MD, BRYAN M 508 N CHESTER RD SWARTHMORE PA 19081-1109 215-829-3263	NS	RENO, MD, JOSEPH D WYETH LAB PHILADELPHIA PA 19101-0082 610-971-5408	GP
MC CUNN, MD, MAUREEN 1001 THE STRATH VIEW SWARTHMORE PA 19081 215-955-6161	AN	MONTGOMERY, MD, PATRICIA A 152 SPRINGTON LAKE RD MEDIA PA 19063-1826 610-353-9100	* FP	NONAKH, MD, PETER B 5 CLUSTERS CHESLEY CAMPUS MEDIA PA 19063 610-565-8600	OBG	PIATNEK-LEUNISSEN, MD, DOROTHY A RIDDLE HEALTH CENTER STE 209 MEDIA PA 19063-5196 610-566-9122	* IM	RESNICK, MD, MYRON E 1989 SPROUL ROAD BROOMALL PA 19008-3504 610-353-5840	CD
MC CURDY, MD, RICHARD R 1078 W BALTIMORE PIKE MEDIA PA 19063-5105 610-565-4107	CD	MONTGOMERY, MD, DAN P 29 E PLUMSTEAD AVE LANSDOWNE PA 19050-1231 610-521-4311	OPH	NUNAG, MD, ROBERT D 1223 PROVIDENCE RD STE 301 MEDIA PA 19063 610-565-9435	PD	PICKAR, MD, JAMES H PO BOX 8299 PHILADELPHIA PA 19101-0082 610-341-5583	OBG	RHODES, MD, ROBERT A 1 BARTOL AVE STE 105 RIDLEY PARK PA 19078 610-521-0470	D
MC DOWELL, MD, RICHARD M CROZER CHESTER MEDICAL CTR UPLAND PA 19013-3995 610-447-6253	EM	MORGAN, MD, HARRY E 218 LONG LANE UPPER DARBY PA 19082-3909 610-259-8081	* DR	NUSSBAUM, MD, STEVEN J 1010 W CHESTER PIKE STE 202 HAVERTOWN PA 19083-3442 610-789-3510	GE	PILEGGI, MD, CECILE M 222 SYKES LN WALLINGFORD PA 19086-6337 610-459-3001	FP	RHOOD, MD, SAMUEL G CROZER-CHESTER PROF BUILDING CHESTER PA 19013-5313 610-874-6448	AN
MC DOWELL, MD, SHARON K 10 E PROVIDENCE RD YEADON PA 19050-2843 215-456-9900	PM	MORGAN, MD, JOHN M 3200 HENRY AVE PHILADELPHIA PA 19129-1137 215-842-4575	IM	O'CONNELL, MD, MARK M 1999 SPROUL RD STE 21 BROOMALL PA 19008-3504 610-353-6400	CD	PINSK, MD, JEFFREY H 36 GRAMONT LN VILLANOVA PA 19085-1436 610-353-6600	IM	RIAL, MD, WILLIAM Y 175 E DELAWARE PL APT 6810 CHICAGO IL 60611-1730 312-951-0168	* FP
MC GEE JR, MD, JOSEPH P 1300 MANOR RD YEADON PA 19050-3420 610-259-8081	AN	MORLEY, MD, ROBERT R 411 SHEFFIELD DR WALLINGFORD PA 19086-6941 610-555-6200	OBG	O'DEA, MD, THOMAS P CROZER CHESTER MEDICAL CTR CHESTER PA 19013-3995 610-872-2000	GS	PIRANO, MD, ANTHONY J 172 DAM VIEW DR MEDIA PA 19063-1832 215-842-4575	PA	RICCO, MD, ERNEST J 54 LOCUST AVE SPRINGFIELD PA 19064-1618 610-891-3229	AN
MC GINNIS, MD, ANDREW W 1501 LANSDOWNE AVE STE 104 DARBY PA 19023-1333 610-534-6150	* CD	MORRIS, MD, RICHARD J 670 BERRY LN MEDIA PA 19063-1138 610-874-4014	GP	O'FLYNN, MD, RICHARD P 10 WHITE PINE LN ROSE VALLEY PA 19063-4248 610-891-3229	AN	PIZZINI, MD, MARK-ALAN D 1615 COLONY LN HAVERTOWN PA 19083-2501 610-645-2000	IM	RICHTER, MD, HOWARD A LANKENAU MEDICAL BUILDING 655 WYNNWOOD PA 19096 610-649-4416	* NS
MC GLYNN, MD, JAMES T 1 MEDICAL CENTER BLVD UPLAND PA 19013-3988 610-876-0347	ORS	MORRIS, MD, SHELDON L PROFESSIONAL OFFICE STE 407 UPLAND PA 19013 610-876-9700	OPH	OVERFIELD, MD, WILLIAM J 19 E SECOND ST MEDIA PA 19063-2936 610-565-9560	P	PLAGATA, MD, EDITH M 1230 SONORA AVE ASTORIA OR 97103-5649 610-872-8857	EM	RIDOUT III, MD, DANIEL L PO BOX 401 CCMC UPLAND PA 19013 610-872-8857	* GE
MC GOVERN, MD, BRIAN R 500 BERWYN BAPTIST RD # 4-IDH DEVON PA 19333-1033 215-842-6545	EM	MORRIS JR, MD, JAMES A 9 WOODCROFT RD HAVERTOWN PA 19083-1137 610-642-2002	IM	O'CONNELL, MD, JAMES R UROLOGIC PHYSICIANS LTD DREXEL HILL PA 19026-1129 610-259-3000	U	PLOTNIK, MD, ROBERT F 28 BRENNAN DR BRYN MAWR PA 19010-2002 610-872-8857	PD	RING, MD, ILONA R 1001 CITY LINE AVE APT WB115 WYNNWOOD PA 19096 610-649-4416	* PTH
MC GOWAN, MD, WILLIAM E 2100 KEYSTONE AVE STE 307 DREXEL HILL PA 19026-1129 610-259-3000	U	MUCH, DO, MANDELL J RT 1 CONCORDVILLE PA 19331 610-459-3862	* FP	OHANISSIAN, MD, HANRICK G 28 WILTSHIRE RD WYNNWOOD PA 19096-3638 215-365-5440	ON	POWELL, MD, JANE B 452 LANKENAU MEDICAL BLDG E WYNNWOOD PA 19096-3427 610-896-8840	OBG	RITCHIE, MD, CHARLES A 427 HOLLY LANE WYNNWOOD PA 19096-1616 610-896-8840	* OS
MC KEIGHAN, DAVID A 920 N PROVIDENCE RD MEDIA PA 19063-2134 610-892-7750	* EXEC	MUDRICK, MD, DAVID L 521 E 9TH ST CHESTER PA 19013-6147 610-872-0565	* FP	ONELL, MD, JOHN J 8 N CONCORD AVE HAVERTOWN PA 19083-5017 610-872-0565	GP	POWE, MD, LARRY K 221 N MORGAN AVE HAVERTOWN PA 19083-5009 610-341-2602	* PD	RITCHIE, MD, MARIANNE T LANKENAU MEDICAL BUILDING E WYNNWOOD PA 19096-3427 610-896-7360	GE
MC KELVY, MD, CONSTANCE C 113 S PENNELL RD LIMA PA 19037-5256	IM	MUETTERTIES, MD, CRAIG L 240 RUSLEY WAY MEDIA PA 19063-5514 610-874-6448	AN	OTTER, DO, ANITA M 340 MEDIA STATION RD APT C324 MEDIA PA 19063	FP	POWERS, MD, DONALD V 1017 CANTERBURY LN VILLANOVA PA 19085-2017 610-622-6001	NEP	RITSEMA, MD, RITA L 2100 KEYSTONE AVE STE 405 DREXEL HILL PA 19026-1129 610-626-2400	GE

RIZZO, MD, JOHN S 8 MORTON AVE STE 101 RIDLEY PARK PA 19078-2210 610-521-2111	OPH	SAXON, MD, ANDREA M CROZER-CHESTER MEDICAL CTR CHESTER PA 19013 610-876-6521	OPH	SHORE, MD, STEPHEN A 121 ARGYLE RD ARDMORE PA 19003-3201 610-626-6318	ON	STAFFORD, MD, CALVIN R CROZER-CHESTER MEDICAL CTR CHESTER PA 19013-5313 610-874-1184	N	THURMAN, MD, JOHN N THE OUTPATIENT PAVILION 3408 MEDIA PA 19063-5139 610-565-6805	IM
ROCCARIO, DO, DANTE S 107 W PROVIDENCE RD ALDAN PA 19018-3827 610-622-2442	FP	SCHAAF, MD, RICHARD D 645 OVERHILL RD ARDMORE PA 19003-1026 610-626-5500	CD	SHRAGER, DO, LARRY M 1716 MARILYN DR HAVERTOWN PA 19083-1220 610-789-7140	IM	STAHLMAN, MD, ROY A 714 CLYDE CIR BRYN MAWR PA 19010-1102 215-578-3850	EM	TIONGSON, MD, ELEANOR S 652 N HEILBRON DR MEDIA PA 19063-4623 610-626-7488	* OBG
ROIFER, DO, DEBORAH R 23 CHESTER PK RIDLEY PARK PA 19078-1629 610-521-2616	N	SCHAPIRE, MD, PHYLLIS G CCMC 1 MEDICAL CTR BLVD # 400 UPLAND PA 19013 610-876-6448	AN	SHROM, MD, STANLEY H 5 MARTINS CIR NEWTOWN SQUARE PA 19073-1914 610-789-7915	U	STAHLNECKER, MD, C STEPHEN 923 WINDING LN MEDIA PA 19063-1655	US	TIONGSON JR, MD, JOSE G 103 E RIDLEY AVE RIDLEY PARK PA 19078-3025 610-532-4233	* IM
ROSE, MD, GILBERT M 145 KING OF PRUSSIA RD RADNOR PA 19087-4517 610-341-5516	PNP	SCHARF, MD, ANN I 526 S CENTRAL BLVD BROOMALL PA 19008-4103	DR	SHULKIN, MD, MARK W 105 MARY WATERSFORD RD BALA CYNWYD PA 19004-2020 610-565-0988	S	STANKIEWICZ, MD, EDWARD R 1579 CHICKESTER AVE LINWOOD PA 19061-4208 610-485-5800	IM	TOBIA, MD, ENIO W 747 LOUISE DR SPRINGFIELD PA 19064-1525 215-203-7322	GP
ROSEMAN, MD, RICHARD L 1208 WEYMOUTH RD WYNNWOOD PA 19096-3330	IM	SCHNEIDER, MD, ROBIN B 1204 TOWNSHIP LINE RD DREXEL HILL PA 19026 610-789-9482	* D	SHUSTERMAN, DO, LARRY 106 DEKALB ST 1ST FL BRIDGEPORT PA 19405 610-278-0588	IM	STANLEY, MD, MICHAEL I CROZER-CHESTER MED CTR CHESTER PA 19013 610-874-4044	NS	TOMLINSON, MD, JOHN W 411 N MIDDLETOWN RD APT A132 LIMA PA 19063-4436	OPH
ROSEMAN, MD, BRUCE J 22 CEDAR HOLLOW DR WALLINGFORD PA 19086-6719 610-237-6300	* OBG	SCHILLING, MD, JOHN F LANKENAU HOSP WYNNWOOD PA 19096-4035 610-645-2802	R	SILVER, MD, BRUCE G WYNNWOOD HOUSE WYNNWOOD PA 19096-2139 610-642-2002	IM	STARER, MD, LARRIMORE J 8 MORTON AVE STE 101 RIDLEY PARK PA 19078-2210 610-521-2111	OPH	TORI, MD, JOSEPH N 15 N SWARTHMORE PIKE RIDLEY PARK PA 19078 TORRENCE, MD, MICHAEL B 632 N CHESTER PIKE STE 200 RIDLEY PARK PA 19078-1629 610-521-1297	FP * PD
ROSEN, MD, LEONARD POLLAND HOUSE CMC ANNEX UPLAND PA 19013 610-874-5110	GP	SCHOFFSTALL, MD, JOHN M 4 COTTONWOOD DR GLEN MILLS PA 19342-1308 215-842-6545	* EM	SILVER, MD, STEPHEN C 5 MICHELE DR MEDIA PA 19063-1029 610-446-7882	CRS	STAROS, MD, ERIC B 410 HOLLY LN WYNNWOOD PA 19096-1617 610-645-2457	PTH	TOTINO, MD, JOSEPH A CROZER-CHESTER MEDICAL CTR UPLAND PA 19013-5313 610-874-5261	OPH
ROSENBERG, MD, FRANK 1410 UPLAND ST CHESTER PA 19013-5720 610-876-7292	* IM	SCHOTT, MD, C RICHARD 10 TODMORDEN DR WALLINGFORD PA 19086-6727 610-874-6262	* CD	SILVERS, MD, ARTHUR H 4306 WORLD FARM RD OXFORD MD 21654 SINCAVAGE, MD, JOSEPH T RIDDLE HLTH CARE CTR 2 STE G6 MEDIA PA 19063 610-566-4061	GS * OBG	STEIN JR, MD, DONALD B 3000 ROBIN LN HAVERTOWN PA 19083-1116 610-891-3299	* PTH	TRABULSI, MD, L RICHARD RIDDLE HEALTH CARE CTR II MEDIA PA 19063-5136 610-565-6445	* ORS
ROSENFIELD, MD, RONALD N 623 S CHESTER RD SWARTHMORE PA 19081-2315 610-356-3700	ORS	SCHRENZEL, MD, STEVEN 106 WILTON WOODS LN MEDIA PA 19063-1843 610-237-4280	AN	SINGER, MD, JEROME MERCY CATHOLIC MED CTR-FITZ DARBY PA 19023 610-237-4995	PD	STEVENS, DO, PHILIP J 1102 BERGAN RD ORELAND PA 19075-2506 610-876-3500	PM	TREMBLAY, MD, ERNEST A 1078 W BALTIMORE PIKE STE G3 MEDIA PA 19063-5105 610-566-0523	* FP
ROTCH, MD, ROBERT M 474 LOMBARDY RD DREXEL HILL PA 19026-1329 610-626-6318	* HEM	SCHWARTZ, DO, GERSON 2504 HIGHLAND AVE BROOMALL PA 19008-1606 610-534-0411	NTR	SKALINA, MD, STEFAN M 1 MEDICAL CENTER BLVD UPLAND PA 19013-3988 610-447-2633	DR	STOLLER, DO, ROY B 222 SYKES LN WALLINGFORD PA 19086-6337 610-566-7899	OTO	TREMBLAY, MD, GEOFFREY P 1078 W BALTIMORE PARK MEDIA PA 19063 610-566-9440	CD
ROUSH JR, MD, ROBERT K 2100 KEYSTONE AVE DREXEL HILL PA 19026-1129 610-622-3818	* HEM	SCHWEIZER, MD, ROBERT A 110 CHIPMUNK LN MEDIA PA 19063-4710 610-485-5500	IM	SLATER, MD, ROBERT 2100 KEYSTONE AVE STE 304 DREXEL HILL PA 19026-1129 610-259-9500	* N	STORM, MD, CHARLES T 912 RIDLEY CREEK DR MEDIA PA 19063-4923	AN	TREVLIN, MD, DEAN W 2004 SPROUL RD 1ST FL BROOMALL PA 19008 610-353-0800	ORS
RUBENSTEIN, MD, DAVID L LANKENAU MEDICAL BLDG WYNNWOOD PA 19096 610-649-8055	ORS	SCIARA, MD, CHRISTINE 1555 PAOLI PIKE WEST CHESTER PA 19380-6167 610-696-1598	D	SLAVOSKI, MD, LINDA A 1270 COUNTRY CLUB DR SPRINGFIELD PA 19064-4101 215-842-6000	ID	STROWHOUSER, DO, WILLIAM J GRANITE RUN OFFICE PLAZA MEDIA PA 19063-5134 610-566-8885	FP	TROTZKY, MD, MARGRET S 820 FOSS AVE DREXEL HILL PA 19026-2518	PD
RUBIN, DO, MORTON 7214 WOODMONT WAY TAMARAC FL 33321-2650	US	SCIUBBA, MD, ROCCO P 263 LAWRENCE RD BROOMALL PA 19008-3824 610-356-8488	GP	SMAILY, MD, JOSEPH W 1501 LANSOWNE AVE STE 201 DARBY PA 19023-1333 610-534-6230	NEP	SUGAR, MD, MIKLOS 235 S RIDLEY CREEK RD MEDIA PA 19063-4215	OBG	TULLAI, MD, JOHN 818 MEREDITH DR MEDIA PA 19063-1714	AN
RUBIO, MD, EMIR W 1728 EDMONT AVE CHESTER PA 19013-5305 610-874-7433	FP	SCOTT, MD, DONNA P 406 WOODWARD RD MEDIA PA 19063-4227 610-237-5090	PD	SUNDT, MD, LINDA M 417 WYNTRE LEA DR BRYN MAWR PA 19010-2038 215-928-3353	AN	SULLIVAN, MD, EDWARD M 1078 W BALTIMORE PIKE MEDIA PA 19063-5105 610-566-3500	OBG	TUMAIA, MD, ARAM 9 KNIGHTS WAY NEWTOWN SQUARE PA 19073-3027 610-284-8430	AN
RUBY, MD, EDWARD B THOM JEFF UNIV PHILADELPHIA PA 19107 610-534-6260	* END	SCOTT, DO, MARK E 117 W POSSUM HOLLOW RD WALLINGFORD PA 19086-6240 610-237-4353	DR	SMINK JR, MD, ROBERT D LANKENAU MED SCIENCE BLDG WYNNWOOD PA 19096-3427 610-642-1908	GS	SUPIT, MD, SYDNEY L 400 S LANSOWNE AVE APT A8 LANSOWNE PA 19050 610-237-4000	AN	TUPCHONG, MD, LESLIE MERCY CATHOLIC MED CTR-FITZ DARBY PA 19023 610-237-4370	ON
RUDNITZKY, MD, JEROME CROZER-CHESTER MEDICAL CTR CHESTER PA 19013 610-876-5627	* PUD	SEARS, MD, ALAN J 25 LLANFAIR CIR ARDMORE PA 19003-3342 610-626-2400	GE	SMITH, MD, CATHY S 1133 BELFIELD AVE DREXEL HILL PA 19026-4024 SMITH, MD, EDGAR C 697 INVERNESS VLG WEST CHESTER PA 19380-6876 215-755-5449	IM IM	SURKIN, MD, MARC I 400 BALLYTORE CIR WYNNWOOD PA 19096-2354 610-446-6900	NEP	TURNER JR, MD, J ELLIS 1113 PUTNAM BLVD WALLINGFORD PA 19086-6766 610-622-9590	GP
RUFFINI, MD, JOHN A 303 DOGWOOD LN WALLINGFORD PA 19086-6007	GP	SERRUYA, MD, ROBERTO J 1200 MT PLEASANT RD VILLANOVA PA 19085-2107 610-892-9088	P	SMITH, MD, MARIA B 423 CONCORD RD GLEN MILLS PA 19342-1403 302-733-1593	EM	TAMBURO, DO, VALERIE L PO BOX 1302 WEST CHESTER PA 19380 TARGUM, MD, STEVEN D 15TH ST AND UPLAND AVE UPLAND PA 19013 610-874-8491	OTO	VAKIL, MD, HASSAN C RIDDLE OUTPATIENT PAVILION MEDIA PA 19063-0603 610-565-4338	GS
RUFFINI, MD, JOHN J 8 MORTON AVE STE 101 RIDLEY PARK PA 19078-2210 610-521-2111	OPH	SESOKE-PIZZINI, MD, DEBORAH A 1615 COLONY LN HAVERTOWN PA 19083-2501 215-662-6523	PTH	SMITH, MD, MONICA E 2100 KEYSTONE AVE DREXEL HILL PA 19026 717-622-3818	* HEM	TAXIN, MD, RICHARD N 5 HILLTOP RD WALLINGFORD PA 19086-6216 610-447-2517	OPH	VALENTE, MD, J WALTER PO BOX 517 WATERTOWN NY 13601-0517 315-785-4570	PUD
RUMSEY, MD, WILLIAM P 206 SYCAMORE LN WALLINGFORD PA 19086-6527	GS	SEYLER, MD, RAYMOND O #43 PARKRIDGE DRIVE BRYN MAWR PA 19010-2258	GPM	SMITH, MD, WILLIAM D 1088 W BALTIMORE PIKE STE 210 MEDIA PA 19063-5136 610-565-3435	CRS	TERZIAN, MD, ALLEN E 116 ALLGATES DR HAVERFORD PA 19041-1056 215-612-5250	P	VANETT, MD, BRUCE B 2010 W CHESTER PIKE HAVERTOWN PA 19083-2713 610-446-9410	ORS
RUSSELL, MD, KAMAL B RIDDLE MEMORIAL HOSP MEDIA PA 19063 610-891-3318	* DR	SHAFER, DO, LINDA E 582 SCHOOLHOUSE LN KENNETT SQUARE PA 19348-1742 610-447-6253	FP	SMITH JR, MD, B DAVISON 10 WEIRWOOD RD RADNOR PA 19087-3717 610-896-6800	OTO	TCHONG, MD, KUO-LIANG COMMUNITY HOSP OF CHESTER CHESTER PA 19013 610-494-7711	* DR	VOGT, MD, MERLE A 207 BEAUMONT DR WALLINGFORD PA 19086-6849	* OBG
RUSSELL, MD, MARIE O 415 S PROVIDENCE RD STE 400 MEDIA PA 19063-3887 610-566-6779	PD	SHAH, MD, RANJAN R 5000 CHICHESTER RD ASTON PA 19014-2324 610-485-4346	OBG	SOKOL, MD, JOEL H 408 HAWTHORNE RD WALLINGFORD PA 19086-6410 610-237-4370	EM	TEANO, MD, DAN A 5 THISTLE LANE MEDIA PA 19063-5627 610-485-1176	NEP	WALKER, MD, STEPHEN R 565 S HEILBRON DR MEDIA PA 19063-4549 610-521-4112	U
RYAN, MD, MARILYN 10 HUNTERS LN DEVON PA 19333-1215 610-828-6317	* END	SHAH, MD, RANJIT R 106 RACCOON PL MEDIA PA 19063-1179 610-284-8300	R	SOLAN, MD, MERRILL J 672 N HEILBRON DR MEDIA PA 19063-4623 610-237-4370	TR	TERRY, MD, CHARLES M 820 PILKERING LN MEDIA PA 19063-1317	PM	WALLACE JR, MD, JOSEPH 2155 PARKTON LN YORK PA 17404-1008	OTO
RYAN JR, DO, EDWARD F 406 CHESTER RD DEVON PA 19333-1655 610-628-6220	D	SHANFELD, MD, NORMAN M 301 N LANSOWNE AVE LANSOWNE PA 19050-1017 610-259-6735	P	SOLBERG, MD, BYRNE L MERCY CATHOLIC MED CTR-FITZ DARBY PA 19023 610-237-4788	PM	TERZIAN, MD, ALLEN E 116 ALLGATES DR HAVERFORD PA 19041-1056 215-612-5250	HEM	WALLACH, MD, LAWRENCE CROZER-CHESTER MED CTR CHESTER PA 19013 610-872-8200	* END
SACHAROK, MD, CYNTHIA A 7 DENFORD DR NEWTOWN SQUARE PA 19073-1907 610-522-1717	* FP	SHAPIRO, DO, ERIC B 1440 CONCHESTER HWY BOOTHWYN PA 19061-2105 610-358-2410	PD	SOMMER, MD, JOHN T 361 LANKENAU MEDICAL BLDG E WYNNWOOD PA 19096-3425 610-649-6420	U	THOMAS, DO, DAVID A 1088 W BALTIMORE PIKE MEDIA PA 19063-5136 610-565-7010	* N	WARD, MD, EDWARD J 5001 SE BRANDYWINE WAY STUART FL 34997-8782	IM
SALAND, MD, DAVID K 700 S CHESTER RD SWARTHMORE PA 19081-2224 610-543-7100	ORS	SHARPLESS, MD, EDWIN D PO BOX 4106 ELWYN PA 19063-7106	GS	SORICELLI, MD, RICHARD R ONE MEDICAL CENTER BLVD UPLAND PA 19013-3995 610-872-8501	NEP	THOMAS, MD, GAILYN B 100 E CHESTER PK RIDLEY PARK PA 19078 610-521-4311	OBG	WARFIELD, MD, ANNA S CROZER-CHESTER MEDICAL CTR CHESTER PA 19013 610-872-8200	* END
SALKIND, MD, GARY D CROZER KEYSTONE CENTER SPRINGFIELD PA 19064-3988 610-690-4490	FP	SHERWIN, MD, NANCY M 156 VALLEY RD ARDMORE PA 19003-1511 610-845-2802	DR	SOVETSKY, DO, CHARLES L 30 OLD COVERED BRIDGE RD NEWTOWN SQUARE PA 19073-1202 610-284-8319	* R	THORNTON III, MD, JAMES J 252 LANKENAU MEDICAL BLDG E WYNNWOOD PA 19096-3427 610-896-7360	* ORS	WARNING II, MD, WILLIAM J 5000 HILLTOP DR STE 1 BROOKHAVEN PA 19015-1229 610-874-4404	FP
SANTORE, MD, FELICE J 661 SHELL BARK LN ROSEMONT PA 19010-1742	OTO	SHIAU, MD, YIH-FU 302 OXFORD LN VILLANOVA PA 19085-1208	* GE	SPENCER, MD, H NEWTON 623 S CHESTER RD SWARTHMORE PA 19081-2315 610-356-3700	ORS				
SATINSKY, MD, JONATHAN D STE 39 LANKENAU MED BLDG W WYNNWOOD PA 19096-3426 610-896-5210	* CD	SHIM, MD, WAN S 1 SLEEPY HOLLOW LN NEWTOWN SQUARE PA 19073-3929 610-891-3312	* DR	SPINA JR, MD, JOSEPH 99 SPROUL RD # 25 BROOMALL PA 19008 610-353-6550	OPH				
SAVINESE, DO, STANLEY J STONEY POND PLZ ASTON PA 19014-3129 610-497-1301	* GP	SHORE, DO, MATTHEW J 1105 HOWER LN PHILADELPHIA PA 19115-4810 610-284-8444	FP						

DELAWARE—ELK/CAMERON—ERIE

WEAN, MD, LAWRENCE P 891 BALTIMORE PIKE SPRINGFIELD PA 19064-3954 610-544-9890	* IM	YEOMAN, MD, MARGARET P 1500 MONK RD GLADWYNE PA 19035-1317	PS	ORDIWAY, MD, M VERNON 94 LINCOLN ST RIDGWAY PA 15853-1918	* P	ANON, MD, JACK B 3580 PEACH ST ERIE PA 16508-2776	OTO	BORCZON, MD, DENNIS P 4660 W 12TH ST ERIE PA 16505-3008	CHP
WEBER, MD, GEORGE L BENJAMIN WEST BERWYN PA 19312-1324 610-626-6640	OM	YODER, MD, MORRIS L 149 DECATUR RD HAVERTOWN PA 19083-1105	IM	PATANKAR, MD, JAYANT L 921 VINE ROAD EXT SAINT MARYS PA 15857-2041	FP	ANTOON, DO, MICHAEL S 5902 COTTONWOOD DR ERIE PA 16506-4708	EM	BOSSART, MD, BARBARA A 108 W SMITH ST CORRY PA 16407-1412	* GS
WEIBEL, MD, ROBERT E DVIC ROCKVILLE MD 20857-0001 301-443-4814	PD	YOW, MD, MICHAEL V 906 TWYCKENHAM RD MEDIA PA 19063-1636	* CD	814-781-7500		814-868-3035		814-664-8556	
WEINBERG, MD, CARROLL A 261 INDIAN CREEK RD WYNNWOOD PA 19096-3405 610-642-1932	P	610-874-2521		PERNESKI, MD, ROBERT L ANDREW KAUL MEMORIAL HOSP ST MARYS PA 15857-3498	ORS	ARAMOONIE, ANTHONY ES 2696 WILLOWOOD DR ERIE PA 16506-5105	ST	814-868-9633	PD
WEINBERG, MD, RICHARD A 930 SPROUL RD SPRINGFIELD PA 19064-1217 610-544-7744	* D	YUM, MD, KEUK Y LANKENAU MED SCIENCE BLDG WYNNWOOD PA 19096-3427	GS	814-781-1516		ATKINS, DO, ROBERT H 2314 SASSAFRAS ST STE 200 ERIE PA 16502	FP	814-868-9633	IM
WEINER, DO, IRA H 1216 MONTGOMERY AVE NARBERTH PA 19072-1751 610-565-4900	* FP	610-642-4004		PONTZER, MD, HERBERT 173 MAIN ST RIDGWAY PA 15853-1034	GP	814-452-5097		814-456-9191	
WEISS, MD, RICHARD D 186 LINDEN DR ELKINS PARK PA 19117-1339 215-576-2050	R	YUZON, MD, RENATO D 171 ASHURST AVE PRIMOS PA 19018-2044	IM	814-773-5225		BAKER, MD, GRAEME C 300 STATE ST STE 303 ERIE PA 16507-1430	PS	814-456-9191	FP
WERTHEIMER, MD, MARC J 5 CLUSTERS CHELSEY DR MEDIA PA 19063 610-565-8600	IM	215-427-7000		REGE, MD, STEPHEN P DUBOIS REGIONAL MEDICAL CTR DUBOIS PA 15801-0447	OBG	814-453-4397		BOYLE, MD, RICHARD C 9924 SMITH ST LAKE CITY PA 16423-1418	GP
WESTBY, MD, G RANDOLPH 1 MEDICAL CENTER BLVD STE 303 UPLAND PA 19013-3988 610-872-8501	NEP	ZABEL, DO, CHRISTINE M 45 CEDARBROOK RD ARMORE PA 19003-1617	FP	814-834-1068		BAKER, DO, MARK D SCI-ALBION ALBION PA 16475-0001	FP	814-825-8945	
WEYN, MD, ADRIAN S CROZER-CHESTER MEDICAL CTR UPLAND PA 19013-5313 610-876-2400	* CD	610-353-5840		SAND, MD, VIJAICHAND S 254 EUCLID AVE RIDGWAY PA 15853-1928	U	814-756-5778		BRERETON, MD, WILLIAM F REGIONAL CANCER CENTER ERIE PA 16505-4508	HEM
WHELAN, MD, STEPHEN T 401 BAIRD RD MERION STATION PA 19066-1416 610-352-1353	D	ZAGURSKY, MD, JOYCE A 891 BALTIMORE PIKE SPRINGFIELD PA 19064-3954	* IM	814-772-7400		BALINT, MD, BART W 9434 FRANKLIN CENTER RD CRANESVILLE PA 16410-9404	AN	814-838-9000	
WHITAKER, MD, H CRAIG PEARL HALL CROZER CHESTER UPLAND PA 19013 610-447-6497	OBG	610-544-9890		SARGINGER, MD, LARRY J 121 E ARCH ST ST MARYS PA 15857-1701	* FP	814-452-5313		BROCKMYER, MD, M LAWRENCE 135 E 2ND ST ERIE PA 16505-1434	GS
WHITE, MD, ROBERT A 712 DARBY RD HAVERTOWN PA 19083-4606 610-449-7220	OBG	ZAKEOSIAN, MD, GARABET M 3909 GRADYVILLE RD NEWTOWN SQUARE PA 19073-3124	AN	814-834-2850		814-878-1290		BROWN, MD, A CRAIG 3216 STATE ST ERIE PA 16508-2822	* CRS
WHITMORE, MD, MASON PO BOX 814 STATE COLLEGE PA 16804-0814 814-946-2697	R	ZAMOSTIEN, MD, PAUL S 1 MEDICAL CENTER BLVD STE 331 CHESTER PA 19013-3988	OBG	814-781-6758		BARBER, MD, JOSEPH C 3580 PEACH ST ERIE PA 16508-2776	PD	814-456-2976	
WIDDOWSON, MD, HAROLD R 132 SEMINOLE AVE NORWOOD PA 19074-1127	AN	610-872-7660		SORIANO JR, MD, MANUEL G DOVE ST ST MARYS PA 15857	U	814-878-1290		BROWN, MD, CHRISTINE M 4662 WALTON WOODS DR ERIE PA 16511-3308	FP
WIESNER, MD, IRVING S 119 PENNOCK PL MEDIA PA 19063-3828 610-544-1873	P	ZATZ, MD, STEVEN L 1000 WYNDON AVENUE BRYN MAWR PA 19010	* IM	814-781-1188		BARZYK, MD, PETER P 300 STATE ST ERIE PA 16507-1427	NEP	BRZOZOWSKI, MD, JAN F 311 W 24TH ST ERIE PA 16502-2666	OBG
WILKES, DO, KATHY L 601 LAKESIDE AVE HAVERTOWN PA 19083-2603 610-543-5909	FP	215-283-6495		TANNER, MD, LEONARD M 1551 RITA LN LEBANON PA 17042-5865	* PTH	814-455-1321		BU, MD, TAE-HYUNG 2314 SASSAFRAS ST ERIE PA 16502-2722	OBG
WILKINSON, MD, HAROLD A 111 DARTMOUTH AVE SWARTHMORE PA 19081-1620 610-543-5909	FP	ZEE, MD, MARY K 51 E KNOWLTON RD MEDIA PA 19063-4926	IM	814-781-1188		814-459-7231		814-459-1851	
WILKINSON, MD, ROSELISE H 8801 STENTON AVE PHILADELPHIA PA 19118-2319 215-233-2050	PD	ZEINER, MD, GEORGE B 214 MARGARET WAY KENNETT SQUARE PA 19348-1306	OM	814-781-1188		BAUERS, MD, JOHN C 717 STATE ST 4TH FL ERIE PA 16501-1341	IM	814-452-4505	
WILLIAMS, MD, BURTON L 8 ORCHARD LN WALLINGFORD PA 19086-6707	R	ZIEGENFUS, MD, WILLIAM D 1088 W BALTIMORE PIKE # 2105 MEDIA PA 19063	U	814-781-7500		814-871-6800		BUSECK, MD, MARK S 204 W 26TH ST ERIE PA 16508-1806	ORS
WILLIAMS, MD, SUSAN L CROZER-CHESTER MEDICAL CTR CHESTER PA 19013-5313 610-872-8501	NEP	610-565-8444		THOMPSON, MD, WILLIAM W 107 CENTER ST RIDGWAY PA 15853-1701	GP	814-454-8885	AN	814-454-2401	
WITHAM, MD, REBECCA S RIDDLE MEMORIAL HLTH CARE CTR MEDIA PA 19063-5105 610-566-6744	PS	ZINTL, MD, WILLIAM J 3001 GARRETT ROAD DREXEL HILL PA 19026	GS	814-772-3841		UDARBE, MD, GUILLERMO G 102 CENTER ST RIDGWAY PA 15853-1716	FP	814-456-7548	IM
WOHL-KRISTO, MD, CATHERINE V 5 PILGRIM LN DREXEL HILL PA 19026-4807	AN	610-626-4665		814-772-3841		VALDES, MD, CONRADO A 400 GREEVES ST KANE PA 16735-1518	D	814-456-7548	
WOLFE, MD, KENNETH H 753 PALMER PL BLUE BELL PA 19422-1724 610-566-8342	RHU	ZORANSKI, DO, BERNARD S 201 WILMINGTON GLEN MILLS PA 19342	IM	814-772-2363		400 GREEVES ST KANE PA 16735-1518	AN	814-456-7548	
WOOD, MD, MADELINE S 1428 PONDS EDGE RD WEST CHESTER PA 19382-7714 610-325-9200	* FP	610-358-9058		814-772-2363		400 GREEVES ST KANE PA 16735-1518		814-456-7548	
YAGNIK, MD, PRATAP M 2 STEEPLECHASE DR MEDIA PA 19063-1953 610-664-3888	N	ZURBACH, MD, JAMES M PROF OFFICE BLDG UPLAND PA 19013-3988	ORS	814-772-2363		400 GREEVES ST KANE PA 16735-1518		814-456-7548	
YAGNIK, MD, REKHA P 2 STEEPLECHASE DR MEDIA PA 19063-1953 610-874-6231	PD	610-876-0347		814-772-2363		400 GREEVES ST KANE PA 16735-1518		814-456-7548	
YARDNEY, MD, MARC J 210 ORCHARD WAY WAYNE PA 19087-4806 610-688-5266	IM	610-876-0347		814-772-2363		400 GREEVES ST KANE PA 16735-1518		814-456-7548	
YARON, MD, NOEMI S 149 HIGHLAND CIR BALA CYNWYD PA 19004-2909 610-595-6453	PTH	610-876-0347		814-772-2363		400 GREEVES ST KANE PA 16735-1518		814-456-7548	

COMP, MD, SCOTT J 225 W 25TH ST ERIE PA 16502 814-455-3986	CDS	DOUPE, MD, DAVID W HARBORVIEW HOUSE ERIE PA 16507-1349 814-877-3563	* OBG	FIERRO, DO, VINCENT S 5451 PEACH ST ERIE PA 16509-2601 814-866-3986	GE	GOODYEAR, MICHAEL H 1613 W 45TH ST ERIE PA 16509	ST	JAFFE, MD, SEYMOUR S RD 2 BOX 124 CORRY PA 16407-9118 814-662-1837	GP
COOVER, MD, LEONARD R RADIOLOGY ASSOCS OF ERIE ERIE PA 16507-1532 814-459-5000	R	DUDA, MD, JOHN R 9733 EDINBORO RD MC KEAN PA 16426-1915 814-833-2385	EM	FIESSELER, FREDERICK W 5124 OLD ZUCK RD ERIE PA 16506	ST	GRAYSON, MD, ANNE-BATTISTE 3216 STATE ST ERIE PA 16508-2822 814-456-2976	CRS	JANA, MD, DILIP K 2931 PEACH ST ERIE PA 16508-1842 814-456-6258	CD
CORTINA, MD, GARY J 300 STATE ST STE 304 ERIE PA 16423-1902 814-454-8287	* ORS	DUDENHOEFER, MD, CHRISTIAN P 41 W MAIN ST NORTH EAST PA 16428-1135 814-833-3026	P FP	FILIPPI, MD, RONALD S 2702 CASCADE ST ERIE PA 16508-1506 814-454-2442	IM	GRIMES, KELLY D 322 W 7TH ST ERIE PA 16502-1401	ST	JENKINS, MD, JAY L REGIONAL CANCER CENTER ERIE PA 16505-4508 814-838-9000	HEM
CRESPO, DO, MANUEL O 2201 W MARK RD EDMOND OK 73034	FP	DUDENHOEFER, MD, FREDERICK J 140 W MAIN ST ERIE PA 16507-1423 814-456-5341	A	FINN, MD, JOANNE 140 W 2ND ST ERIE PA 16507-1423 814-454-5834	* OBG	GUELCHER, MD, ROBERT T 3580 PEACH ST ERIE PA 16508-2776 814-864-9994	OTO	JOHNS IV, MD, WALTER S 213 E 41ST ST ERIE PA 16504-2009 814-864-4987	IM
4208 STATE ST ERIE PA 16508-3132	IM	DUDZINSKI, DO, JOHN E 10949 GRISTMILL DR NORTH EAST PA 16428-2938 814-725-8774	GP	FITZGIBBON, MD, LEO D 225 W 25TH ST STE 310 ERIE PA 16502 814-455-3986	TS	GUNDUZ, MD, PAULA A 12 E MAIN ST NORTH EAST PA 16428-1308 814-725-1599	* OBG	JOHNSON, MD, BRETT A 104 E 2ND ST ERIE PA 16507-1532 814-877-6131	FP
CRUZ, MD, ROGELIO A 300 YORK ST CORRY PA 16407-1413 814-664-8817	* GS	DUGAN, MD, THOMAS M 224 W 26TH ST ERIE PA 16508-1873 814-453-7767	CD	FLAMINI, MD, JOHN A 3504 STATE ST ERIE PA 16508-2834 814-455-8096	N	GUSTIN, MD, THOMAS A 300 STATE ST STE 208 ERIE PA 16507-1429 814-452-2318	FLAMINI	JOHNSTON, DO, CRAIG T PINECREST FAMILY PRACTICE ERIE PA 16504-1743 814-877-7075	FP
CUTRI, PETER A 2820 BURGUNDY DR ERIE PA 16506-5260	ST	DULABON, MD, DAVID A 311 W 24TH ST ERIE PA 16502-2665	U	FLITTER, MD, MARC A 104 E 2ND ST ERIE PA 16507-1532 814-877-7080	* NS	GUTHLEBEN, MD, JOHN G 1611 PEACH ST STE 335 ERIE PA 16501-2122 717-453-5894	* OBG	JOY, MD, CHARLES A 350 EATON RD FAIRVIEW PA 16415-1510 JOY, MD, CHARLES R 4406 SUNNYDALE BLVD ERIE PA 16509-1651 814-459-2456	IM
CZYRNY, NANCY A 1801 TREETOP # 4A ERIE PA 16509	ST	DUNCOMBE, MD, MICHAEL P 3504 STATE ST ERIE PA 16508 814-455-8096	N	FORTNA, MD, SANDRA J 104 E 2ND ST ERIE PA 16505-3919 814-877-7072	ID	GUZZARDO, MD, MICHAEL N 2560 W 12TH ST ERIE PA 16505-4508	* FP	JUANG, MD, RICHARD C 318 MAIN ST E GIRARD PA 16417-1709 814-774-2668	CHP
DAIL, MD, E MICHAEL 210 E 2ND ST ERIE PA 16507-1559 814-453-5058	* OBG	DUNN, MD, DAVID D 104 E 2ND ST ERIE PA 16507-1532 814-455-4404	GS	FOX, MD, BRADLEY P 926 W 38TH ST ERIE PA 16508 814-868-9828	FP	HALL, MD, RICHARD N HAMOT OCCUPATIONAL HLTH SRVS ERIE PA 16550-0001 814-452-6622	NS	JURGENSEN, MD, KENNETH H SAINT VINCENT HEALTH CTR ERIE PA 16544-0001 814-452-5383	GS
DAILEY, MD, ELLEN E 311 W 24TH ST ERIE PA 16502-2666 814-459-1851	OBG	DUNN, MD, GEOFFREY P 104 E 2ND ST ERIE PA 16507-1532 814-455-4404	* GS	FRANKLIN, MD, NORMAN 1324 S SHORE PL APT 106 ERIE PA 16505 814-870-3545	* PTH	HANAWALT, MD, MARTIN E 104 E 2ND ST 3RD FL ERIE PA 16507 814-877-6187	PD	KALAGAYAN, MD, HECTOR J PO BOX 352 UNION CITY PA 16438-0352 814-338-3854	PTH
DAILEY, MD, JAMES P 300 STATE ST STE 200A ERIE PA 18507-1427 814-456-4241	OPH	ECKBERG, MD, JOHN J 311 W GRANDVIEW BLVD ERIE PA 16508-3041	IM	FRANKOVITCH, MD, KARL F 1645 W 8TH ST ERIE PA 16505-5007 814-875-8729	* ORS	HANDEL, HEIDI S 304 W 22ND ST ERIE PA 16502	ST	KALKHOFF, MD, THOMAS C PO BOX 7265 ERIE PA 16510-0265 814-898-1661	* GER
DALTON, MD, BRIAN E 524 N MAIN ST MEADVILLE PA 16335-1570 814-333-1033	NS	EISENBERG, MD, RICHARD B 4929 EDGEVALE DR ERIE PA 16509-2341	PTH	FREEDMAN, MD, WENDY J 311 W 24TH ST STE 303 ERIE PA 16502 814-459-1851	OBG	HARDY, MD, HEIDRUN D 201 STATE ST ERIE PA 16550-0001 814-870-6000	AN	KAMINSKY, MD, JAMES F 3520 BEECH AVE ERIE PA 16508-2922	GS
DANGELO, MD, GEORGE J 104 E 2ND ST ERIE PA 16506-5604 814-453-6751	TS	ENGEL, MD, EDWARD E 3317 LIBERTY ST ERIE PA 16508-2558 814-868-8531	RHU	FRONC JR, MD, HENRY C 104 E 2ND ST ERIE PA 16507 814-456-8980	CD	HARRISON, KURT D 4221 ELLSWORTH ST ERIE PA 16509-1054	ST	KARAMANIAN, MD, AGOP V HAMOT MEDICAL CENTER ERIE PA 16550-0001 814-838-3278	AN
DANIELE, MD, JOSEPH O 238 W 22ND ST ERIE PA 16502-2613 814-452-2763	GS	ENGEL, MD, GREGORY S 104 E 2ND ST ERIE PA 16507-1532 814-455-4404	GS	FRYCZYNSKI, MD, THADDEUS P 2185 S SHORE DR ERIE PA 16505 814-454-5089	CD	HEBERLE, DO, PAUL W 3509 HAZEL ST ERIE PA 16508-2634	US	KARPINSKI, MD, HENRY B 4909 EDGEVALE DR ERIE PA 16509-2341 KARSH, MD, CARL A 160 OAKMONT AVE NORTH EAST PA 16428-1422 814-725-5860	FP
DECKER, MD, RICHARD L 104 E 2ND ST ERIE PA 16507	FP	ESPER, DO, ERIK O 5050 W RIDGE RD ERIE PA 16506-1298 814-833-8800	GP	FURR, MD, CHARLES M 104 E 2ND ST ERIE PA 16507-1532 814-456-8980	CD	HEIN, MD, JEFFREY P 1043 W 24TH ST ERIE PA 16502-2424	FP	KASTRUP, MD, JOHN J 1611 PEACH STREET ERIE PA 16501-2109 814-453-5049	GS
DEFRANCO, MD, RICHARD J 311 W 24TH ST STE 303 ERIE PA 16502-2666 814-459-1851	OBG	ESPER, DO, GARY F 4002 SCHAPER AVE ERIE PA 16508-3348 814-866-2311	IM	FUST, MD, JOHN A RR 1 BOX 241 SHERMAN NY 14781-9755	PTH	HENNESSEY, MD, MICHAEL S ST VINCENTS HLTH CTR ERIE PA 16544-0001 814-452-5000	EM	KESSLER, BRIAN A 1801 TREETOP DR APT 10A ERIE PA 16509	ORS
DEIMEL, MD, JOSEPH F 3330 PEACH ST STE 106 ERIE PA 16508-2771 814-868-5202	* FP	ESPER, DO, JEFFREY J 104 E 2ND ST STE 808-B ERIE PA 16507-1532 814-870-4600	* N	GALLAGHER, DO, JOHN M 4690 GLEN CREST DR ERIE PA 16509-3674 814-455-3961	DR	HENRY, MD, SCOTT P 300 STATE ST STE 103A ERIE PA 16507-1427 814-456-7733	* GE	KHAN, MD, MILLY P 41 W MAIN ST NORTH EAST PA 16428 814-725-8711	ST
DEMARCO, MD, JOHN J 1840 S SHORE DR ERIE PA 16505-2349 814-459-8150	OBG	ESPER, DO, RONALD A 5050 W RIDGE RD ERIE PA 16506-1216 814-833-8900	GS	GALLAGHER, MD, PHILIP E 140 W 2ND ST ERIE PA 16507-1423 814-456-5341	A	HERBST, MD, CHARLES G 3317 LIBERTY ST ERIE PA 16508-2558 814-868-8531	RHU	KHERRICK, RICHARD E 620 YOUNG RD #12 ERIE PA 16509	FP
DEMATTEIS, MD, JAMES A 104 E 2ND ST ERIE PA 16507-1532 814-877-4600	* N	ESPER, DO, STEPHANY F 5050 W RIDGE RD ERIE PA 16506-1216 814-833-8900	GP	GALLI, DO, WILLIAM P 1736 W 8TH ST ERIE PA 16505-5024	US	HERRICK, RICHARD E 620 YOUNG RD #12 ERIE PA 16509	ST	KHERA, MD, DINESH C 238 W 22ND ST ERIE PA 16502-2613 814-452-2767	GE
DEMJEANENKO, MD, PAUL 104 E 2ND ST ERIE PA 16507-1532 814-456-8980	CD	ESPER, DO, WILLIAM A 4002 SCHAPER AVE ERIE PA 16508-3348 814-866-2311	CD	GARCIA, MD, GERALD D 300 STATE ST STE 301C ERIE PA 16507-1427 814-454-2600	PS	HILEMAN, MD, JAMES D PO BOX 1 SPRING CREEK PA 16346-0001 HO, MD, SZE-KEY 1383 STRATHMANN DR SOUTHAMPTON PA 18966-4368	GP	KISH, MD, GEORGE F 104 E 2ND ST ERIE PA 16507-1532 814-453-6751	CD
DESHAPANDE, MD, SHARADCHANDRA ST VINCENT HEALTH CENTER ERIE PA 16544-0001 814-452-5000	EM	EULIANO JR, MD, JOHN J ORTHOPAEDIC & SPORTS MED ERIE PA 16507-1430 814-454-8287	ORS	GATENBY, MD, ARTHUR E 3330 PEACH ST STE 102 ERIE PA 16508 814-877-7065	CHP	HOOD, MD, JOHN M 300 STATE ST ERIE PA 16507-1427 814-456-6022	AN	KLAUS, MD, THOMAS C 3304 FOREST DR ERIE PA 16505-1819 814-452-8669	IM
DHALIWAL, MD, RANJITS REGIONAL CANCER CENTER ERIE PA 16509-3718 814-838-9000	TR	EULIANO SR, MD, JOHN J 515 FRONTIER DR ERIE PA 16505-2511	ORS	GEIGLE, MD, CARL F 469 GORDON LN ERIE PA 16509-2303	CRS	HOU, MD, CHING W 210 N CENTER ST CORRY PA 16407-1627 814-664-9238	OBG	KLEES, DO, DAVID A 217 W 11TH ST ERIE PA 16506-3155 814-452-4548	FP
DI MARCO, DO, DANIEL T 5110 MERILEE DR ERIE PA 16506-4372	FP	EVANOFF, JURKOVIC, DO, MARGUERITE J 1645 W 8TH ST ERIE PA 16505 814-875-8700	O	GEORGE, MD, JACOB 225 W 25TH ST ERIE PA 16502-2703 814-455-3986	TS	HOWELL JR, MD, DAVID D 2500 W 12TH ST ERIE PA 16505-4508 814-866-2383	ON	KOHLUT, DO, PAUL A 3223 GEORGIAN CT ERIE PA 16506-1115	GP
DIEFFENBACH, MD, WILLIAM P 311 W 24TH ST ERIE PA 16502-2665 814-455-4868	NS	FADRIGO, MD, ANDREA J HAMOT MEDICAL CTR ERIE PA 16550 814-877-6081	PD	GERMAN, MD, ANTONIO I ASSOC CLINICAL LABS ERIE PA 16501-2190 814-453-6621	PTH	HRINDA, MD, JOHN G PO BOX K FAIRVIEW PA 16415-0811 814-474-1502	FP	KOSENKO, MD, ALEXANDER 300 STATE ST ERIE PA 16507-1427 814-455-2279	IM
DIETEMAN, MD, DAVID F 3190 GLENWOOD PARK AVE ERIE PA 16508-2746 814-459-2726	* D	FALASCA, DO, THOMAS D 3211 LIBERTY ST STE 201 ERIE PA 16508-2532 814-833-0504	* AN	GLASER, MD, ALAN L 4666 GLEN CREST DR ERIE PA 16509-3674 814-454-8885	AN	HODSON, MD, HOWARD L 104 E 2ND ST ERIE PA 16507-1532 814-459-7231	R	KREMER JR, MD, EDWIN S 405 GLENWOOD BLVD ERIE PA 16509-1640	EM
DIMARCO, DO, LINDA M 5110 MERILEE DR ERIE PA 16506-4372 814-877-6131	FP	FERNANDO, MD, NEVILLE A 206 VOYAGEUR DR ERIE PA 16505-5430 814-454-8885	AN	GMUER, MD, PAUL J 238 W 22ND ST ERIE PA 16502-2613 814-452-2767	GE	HYATT, MD, FLOYD R ST VINCENT HEALTH CENTER ERIE PA 16544-0001 814-452-5431	FP	KUDVA, MD, VIDYA B 137 W 2ND ST ERIE PA 16507-1403 814-453-5602	OBG
DIORIO, CHRISTOPHER 1688 W GRANDVIEW ERIE PA 16509	ST	FERRARO, MD, ROBERT J 104 E 2ND ST ERIE PA 16509-3837 814-456-8980	CD	GOKHALE, MD, SUDHIR B 1611 PEACH ST ERIE PA 16501-2109 814-456-2031	OTO	IGNOCHECK, MD, ANTHONY R 41 W MAIN ST NORTH EAST PA 16428-1135 814-725-8711	FP	KUHN, MD, RICHARD H 2314 SASSAFRAS ST ERIE PA 16502 814-452-5100	FP
DISTEFANO, MD, BERARDINO 1243 STE ANN DR ERIE PA 16509	IM	FERRETTI, DO, SILVIA M 1858 W GRANDVIEW BLVD ERIE PA 16509-1025 814-870-7070	PM	GOLD, MD, JACK 4425 UPLAND DR ERIE PA 18509-1654	PD	ISIDRO, MD, ENRIQUE A 137 W 2ND ST ERIE PA 16507-1403 814-453-5602	PM		
DOHERTY, MD, JOHN C 701 KAHKWA BLVD ERIE PA 16505-4607 814-877-6187	FP	FESSLER, MD, THOMAS J 204 W 26TH ST ERIE PA 16508-1806 ERIE PA 16509	ORS	GOODRICH, MD, JACK K 6700 W LAKE RD FAIRVIEW PA 16415-1644 814-870-6011	* NM				

KUKLINSKI, MD, LAWRENCE M 204 W 26TH ST ERIE PA 16508-1806 814-454-2401	ORS	LUND, MD, KURT E 315 YORK ST CORRY PA 16407 814-664-8686	FP	MIR, MD, DAVID J 3828 EDGEBROOK WAY ERIE PA 16506-3860 814-456-2921	ORS	NULLET, MD, FRANCIS R 104 E 2ND ST ERIE PA 16507-1532 814-456-8980	CD	RANISH, MD, DEBORAH A 3330 PEACH ST ERIE PA 16508 814-454-6230	FP
KUMAR, VIVEK V 3180 W 41 ST ERIE PA 16506-5316	ST	LUND, MD, PETER S 311 W 24TH ST ERIE PA 16502-2665 814-452-4214	U	MISCHLER, MD, FORREST C 104 E 2ND ST ERIE PA 16507-1532 814-455-4404	GS	O'BRIEN, MD, EDWARD T REGIONAL CANCER CENTER ERIE PA 16505-4508 814-838-9000	ON	REILLY, MD, JOHN C 3216 STATE ST ERIE PA 16508-2822 814-456-2976	CRS
KURIC, MD, KEVIN M HAMOT FAM PRACTICE RES ERIE PA 16507-1532 814-877-6187	FP	LUSTIG, MD, KEITH A 300 STATE ST STE 304 ERIE PA 16507-1430 814-454-8287	*ORS	MITRA, MD, ATIN K ST VINCENT HEALTH CENTER ERIE PA 16544-0001 814-452-5353	EM	O'CONNOR, MD, JAMES V 104 E 2ND ST ERIE PA 16507 814-453-6751	CDS	REITZ, MD, MARYELLEN ST VINCENT HEALTH CENTER ERIE PA 16544-0001 814-452-5388	PTH
LAMAS, MD, CARLOS C 201 STATE ST ERIE PA 16550-0001 814-877-6000	PTH	LYONS, MD, GARY W 225 W 25TH ST ERIE PA 16502-2703	CDS	MIX, MD, WILLIAM A 176 E MAIN ST NORTH EAST PA 16428-1327 814-725-8636	FP	OBAYASHI, MD, MIKIO 2752 CARLETON CT ERIE PA 16506-1356	FP	RENZ, MD, ROBERT T 1807 LENNOX RD E PALM HARBOR FL 34683-1529	HEM
LAMBERTON, MD, WILLIAM D 4105 VISTA DRIVE ERIE PA 16506-4045	*FP	MACLACHLAN, MD, WILLIAM W 86 MACFARLANE DR APT 9H DELRAY BEACH FL 33483-6903	OTO	MOBARAKI, MD, NEVILLE K 41 W HIGH ST UNION CITY PA 16438-1236 717-270-1432	IM	OSKIN, DO, JAMES E 5937 COBBLESTONE DR ERIE PA 16509-3575	DR	REUSCHE III, DO, FRANK L 2059 W 8TH ST ERIE PA 16505-4741 814-734-4555	FP
LAMBERTON, MD, WILLIAM F 213 E 41ST ST ERIE PA 16504-2009 814-864-4987	IM	MAGOUN, MD, GEORGE L 416 W OAK ST TITUSVILLE PA 16354-1404 814-827-1851	FP	MOHANDAS, MD, USHA K 300 YORK ST CORRY PA 16407-1413 814-665-8288	*IM	OSKIN, DO, SUSAN C 5937 COBBLESTONE DR ERIE PA 16509-3575	FP	RICHMAN, MD, CRAIG G 5845 CLINTON ST ERIE PA 16509-2971 814-454-0001	*P
LAMER, DO, STEVEN D 4348 IROQUOIS AVE ERIE PA 16509 814-899-7657	FP	MAINZER, MD, FRANCIS K 1149 SPRING VALLEY DR ERIE PA 16509-2950	NS	MOORE, DO, CHERYL A 10526 PEBBLE CREEK DR MCKEAN PA 16426-1948 814-877-6139	EM	OVERFIELD, MD, EDWARD M 3580 PEACH ST STE 103 ERIE PA 16508-2776 814-864-4755	PUD	RICHMAN, MD, TOBI B 3800 W 12TH ST ERIE PA 16505-3302 814-833-0399	D
LAMP, MD, ALBERT L 4227 TRASK AVE ERIE PA 16508-3141	PD	MAKAROWSKI, MD, WILLIAM S 1781 W 26TH ST ERIE PA 16508-1256 814-454-5896	RHU	MOORE, DO, JOHN F 709 CHURCH HILL CT MARS PA 16046-8237	FP	PAKIELA, JOHN A 1143 W 31 ST ERIE PA 16508-1557	ST	RICKLOFF, MD, RAYMOND J 603 CALIFORNIA DR ERIE PA 16505-4417	D
LASHER, MD, J DONALD 4909 WATSON ROAD ERIE PA 16505-2620	GS	MANASSE, MD, HOWARD S 311 W 24TH ST ERIE PA 16502-2665 814-455-7591	OPH	MORK, MD, GUSTAVE W 322 WASHINGTON PL ERIE PA 16505-2548	*PD	PARK, MD, CHONG S ST VINCENT HEALTH CENTER ERIE PA 16544-0001 814-452-5579	PM	ROBBINS, DO, SUSAN E 4101 WESTBURY RIDGE ERIE PA 16506-4623 814-870-6047	EM
LASHER, MD, ROBERT L 217 INDIANA DR ERIE PA 16505-2123 814-455-5114	*GS	MARSHALL, MD, JACK H 4955 WATSON RD ERIE PA 16505-1329	FP	MOYER, MD, THELBERT R 5151 WOLF RUN VILLAGE LN ERIE PA 16505-5519	PM	PASQUALICCHIO, DO, GARY E 425 W 10TH ST ERIE PA 16502-1302 814-455-8006	*IM	ROGERS, MD, VINCENT P 104 E 2ND ST ERIE PA 16507-1532 814-877-7071	ORS
LAUER, MD, CARL G 3211 LIBERTY ST ERIE PA 16508-2575	*VS	MARTINI, MD, VICTOR S 5132 CLINTON DR ERIE PA 16509 814-866-5518	FP	MRAZ, MD, JAMES E 204 W 26TH ST ERIE PA 16508-1806 814-454-2401	ORS	PATEL, MD, KANTILAL C ST VINCENT HEALTH CENTER ERIE PA 16544-0001	AN	ROMANO-JANA, MD, LOURES R 4618 CHERRY ST ERIE PA 16509-2210 814-456-6258	RHU
LAYDEN, MD, PAUL W 6726 MANCHESTER BEACH RD FAIRVIEW PA 16415-1636 814-454-2401	ORS	MASON, MD, GREGG C 204 WEST 26TH STREET ERIE PA 16508-1806 814-454-2401	ORS	MRAZ, MD, JOHN P 2620 SIGSBEE ST ERIE PA 16508-1721 814-454-2879	D	PATEL, MD, VINOD M 238 W 22ND ST ERIE PA 16502-2613 814-452-2787	GE	ROOS, MD, ALFRED T 3125 FRENCH ST ERIE PA 16504-1068 814-456-2047	FP
LEE, MD, AUNG P 401 VOYAGEUR DR ERIE PA 16505-5425 814-454-8885	AN	MASSEY, MD, GORDON J 44 E DIVISION ST NORTH EAST PA 16428-1350	GP	MSZANOWSKI, MD, EDWIN M 822 COMPASS DR ERIE PA 16505	GS	PELLIZZARI, MD, RINALDO G 6403 FAIROAKS CIR FAIRVIEW PA 16415-1718	PTH	ROOUIZ, MD, ELISEO M ST VINCENT HEALTH CENTER ERIE PA 16544-0001 717-452-5309	AN
LEE, MD, IN WOO 3102 EL CORTO WY ERIE PA 16506-1604 814-455-5546	P	MASTERS, DO, THOMAS R 301 W 10TH ST ERIE PA 16502-1440 814-453-7978	FP	MULLA, MD, OMAR P 104 E 2ND ST ERIE PA 16507-1532 814-453-3766	PD	PEPICELLO, MD, JAMES A 201 STATE ST ERIE PA 16550-0001 814-877-2574	GS	ROSE, MD, VICKI C HAMOT MEDICAL CENTER ERIE PA 16505-0001 814-877-3190	NPM
LESSESKI, DO, DAVID C PRESQUE ISLE FAMILY MED ERIE PA 16509 814-836-9209	*FP	MAXA JR, DO, ROBERT L PRESQUE ISLE FAMILY MED ERIE PA 16505 814-836-9209	FP	MYERS, MD, BARRY B 311 W 24TH ST ERIE PA 16502 814-455-7391	OPH	PETRE JR, MD, JOHN H GRENELEFE HAINES CITY FL 33844-9704	U	ROTH, MD, RUSSELL B 3226 GEORGIAN CT ERIE PA 16506-1168	U
LEVINE, ETHAN 1750 PENELLEZ PARK DR #8 ERIE PA 16509	ST	MC CARTNEY, MD, RONALD L 11296 DONATION RD WATERFORD PA 16441	R	NADWORN, MD, HOWARD A 2314 SASSAFRAS ST STE 205 ERIE PA 16502-2720 814-456-6194	ID	PETT SR, MD, STEPHEN D 225 W 25TH ST STE 310 ERIE PA 16505-1065 814-455-3986	TS	ROTHMAN, MD, JAN M THE REGIONAL CANCER CTR ERIE PA 16505 814-838-9000	ON
LEVINE, MD, MARK J 104 E 2ND ST ERIE PA 16507-1532 814-877-6131	FP	MC COMBS, MD, RAY D 4834 WOLF RD ERIE PA 16505-1358	GP	NAGLE, MD, DOUGLAS B 104 E 2ND ST 5TH FL ERIE PA 16507-1502 814-459-7231	R	PFEIFER III, MD, WILLIAM F TRISTATE TRAUMA SYSTEM ERIE PA 16502 814-870-1920	*TRS	ROWANE, DO, MICHAEL P 1595 W 26TH ST ERIE PA 16508	OBG
LEVINSON, MD, PETER G 3211 LIBERTY ST ERIE PA 16508-2532 814-866-1333	*OBG	MC CORMICK, JAMES T 2670 W 38TH ST APT 66 ERIE PA 16506-4540	ST	NAGLE, MD, RICHARD W 104 E 2ND ST ERIE PA 16507-1532 814-459-7231	DR	PHELPS, MD, WILLIAM R 300 STATE ST STE 207 ERIE PA 16507-1429 814-456-6201	GS	RUFFA, DO, ANTHONY M 4517 SUNNYDALE BLVD ERIE PA 16509-1652 814-455-8220	FP
LEVY, MD, DAVID J BAYFRONT DIGESTIVE DIS ERIE PA 16507-1427 814-456-7733	*GE	MC GEE, MD, DAVID M MODERN TOOL SQUARE ERIE PA 16507-1450 814-455-7452	*NS	NAIK, MD, VAISHALI D 612 W SMITH ST CORRY PA 16407-1152 814-664-4641	AN	PODUFAL, DO, EDWARD 225 W 25TH ST STE 408 ERIE PA 16502-2734 814-454-8885	AN	RUSSO JR, DO, ANTHONY P 695 W TOWNHALL RD WATERFORD PA 16441-9221 814-454-8885	AN
LEVY, MD, STEVEN A HAMOT MEDICAL CENTER ERIE PA 16550-0001 814-870-6187	IM	MC GEEHAN, MD, PAUL A 104 E 2ND ST ERIE PA 16507-1532 814-459-7231	R	NAIR, MD, KRISHNAN K 1611 PEACH ST ERIE PA 16501-2109 814-456-2031	OTO	POLLOCK, DO, JAMES D 5207 HEIDLER RD FAIRVIEW PA 16415-2343 814-455-8228	FP	SAMARASINGHE, MD, GUNASIRI 103 LINCOLN AVE ERIE PA 16505-2441 814-452-7000	AN
LIM, DO, SCOTT J M 4538 PEACH ST ERIE PA 16509-1320 814-864-2625	D	MC GUIRE, MD, THOMAS E GENERAL ELECTRIC ERIE PA 16531-0001 814-899-2789	FP	NAIR, MD, SARITA 5125 WOLF RUN VILLAGE LN ERIE PA 16505-5515 814-455-1321	*IM	POWELL, MATTHEW N 2716 HUDSON RD ERIE PA 16508-1137	ST	SANDSTROM, MD, PAUL H 104 E 2ND ST ERIE PA 16507-1532 814-459-7231	R
LINDEMUTH, DO, CLAYTON C 217 W 11TH ST ERIE PA 16501-1731 814-454-2881	GS	MC JUNKIN, MD, CHERYL L 104 E 2ND ST ERIE PA 16550-0001 814-870-6187	FP	NAIR, MD, SURESH G 5125 WOLF RUN VILLAGE LN ERIE PA 16505-5515 814-455-1321	*IM	PREGLER, DO, FRANK C 4908 MCCLELLAND AVE ERIE PA 16510-4049 814-454-5886	GP	SANTOMENNA, MD, MICHAEL A ERIE PA 16502-2613 814-459-9937	GS
LIPMAN, MD, SIDNEY P 3580 PEACH ST ERIE PA 16508-2776 814-864-9994	OTO	MC NEILL, MD, DONALD B 4703 SUNNYDALE BLVD ERIE PA 16509-2239	OBG	NARUS, MD, VITOLD T 1123 W 38TH ST ERIE PA 16508-2457 814-666-5361	D	PROY, MD, BERNARD C 315 YORK ST CORRY PA 16407-1412 814-664-8686	IM	SANTOSO, MD, LIMJADI 2618 PARADE ST ERIE PA 16504-2810 814-455-9937	IM
LISZKA, DO, ANNE-MARIE 140 W 2ND ST ERIE PA 16507-1423 814-455-1321	IM	MERCER, MD, EDWARD E 26 NIAGARA PIER ERIE PA 16507-2310 814-474-5521	IM	NEDRESKY, MD, JOSEPH P 104 E 2ND ST ERIE PA 16507-1532 814-453-6751	DR	PRYLINSKI, MD, GREGORY V 238 W 22ND ST ERIE PA 16502-2613 814-452-2763	GS	SARDESAI, MD, PRABHAKAR G 104 E 2ND ST ERIE PA 16507-1532 814-459-7231	TS
LLOYD, MD, GERALD R 315 YORK ST CORRY PA 16407-1412 814-664-8686	*FP	MILLER, DAVID E 1032 W 25TH ST ERIE PA 16502-2427	ST	NEER, MD, GARY L 3802 POPLAR HILL RD STE D CHESAPEAKE VA 23323	FP	PRYLINSKI, DO, JEFFORY J 404 VOYAGEUR DR ERIE PA 16505-5426 814-454-7927	AN	SCHAAFF, MD, JOHN T 3580 PEACH ST STE 103 ERIE PA 16508-2776 814-864-4755	PUD
LOEB, MD, ROBERT L 2169 S SHORE DR ERIE PA 16505-2249	IM	MILLER, MD, ROLAND E 4234 S SHORE DR ERIE PA 16511-1335	FP	NEGRO, MD, ANGEL M 104 E 2ND ST ERIE PA 16507-1532 814-877-4600	*CHN	PURCELL, MD, ROBERT E 5100 PEACH ST ERIE PA 16509-2418 814-868-5528	OBG	SCHILL, MD, STEPHEN E 1611 PEACH ST ERIE PA 16501-2109 814-456-2031	OTO
LONG, MD, RICHARD W 225 W 25TH ST ERIE PA 16502-2703 814-455-3986	CDS	MILLER II, MD, TOM R 201 WATERFORD ST EDINBORO PA 16412-2226	FP	NEWELL, MD, PAUL M 104 E 2ND ST ERIE PA 16507-1532 814-877-7072	IM	RAJ, MD, STEPHEN S HAMOT MEDICAL CENTER ERIE PA 16550-0001 814-877-6000	AN	SCHENCK, DO, DAVID P 5015 LAKE PLEASANT RD ERIE PA 16509-3831 814-899-7667	FP
LONGSTREET, MD, PETER L 118 E 2ND ST ERIE PA 16507-1502 814-877-6136	P	MINK, MD, KENNETH R 3428 COVE VIEW BLVD APT 1110 GALVESTON TX 77554	AN	NEYLON, MD, MICHAEL P 4336 W 28TH ST ERIE PA 16506-1704 814-454-2442	FP	RAM, MD, SANT 2123 W 8TH ST ERIE PA 16505-4743 814-453-5056	CRS	SCHOBBER, MD, JUSTINE R 333 STATE STREET ERIE PA 16507-1427 814-455-5900	U
LOVERANES, MD, MARIANO D 13466 RT 6 CORRY PA 16407-8916 814-664-2666	GS	MINY, MD, JOHN R 213 E 41ST ST ERIE PA 16504-2009 814-864-4987	IM	NOVAK, MD, KEVIN J HAMOT MEDICAL CENTER ERIE PA 16412 814-870-6000	AN		PD	SCHWARTZ, MD, ROBERT M 1129 ST MARY DR ERIE PA 16509-2975 814-456-7733	*GE

SCIBETTA, MD, MARIO P REGIONAL CANCER CENTER ERIE PA 16505-4508 814-838-9000	* TR	TALARICO, DO, JOSEPH F 252 W 11TH ST ERIE PA 16501-1702 814-870-3850	AN	WALKER, MD, JAMES F 335 SUPERIOR AVE ERIE PA 16505-2345	IM	ZIGA, MD, ALEX A 3330 PEACH ST STE 102 ERIE PA 16508-2771 814-877-7065	P	FLORES, MD, MAY R UNIONTOWN HEALTH CENTER UNIONTOWN PA 15401-8926 412-439-4150	FP
SCUTELLA, MD, MICHEAL A 311 W 24TH ST ERIE PA 16502-2665 814-456-1560	OBG	TAN, MD, WILFREDO S 104 E 2ND ST ERIE PA 16507-1532 814-453-6751	CDS	WALLACE, MD, WILBUR S 526 CALIFORNIA DR ERIE PA 16505-2122	PH	ZIMM, MD, EDWARD J 4141 TRASK AVE ERIE PA 16508-3139	OTO	GABRIEL, MD, PETER 8 ADAMS LN UNIONTOWN PA 15401-5302 412-437-8050	DR
SEGU, MD, SUBRAMANYAM 7000 PINEGATE RD FAIRVIEW PA 16415-1530 814-452-6320	OPH	TAVANA, MD, MANOUCHER 238 W 22ND ST ERIE PA 16502-2613 814-452-2763	GS	WALLERSTEIN, MD, EDWARD M 2315 POWELL AVE RM 18 ERIE PA 16506-1843 814-838-7572	P	ZONE, MD, DONALD D 104 E 2ND ST ERIE PA 16507-1532 814-456-8980	CD	GAINOR, MD, PATRICIA A 625 JONES AVE MORGANTOWN WV 26505-4722 412-437-0729	P
SEIFERTH, MD, WILLIAM J 309 CONNECTICUT DR ERIE PA 16505-2213	IM	TAVARES, MD, JOAO O 1611 PEACH ST STE 350 ERIE PA 16501-2122 814-453-5856	ORS	WARD, MD, EDGAR H 6220 LAKE SHORE DR ERIE PA 16505-1052	IM	FAYETTE			
SEMPLE, MD, JOSEPH M 3204 STATE ST ERIE PA 16508-2855 814-453-4509	AN	TEDESCO, DO, JOHN A 2640 W 38TH ST ERIE PA 16506-4524 814-835-8258	OPH	WARD, MD, TIMOTHY J 4620 BUFFALO RD ERIE PA 16510-2207	FP	ALCANTARA, MD, VICENTE A 2164 TRUXTON DR PITTSBURGH PA 15241-2230	R	GAROFALO, MD, CARL A 130 SIMPSON ROAD BROWNSVILLE PA 15417-9625 412-246-2100	GP
SHABLOSKI, DO, REGAN P 252 W 11TH ERIE PA 16501-1702 814-870-3400	GP	TEED, JAMES P 250 W 8TH ST APT 36 ERIE PA 16501	ST	WEAVER, MD, JAMES D 10711 ALMOND ST FAIRFAX VA 22032 202-789-0031	* FP	AYRES, MD, WILLIAM W 107 PROFESSIONAL PLZ UNIONTOWN PA 15421-0305	PTH	GLAD, MD, LAWRENCE J 404 DOVE DR UNIONTOWN PA 15401-5300	OBG
SHARMA, MD, SUKH D 104 E 2ND ST ERIE PA 16507-1532 814-456-8980	CD	THOMAS, MD, JOSEPH M PO BOX 239 ERIE PA 16512-0239 814-878-1345	AN	WEHNER, MD, JULIE A 104 E 2ND ST ERIE PA 16507-1532 814-877-6131	FP	BERONILLA JR, MD, HILARION A 212 N CHESTNUT ST SCOTTDALE PA 15683-1549 412-887-4521	GS	GOODMAN, MD, DAVID B 110 NASSAU ST UNIONTOWN PA 15401-2826	IM
SHIN, MD, MAUNG T 5010 WOLF RD ERIE PA 16505-1342 814-454-8885	AN	THOMAS JR, MD, JAMES J 210 E 2ND ST ERIE PA 16507-1559 814-353-5058	OBG	WEIBEL, MD, TIMOTHY J 3211 LIBERTY ST ERIE PA 16508-3124 814-866-1333	* OBG	BINNS, MD, VERONICA 226 UNION ST BROWNSVILLE PA 15417-1928	PD	GROSSMAN, MD, I WILLIAM 500 W BERKELEY ST UNIONTOWN PA 15401-5596 412-430-5159	PTH
SHIVDE, MD, PINAKINI 300 STATE ST ERIE PA 16507-1427 814-454-5800	NPM	TOLEDANO, MD, CONRADO P 4137 AVENIEL CT ERIE PA 16506-4641 814-878-1290	* PM	WEISENFLUH, MD, MARK G 640 BURKHART ERIE PA 16511-2121 814-454-4530	FP	BLOSS, MD, DAVID C PROF PLAZA I STE 202 UNIONTOWN PA 15401-3128 412-439-1020	GS	GUIE, DO, MARGEL C 614 S PITTSBURGH ST CONNELLSVILLE PA 15425-4017 412-628-6776	GP
SIMONIAN, MD, THOMAS M 1595 W 26TH ST ERIE PA 16508-1367 814-870-6000	FP	TOOZE, MD, FRANK M 3607 Tanager DR ERIE PA 16506-1151	PS	WEISSBACH, MD, NANCY E 2314 SASSAFRAS ST BOX 310 ERIE PA 16502-2721 814-456-6194	ID	BLUMENSCHNEIN, MD, GERTRUDE PO BOX 377 CHALKHILL PA 15421-0377 412-437-1539	FP	HART, MD, PHILIP L 63 UNION ST UNIONTOWN PA 15401-4245 412-437-8050	* DR
SIMORA, MD, FELIX S 1611 PEACH ST STE 380 ERIE PA 16501-2122 814-455-6874	* P	TOEPERZER, MD, BETTY C 104 E 2ND ST ERIE PA 16507-1532 814-453-5706	FP	WELLES, MD, RICHARD V 104 E 2ND ST ERIE PA 16507-1532 814-877-4600	* N	BOBAK, MD, WLADYSLAW 601 THOMPSON AVE DONORA PA 15033-1930 412-379-8544	IM	HARTLEY, MD, PAUL A PROF PLAZA III STE 240 UNIONTOWN PA 15401 412-437-1109	IM
SINGH, MD, ASIM R 300 STATE ST STE 302 ERIE PA 16507-1430 814-455-2279	NEP	TOWNSEND, MD, MARK E 3211 LIBERTY ST ERIE PA 16508-2532 814-866-1333	* OBG	WELLS, MD, E BUIST 3257 GEORGIAN CT ERIE PA 16506-1169	IM	BONUCCI, MD, BRUNO L PO BOX 355 STAR JUNCTION PA 15482-0355	FP	IANNAMORELLI, MD, ANTHONY S 2 HIGHLAND PARK DR UNIONTOWN PA 15401-8926 412-438-4364	* IM
SKOVRON, MD, MICHAEL 1324 S SHORE DR APT 201 ERIE PA 16505-2537	ORS	TRAGESER, MD, TIMOTHY C 104 E SECOND STREET ERIE PA 16507-1532 814-456-8980	CD	WHARTON, MD, STANLEY W 134 PUTNAM DR ERIE PA 16511-1256	OS	BOONVISUDHI, MD, THUMRONG RR 1 BOX 337 MONONGAHELA PA 15063-9417 412-483-3677	PD	JIN, MD, BYUNGHAK 30 DELAWARE AVE UNIONTOWN PA 15401-3119 412-438-5547	GS
SLABIC, MD, PETER P 2800 STATE ST ERIE PA 16508-1830 814-455-3918	IM	TRONETTI, DO, MICHAEL J 6625 KNOYLE RD ERIE PA 16510-5432 814-870-7065	P	WHEELING, MD, THERESA A 143 E 2ND ST ERIE PA 16507	PM	BOURNA, MD, JEAN B 515 BIERER LN UNIONTOWN PA 15401-3117 412-439-2574	D	JONES, MD, THOMAS B PROF PLAZA II STE 211 UNIONTOWN PA 15401-3129 412-437-8200	ORS
SLABIC, MD, STAN F 2800 STATE ST ERIE PA 16508-1830 814-455-3918	IM	TRONETTI, DO, PAMELA S 6625 KNOYLE RD ERIE PA 16510-5432 814-870-6131	GER	WICKRAMASINGHE, MD, EARDLY K PO BOX K FAIRVIEW PA 16415-0811 814-474-2663	GP	CALABRESE, DO, CHARLES R 524 MORGANTOWN ST UNIONTOWN PA 15401-5430 412-437-7677	GE	JOSHI, MD, KISHOR E 25 HIGHLAND PARK DR STE 201 UNIONTOWN PA 15401-8926 412-439-4150	IM
SNIDER, MD, B LEONARD STERLING SQUARE ERIE PA 16508-2771 814-864-2366	D	TSENG, MD, FRANCIS H 1703 BAYVIEW AVE ERIE PA 16505-2301 814-454-8185	OBG	WILCZANSKI, MD, PETER L 4620 BUFFALO RD ERIE PA 16510-2207 814-899-7686	FP	CARDENAS, MD, FLORENCIO P PROF PLAZA I STE 101 UNIONTOWN PA 15401 412-437-3191	FP	KIM, MD, DONG H 169 S MOUNT VERNON AVE UNIONTOWN PA 15401-3225 412-438-3524	* PDA
STAMM, MD, BARRY D 104 E 2ND ST ERIE PA 16507-1532 814-453-4575	* OPH	UNDERHILL, MD, WILLIAM L 104 E 2ND ST ERIE PA 16507-1532 814-453-4575	CD	WILHELM, MD, WILLIAM C 104 E 2ND ST ERIE PA 16507-1594 814-453-3766	PD	CARVER, MD, MARGARET A 448 W BERKELEY ST UNIONTOWN PA 15401-5510 412-437-1539	OBG	KIM, MD, MYOUNG S PROF PLAZA II STE 121 UNIONTOWN PA 15401 412-439-4150	OBG
STEEHLER, DO, KIRK W 3580 PEACH ST STE 106 ERIE PA 16508-2776 814-452-2405	OTO	UNGER, DO, DONALD 4125 W RIDGE RD ERIE PA 16506-1721 814-838-7778	FP	WILLIAMS, MD, RICHARD A 104 E 2ND ST ERIE PA 16507-1532 814-459-5000	DR	CHALFANT, MD, JOHN C 20 NICTMANS PLZ LEMONT FURNACE PA 15456 412-437-8880	FP	KIM, MD, WHA S 659 CHERRY TREE LN UNIONTOWN PA 15401-8947 412-437-0649	OBG
STEFANOVSKI, MD, NICK 300 STATE ST ERIE PA 16507-1427 814-454-8287	* ORS	VAN HOVE, MD, SHAWN P HAMOT MEDICAL CENTER ERIE PA 16550-0001 814-870-6000	AN	WITTMANN, MD, THOMAS A 3580 PEACH ST STE 103 ERIE PA 16508-2776 814-864-4755	PUD	CHATTA, MD, FOZIA A RR 1 BOX 260 SCOTTSDALE PA 15683-9524 312-883-2000	IM	KIOK, MD, MAXIMO C 30 DELAWARE AVE UNIONTOWN PA 15401-3119 412-437-5020	N
STEINBRINK, MD, WILLIAM H 140 W 2ND ST ERIE PA 16507-1423 814-454-5834	* OBG	VAN VLIET, DO, MILLER J 1342 COURTNEY DR VICTOR NY 14564	US	YAKISHI, MD, JACK E 3929 W 38TH ST ERIE PA 16506-4091 814-833-5653	FP	CHAUHAN, MD, TUSHARSINDHU C 25 HIGHLAND PARK DR UNIONTOWN PA 15401 412-439-4531	IM	KRAMER, MD, LAWRENCE G 109 DELAWARE AVE STE 246 UNIONTOWN PA 15401 412-437-4400	PUD
STEPHENSON, MD, KEITH R 316 W 23RD ST ERIE PA 16502-2620 814-455-9038	* GS	VANDAMIA, MD, DONALD N 1240 ST ANN DR ERIE PA 16509-2947 814-868-5202	GP	YONKO, DO, CHRISTOPHER 4105 PINE ST ERIE PA 16504-2333 814-877-7035	FP	CHO, MD, JONG S 200 N REDWOOD ST MASONTOWN PA 15461-1667 412-583-2819	GP	KRAUS, MD, JOHN F 108 BEN LOMOND ST UNIONTOWN PA 15401-2835 412-430-5834	AN
STONITSCH, MD, FRANK C 1210 NURSERY RD LAKE CITY PA 16423-2001 814-877-6000	EM	VANVORIS, MD, LEE P 104 E 2ND ST ERIE PA 16507-1532 814-877-7072	ID	YOO, MD, HO JOON 104 E 2ND ST ERIE PA 16507-1532 814-459-7231	DR	COOK, MD, RALPH W RR 1 SMOCK PA 15480-9801 412-677-2520	GP	KUNKEL, MD, MARY E 1 S MT VERNON AVE UNIONTOWN PA 15401-3223 412-437-9858	IM
STRATTON, MD, ROBERT D BAYFRONT PROFESSIONAL BLDG ERIE PA 16507-1427 814-456-4241	OPH	VEMULAPALLI, MD, KUTUMBARAO HAMOT MEDICAL CENTER ERIE PA 16507-1426	AN	YORDY, MD, STEVEN E 5236 CRISTINA CT ERIE PA 16506	FP	COOK, MD, RICHARD A 104 MCCLELLANDTOWN RD UNIONTOWN PA 15401-5527 412-437-1539	FP	LABUDA II, MD, JOSEPH M 104 MCCLELLANDTOWN RD UNIONTOWN PA 15401-5527 412-438-1808	FP
STUART, MD, ROBERT B 3211 LIBERTY ST ERIE PA 16508-2532 814-866-6820	EXEC	VEMULAPALLI, MD, LAKSHMI R 210 E 2ND ST ERIE PA 16507-1559	OBG	YOST, MD, MARK F 104 E 2ND ST ERIE PA 16507	DR	CORRADO JR, MD, CATALDO F 500 W BEAKELY ST UNIONTOWN PA 15401-5596 412-430-5796	* EM	LARKIN, MD, FRANCIS L 1357 JAMAICA RD MARCO FL 33937-3980	GS
SUPPA, MD, OSVALDO S 7598 WILSON DR FAIRVIEW PA 16415-1421	DIA	VILUSHIS, DO, GEORGE J CHILDRENS HEALTH CARE ERIE PA 16508-2776 814-868-9633	PD	YOUNG, MD, LINDA L 4227 ENGLISH AVE ERIE PA 16510-3626 814-452-5000	FP	DAURIA, MD, THOMAS M 103 SYLVANUS AVE UNIONTOWN PA 15401-4666 412-437-9854	PD	LARKIN, MD, WILLIAM A 116 SANTA MARIA LN UNIONTOWN PA 15401-2631 LEE, MD, KUK S	GS
SUPROCK, MD, MARK D 1611 PEACH ST STE 444 ERIE PA 16501-2123 814-453-5049	ORS	VISCUSI, MD, DONALD J 3010 W LAKE RD ERIE PA 16505-3849 814-833-2385	FP	YUN, MD, JAE K 2913 MADEIRA DR ERIE PA 16506-1729	DR	DESAI, MD, SHIRISHKUMAR B 1150 7TH ST WAYNESBURG PA 15370-1660 412-852-2110	U	REHABILITATION CENTER UNIONTOWN PA 15401 412-438-9222	* PM
SUSANN, MD, PHILIP W 104 E 2ND ST ERIE PA 16507 814-455-4404	GS	VITANZA, DO, SEBASTIAN A 3222 GEORGIAN CT ERIE PA 16506-1116	GP	ZADEH, MD, MEHDI L 1611 PEACH ST ERIE PA 16501-2109 814-459-3201	GS	DILEO, MD, DOMINIC W 6 SPRING CREEK LN UNIONTOWN PA 15401-8903 412-439-9200	CD	LEMENTOWSKI, MD, MICHAEL 331 SCHOONMAKER AVE MONESSEN PA 15062-1110 412-684-7170	GS
SWANTEK, DO, LEO J 4125 W RIDGE RD ERIE PA 16506-1721 814-864-3041	GP	VOORA, MD, SAMBASIVARAO 311 W 24TH ST STE 302 ERIE PA 16502-2666 814-456-8424	PD	ZERBONIA, DO, ANGELO N 252 W 11TH ST ERIE PA 16501-1702 814-870-3530	R	ENANY, MD, ALBERT K 208 S ARCH ST CONNELLSVILLE PA 15425-3519 412-628-3500	IM	LOCKWOOD, MD, MARILYN A PO BOX 252 FARMINGTON PA 15437 412-430-5493	PD
SYMES, MD, PHILIP H 2500 W 12TH ST ERIE PA 16505-4597 814-838-9000	ON	WADE, MD, JEANNE A 104 E 2ND ST ERIE PA 16441-8739 814-459-7231	R	ZIEGLER, MD, THOMAS R PO BOX 3093 ERIE PA 16508-0093 814-877-7039	PTH	ENGLISH, MD, ROBERT S RR 1 BOX 373 SMITHFIELD PA 15478-9504 412-564-7424	* D	MAHER, MD, REGIS M 19 SHADY LANE UNIONTOWN PA 15401-3605 MARCUS, MD, JOHN W MEDICAL ARTS BLDG UNIONTOWN PA 15401-3119 412-439-5842	GS

FAYETTE—FRANKLIN

MARQUEZ, MD, PEDRO A	DR	TAGHIZADEH, MD, FIROOZ	GS	CALLCOTT-STEVENS, MD,		HARTMAN, MD, OWEN W	PD	PYATT JR, MD, ROBERT S	DR
8 LYDIA DR		115 MEDICAL ARTS BUILDING		VICTOR A	EM	105 FARMINGTON RD		905 WALLACE AVE	
UNIONTOWN PA 15401-8919		UNIONTOWN PA 15401		CHAMBERSBURG HOSP ED		CHAMBERSBURG PA 17201-3125		CHAMBERSBURG PA 17201-3858	
412-437-8050		412-438-6661		CHAMBERSBURG PA 17201-1720		HEINE, DO, MARTIN K	EM	717-267-7181	
MC LELAN JR, MD, THOMAS G	US	TAYLOR, MD, BRIAN T	FP	CHARLESWORTH, MD, ERNEST E * FP		6288 BIKLE RD		RAHAUSER, MD, DAVID M	FP
PO BOX 817		93 N MORGANTOWN ST		210 JUNIPER RD		CHAMBERSBURG PA 17201-9065		147 E WASHINGTON ST	
CONNELLSVILLE PA 15425-0817		FAIRCHANCE PA 15436-1039		CHAMBERSBURG PA 17201-3140		717-261-7146		CHAMBERSBURG PA 17201-2536	
412-628-1560		412-564-0900		717-264-6511		HIMELFARB, MD, HILLARD M	OPH	717-264-6185	
MC GROGAN, MD, MARTIN J	* AN	TIBERIO, MD, RICHARD A	IM	CHICKLO, MD, JAMES M	OTO	180 E QUEEN ST		RAMIREZ, MD, CONSTANCIO	PTH
500 W BERKELEY ST		171 W CRAWFORD AVE		1039 WAYNE AVE		CHAMBERSBURG PA 17201-2238		277 BRIAR LN	
UNIONTOWN PA 15401-5596		CONNELLSVILLE PA 15425-3526		CHAMBERSBURG PA 17201-2923		HOFFMAN, MD, HOWARD L	CLP	CHAMBERSBURG PA 17201-3105	
412-430-5026		412-628-5800		717-264-2610		622 WALLACE AVE		RASCHID, MD, SOHAEL M	OBG
MC MONAGLE, MD, CAREY L	IM	TIMOTHY, MD, SHEILA H	PD	CIFOR, DO, SANDRA M	AN	CHAMBERSBURG PA 17201-2873		761 5TH AVE STE A	
650 CHERRY TREE LN		PROF PLAZA STE 108		12934 THE TERRACE		HUDZINSKI, MD, MARTIN	FP	CHAMBERSBURG PA 17201-1282	
UNIONTOWN PA 15401-8947		UNIONTOWN PA 15401		HAGERSTOWN MD 21742		J L GROVE MEDICAL CENTER		717-261-1975	
412-439-8100		412-437-9854		717-267-7768		GREENCASTLE PA 17225-1100		RECTOR, MD, ROBERT D	GS
MITCHELL, MD, WILLIAM J	US	TRANOVICH, MD, MARK	ORS	CONNOR, DO, J MICHAEL	EM	717-597-3151		CHAMBERSBURG MEDICAL BUILDING	
180 N GALLATIN AVE		UNIONTOWN PA 15401-5368		CHAMBERSBURG HOSP		HUSSAIN, MD, SHABBAR	ORS	CHAMBERSBURG PA 17201-1795	
UNIONTOWN PA 15401-2969		412-437-0666		CHAMBERSBURG PA 17201-1796		1035 WAYNE AVE		717-263-4411	
412-437-0666		MONTGOMERY, MD, MARK R	GP	717-267-7146		CHAMBERSBURG PA 17201-2942		RETTIG, MD, STEPHEN J	FP
PO BOX 533		FAIRCHANCE PA 15436-0533		CRAWFORD, MD, GEORGE A	R	717-264-6211		1051 E MAIN ST STE 1	
MURELLO, MD, DAVID M	CD	500 BERKELEY ST	AN	609 VISTA CT		JABLIN, MD, PETER	PUO	WAYNESBORO PA 17268-2318	
650 CHERRY TREE LN		UNIONTOWN PA 15401-5596		WAYNESBORO PA 17268-2533		601 NORLAND AVE		RICHARDS, MD, ROBERT N	ORS
UNIONTOWN PA 15401-8947		412-430-5026		717-765-3404		CHAMBERSBURG PA 17201		1035 WAYNE AVE	
412-439-8100		VILLAVALENCIO-NOCHE, MD,	EM	CRYER, MD, THEODORE H	OPH	717-264-3900		CHAMBERSBURG PA 17201-2942	
NOCHE, MD, CESAR N	FP	LYDIA L		45 ROADSIDE AVE		KEATING, MD, WILLIAM J	FP	717-264-6211	
136 BELMONT CIR		136 BELMONT CIR		WAYNESBORO PA 17268-2537		3730 SCOTLAND RD BOX 398		RICHARDS JR, MD, ROBERT N	ORS
UNIONTOWN PA 15401-4764		UNIONTOWN PA 15401-4764		717-762-1158		SCOTLAND PA 17254		1035 WAYNE AVE	
412-439-1010		412-430-5066		D'AMICO, MD, FRANK C	U	717-267-3606		CHAMBERSBURG PA 17201-2942	
O'KELLY, MD, PETER P	U	WHITE, ANNE L	EXEC	767 5TH AVE # 1		KENT, MD, W DAVID	FP	717-264-6211	
413 JOANN LN		62 CHARLES ST		CHAMBERSBURG PA 17201-1282		PO BOX 57		RICHTOR, MD, KENNETH W	FP
UNIONTOWN PA 15401-3956		UNIONTOWN PA 15401-4211		717-264-2827		MERCERSBURG PA 17236-0057		2678 SPRINGVIEW DR	
412-437-3191		412-437-7565		DAGEN, DO, ROSE M	* CD	717-328-2119		CHAMBERSBURG PA 17201-8522	
PAPINCAK, MD, LARRY J	AN	WILHELM, MD, BARBARA E	* EM	WAYNESBORO HOSP		KHALIFA, MD, NAGIB M	U	717-267-3606	
2 LYDIA DR		RR 2 BOX 498		WAYNESBORO PA 17268-2394		767 5TH AVE		ROGINA, DO, LAWRENCE E	OBG
UNIONTOWN PA 15401-8919		UNIONTOWN PA 15401-9404		717-762-0552		CHAMBERSBURG PA 17201		1525 N WELTY RD BLDG B	
412-430-5027		412-437-8880		DAVIS, MD, WILLIAM L	D	717-264-2827		WAYNESBORO PA 17268	
PARK, MD, MIN H	FP	WRIGHT JR, MD, ALFRED E	U	19 5TH AVE		KISTLER, MD, WARREN D	OPH	717-762-8138	
217 WOOD ST		312 BUTTERNUT CT		CHAMBERSBURG PA 17201-1752		1039 WAYNE AVE		RUPP, MD, MICHAEL J	* PTH
CALIFORNIA PA 15419-1048		PITTSBURGH PA 15238-1326		717-264-9797		CHAMBERSBURG PA 17201-2923		1035 AMANDA AVE	
412-938-3464		ZAGLAMA, MD, NABIL E	IM	DOBIISH, MD, MARK P	* GE	717-264-4514		HANOVER PA 17331-9275	
PATEL, MD, SUBODH G	US	UNION STATION BUILDING		CHAMBERSBURG MEDICAL BUILDING		KRAMER, MD, WILLIAM A	FP	717-264-7152	
127 DILLON DR		BROWNSVILLE PA 15417-1763		CHAMBERSBURG PA 17201-1795		144 S 8TH ST		SABRI, MD, PHILIP J	NM
LEMONIT FURNACE PA 15456-9426		412-785-2515		717-263-0629		CHAMBERSBURG PA 17201-2752		727 ORCHARD CT	
412-437-4604		ZAIDAN, MD, JAMES G	GS	DOLENCE, MD, LAURICE A	OBG	717-264-6511		CHAMBERSBURG PA 17201-2864	
PATRICIO, MD, ALEJANDRO M	OBG	8592 ROSWELL RD #164		347 STONEGATE CT		KUMAR, MD, VASANTHA R	NS	717-267-7149	
25 HIGHLAND PRK DR STE 204		ATLANTA GA 30350-1866		CHAMBERSBURG PA 17201		764 LINCOLN WAY E		SARGE, MD, TERENCE J	OBG
UNIONTOWN PA 15401-8926		412-438-6647		717-261-1975		CHAMBERSBURG PA 17307-9600		761 5TH AVE STE A	
412-437-0100		ZUBCHEVICH, MD, EMIRA D	P	DONAHOE, MD, MICHAEL T	OS	717-263-3850		CHAMBERSBURG PA 17201-8165	
PATTERSON, MD, CHRISTOPHER J * IM		PO BOX 1146		601 NORLAND AVE		KUNIS, MD, CHRIS C W	IM	717-261-1975	
HEALTH CENTER OF FAYETTE CO		UNIONTOWN PA 15401-1146		CHAMBERSBURG PA 17201		4166 EDENVILLE RD		SENECAL, MD, KEITH E	EM
UNIONTOWN PA 15401-9169		412-439-8050		717-264-3900		CHAMBERSBURG PA 17201-8068		CHAMBERSBURG HOSP	
412-564-5100		FRANKLIN		EARLY, MD, CALVIN B	NS	717-597-8121		CHAMBERSBURG PA 17201-1718	
PEREZ, MD, GODOFREDO B	* GS	ALLEN, MD, HAROLD Y	GER	764 LINCOLN WAY E		LAING, MD, JOHN W	NS	717-267-7188	
134 S PITTSBURGH ST		731 CUMBERLAND AVE		CHAMBERSBURG PA 17201-2710		764 LINCOLN WAY E		SHAPIRO, MR, CHARLES J	GP
CONNELLSVILLE PA 15425-3525		CHAMBERSBURG PA 17201-3821		ENGLE, MD, JOSEPH H	OPH	CHAMBERSBURG PA 17201-2710		1707 ALEXANDER AVE	
412-628-0310		ANDERSON, MD, THOMAS E	EM	223 E 3RD ST		717-263-3850		CHAMBERSBURG PA 17201-1405	
PEREZ-AQUINO, MD, ERLINDA B	FP	7778 GRINDSTONE HILL RD		WAYNESBORO PA 17268-1608		LEE, MD, DAVID R	OBG	SHUKLA, MD, ROHITKUMAR S * OBG	
A-8 DOGWOOD DR		CHAMBERSBURG PA 17201-8524		FANG, MD, PETER J W	DR	1035 WAYNE AVE		1051 EAST MAIN ST	
DUNBAR PA 15431-9510		717-267-7146		930 DEWBERRY CT		CHAMBERSBURG PA 17201-2942		WAYNESBORO PA 17268-1894	
412-628-5337		ANGULO, MD, ARMAND J	* AN	CHAMBERSBURG PA 17201-2870		717-264-6712		717-762-5551	
PERARONE, MD, FRANK F R	FP	144 S 8TH ST APT 106		717-267-7149		LEWANDOWSKI, MD, ANN E	DR	SIPES, MD, DUANE E	FP
RR 1 BOX 200		CHAMBERSBURG PA 17201-2765		FARAGALLA, MD, RAMSES I	U	19604 GRANADA CT		50 EASTERN AVE	
FARMINGTON PA 15437		717-263-9181		767 5TH AVE # 1		HAGERSTOWN MD 21742-2470		GREENCASTLE PA 17225-1100	
412-329-4444		ASHBY, MD, JOHN D	ORS	FARMER, DO, JOHN E	FP	717-267-7150		717-597-3151	
PISH, MD, RICHARD J	* IM	1035 WAYNE AVE		45 ROADSIDE AVE		LYON-LOFTUS, MD, GREGORY T	FP	SOLLENBERGER, DO, STANTON E N	
2 HIGHLAND PARK DR		CHAMBERSBURG PA 17201-2942		WAYNESBORO PA 17268-2537		PO BOX 369		764 LINCOLN WAY E	
UNIONTOWN PA 15401-8926		717-264-6211		717-762-2181		MONT ALTO PA 17237-0369		CHAMBERSBURG PA 17201-2710	
412-438-4364		BAKER JR, MD, GEORGE W	GP	FLANAGAN, MD, MARGARET M	PTH	717-749-3181		717-263-3850	
POWELL, MD, JAMES R	IM	1331 S 7TH ST		50 KENWOOD RD		MAGBOJOS, MD, QUIRICO R	IM	SOMERS, MD, ERNEST E	ORS
PROF PLZ III STE 246		CHAMBERSBURG PA 17201-3852		CHAMBERSBURG PA 17201-1256		1035 WAYNE AVE		355 ROLAND AVE	
UNIONTOWN PA 15401		717-263-4313		717-245-5372		CHAMBERSBURG PA 17201-2942		CHAMBERSBURG PA 17201-1447	
412-437-4400		BALARAMAN, MD,		FRANTZ, MD, ALFRED S	OBG	717-263-5065		STEFANELLI, DO, GEORGE E	OBG
REILLY, MD, MICHAEL J	GS	GOVINDACHETTY	AN	979 E KING ST		MAGBOJOS, MD, ZENAIDA V	* AN	1525 N WELTY RD BLDG B	
PROF PLAZA I STE 202		195 FARM LN		CHAMBERSBURG PA 17201-1766		35 MILL RACE LN		WAYNESBORO PA 17268	
UNIONTOWN PA 15401-3128		CHAMBERSBURG PA 17201-4423		FREEMAN, MD, ALBERT W	FP	FAYETTEVILLE PA 17222-9502		717-762-8138	
412-439-1020		BARTON, MD, JAMES C	* FP	76 W KING ST		717-263-9181		STEINOUR, MD, THOMAS A	FP
REILLY, MD, PHILLIP E	GP	4073 FRECON RD		SHIPPENSBURG PA 17257-1212		MANGES, MD, JOHN P	DR	RR 1 BOX 32	
7 S MOUNT VERNON AVE		CHAMBERSBURG PA 17201-9777		717-532-4148		1447 ALEXANDER AVE		NEWBURG PA 17240-9801	
UNIONTOWN PA 15401-3223		717-264-6185		FREEMAN, MD, WILLIAM A	FP	CHAMBERSBURG PA 17201-1303		STEWART III, DO, JOSEPH H	FP
412-437-9328		BECKER, MD, STEPHEN M	FP	67 W KING ST		MC KENZIE, MD, JAMES G	R	1051 E MAIN ST STE 1	
RUPP, MD, ROBERT A	OPH	91 S HIGH		SHIPPENSBURG PA 17257-1224		WAYNESBORO HOSP		WAYNESBORO PA 17268-2318	
MEDICAL ARTS BUILDING		NEWVILLE PA 17241-1405		717-532-4148		WAYNESBORO PA 17268-2394		717-762-9118	
UNIONTOWN PA 15401-3119		717-532-4217		FRY, MD, ROBERT L	* OPH	717-765-3404		STONESIFER, DO, TIMOTHY B	FP
412-437-1568		BEIDLER, MD, JON G	D	482 E WASHINGTON ST		MILLER, MD, JOSEPH J	GP	2208 PARK AVE	
RUSH, MD, JOHN F	GP	156 HARVEST LN		CHAMBERSBURG PA 17201-2622		811 E MAIN ST		CHAMBERSBURG PA 17201-1230	
RR 2 BOX 422		CHAMBERSBURG PA 17201-4431		717-263-5384		WAYNESBORO PA 17268-2343		SUKERKAR, MD, NITEEN N	DR
FARMINGTON PA 15437-9504		BENDER, MD, WILLIAM A	GP	GARCIA, MD, DOMINGO A	* IM	MILROTH, MD, WILLIAM L	* GP	950 DEWBERRY COURT	
RUTHARDT JR, MD, FREDERICK W GE		533 S 7TH ST		S POTOMAC ST		318 N 1ST STREET		CHAMBERSBURG PA 17201-2870	
4 LYDIA DR		CHAMBERSBURG PA 17201-2745		WAYNESBORO PA 17268		MCCONNELLSBURG PA 17233-1413		717-267-7149	
UNIONTOWN PA 15401-8919		BIKLE, MD, CHARLES A	* D	717-762-7621		717-485-4180		SWARTZ, MD, EDWARD F	GYN
412-437-7677		848 PHILADELPHIA AVE		GOLDMAN, MD, ROBERT F	IM	NGEOW, MD, YIN K	* AN	1035 WAYNE AVE	
SINGH, MD, VIJAI P	R	CHAMBERSBURG PA 17201-1269		1051 E MAIN ST STE 2		6307 FAIRWAY DR W		CHAMBERSBURG PA 17201-2942	
UNIONTOWN HOSP		BRANNAC, MD, PATRICK G	OPH	WAYNESBORO PA 17268-2318		FAYETTEVILLE PA 17222-9236		717-264-7156	
UNIONTOWN PA 15401-5229		906 CYPRESS ST		717-762-3050		ORNDORF, MD, THOMAS P	OBG	PROFESSIONAL ARTS STE G	
412-437-8050		CHAMBERSBURG PA 17201-3846		GRAY, MD, ROBERT T	GER	761 5TH AVE STE A		CHAMBERSBURG PA 17201	
SLOAN, MD, CHARLES R	GP	717-263-5384		659 CUMBERLAND AVE		CHAMBERSBURG PA 17201-1282		717-261-1269	
1 S MT VERNON AVE		BRICKER, MD, SAMUEL O	FP	CHAMBERSBURG PA 17201-3863		717-261-1975		TAYLOR, MD, THOMAS J	END
UNIONTOWN PA 15401-3223		47 AMETHYST DR		HADDON JR, MD, HARRY H	IM	PALMER, MD, MICHAEL H	CD	PO BOX 124	
412-437-9858		CHAMBERSBURG PA 17201-8204		950 LEIDIG DR		601 NORLAND AVE		QUINCY PA 17247-0124	
SPINUZZA, MD, THOMAS J	R	717-264-6511		CHAMBERSBURG PA 17201-2814		CHAMBERSBURG PA 17201		TEETER, MD, JAMES H	* GS
301 DIXON BLVD		BROWN, MD, GREGORY P	PUD	717-264-7229		717-264-3900		11708 COUNTRY CLUB RD	
UNIONTOWN PA 15401-3913		601 NORLAND AVE		HAREN, MD, WILLIAM E	U	PATALINGHUG JR, MD,		WAYNESBORO PA 17268-9124	
412-430-5326		CHAMBERSBURG PA 17201		767 5TH AVE # 1		PASQUAL N	FP	WAYNESBORO PA 17268-9124	
STOKES, MD, R FRASER	* GE	717-264-1600		CHAMBERSBURG PA 17201-1282		13630 MOLLY PITCHER HWY		TERNES, MD, ROBERT J	IM
524 MORGANTOWN ST		BUNDY, MD, THOMAS W	OBG	717-264-2827		GREENCASTLE PA 17225-9443		1051 E MAIN ST STE 2	
UNIONTOWN PA 15401-5430		1035 WAYNE AVE		HARRIS, MD, ALBIN W	* IM	717-597-8070		WAYNESBORO PA 17268-2318	
412-437-9858		CHAMBERSBURG PA 17201-2942		250 N 7TH ST		PU, MD, GLEN A W	R	717-762-9241	
SUNDARAM, MD, USHA T	PD	717-264-6712		CHAMBERSBURG PA 17201-1722		915 E MAIN ST		THANE, MD, T TOE	DR
RD 1 BOX 534W				717-263-8811		WAYNESBORO PA 17268-2344		946 DEWBERRY CT	
NEW SALEM PA 15468						717-765-3404		CHAMBERSBURG PA 17201-2870	
412-245-2441								717-267-7149	

THORNTON, MD, JOSEPH K 50 EASTERN AVE GREENCASTLE PA 17225-1100 717-587-3151	FP	VORA, MD, PRAFULLCHANDRA RR 3 WAYNESBURG PA 15370-9803 412-627-8131	CD	MILLER, MD, DAVID S 3228 COLD SPRINGS RD HUNTINGDON PA 16652-2721 814-643-1551	FP	DROZDIK, MD, RUSSELL A 152 MILL RUN RD INDIANA PA 15701-1532 412-254-4314	FP	MINTO, DEBBIE RD 1 BOX 249 SHELOCTA PA 15774 412-354-4548	EXEC
TRAY, MD, BRIAN P 218 SOUTH FIRST STREET MC CONNELLSBURG PA 17233 717-485-6110	* OBG	WHITE, MD, CAROL J 33 FERRIS LN FREDERICKTOWN PA 15333 412-966-5081	FP	MINOR, MD, MARK R 100 S PARK ST MT UNION PA 17066-1361 814-542-8627	FP	EVANS, MD, WILLIAM G RD 3 BOX 383 INDIANA PA 15701-9299 412-254-4314	FP	MIR, MD, TAHIR U 89 BRADLEY CT INDIANA PA 15701-2310 412-463-1410	EM
WALLICK, MD, PETER G 500 OVERHILL DR CHAMBERSBURG PA 17201-3164	PS	ZARATE, MD, MARIA PAZ A 1162 6TH ST WAYNESBURG PA 15370-1646 412-852-2777	OBG	PATITSAS, MD, CHRISTOPHER J 450 SUNNYMEADE RD HUNTINGDON PA 16652-3208 814-643-5660	OPH	GHATE, MD, SHARAD B 119 PROF CENTER INDIANA PA 15701-3501 412-349-7530	OBG	MITCHELL, MD, HENRY 45 S 8TH ST INDIANA PA 15701-2714 412-463-3441	PD
WALSH, MD, TIMOTHY P 223 MEADOW LN CHAMBERSBURG PA 17201-4448 717-263-5287	CD	HUNTINGDON		RUSSO, MD, DAVID P BRYAN ST HUNTINGDON PA 16652 814-643-4876	GS	GILLIS, MD, VICTORIA A 1366 HILLSDALE DR MONROEVILLE PA 15146-4443 412-357-7073	* IM	NEAL JR, MD, HARRY B 936 CHURCH ST INDIANA PA 15701-2652	GP
WEAVER, MD, JEFFREY A 9480 CARLISLE RD DILLSBURG PA 17019-9639 717-231-8660	FP	ACKER, MD, BRETT L 119 PRENDERGAST EXT HUNTINGDON PA 16652-9220 814-635-2916	FP	RUSSO, MD, STEPHANIE F 2528 ARBOR BLUFF DR HUNTINGDON PA 16652-9787	* PD	GRIFFIN, MD, STEVEN P INDIANA HOSP INDIANA PA 15701-0788 412-357-7169	PTH	NEALE, MD, JOHN M 935 INDIAN SPRINGS RD INDIANA PA 15701-3507 412-349-7590	PD
WEISS, DO, ROGER T 10644 WORLEYTOWN RD GREENCASTLE PA 17225-9686 717-263-9181	* AN	BECK, MD, ROBERT H 2315 HIGHLAND AVE HUNTINGDON PA 16652-9723 814-643-4727	IM	SCHALL, MD, JAMES E SURGICAL ASSOCS OF HUNTINGDON HUNTINGDON PA 16652 814-643-4876	IM	HANNA, MD, HERBERT L 7 OAK LN BLAIRSVILLE PA 15717-1522 412-459-9111	FP	NESPAR, MD, JAMES A 30 PINECREST DR INDIANA PA 15701-1243 412-463-4400	* OPH
WHITE, MD, DARYL E 1113 KING DR CHAMBERSBURG PA 17201-9058 717-349-2291	FP	BERGER, MD, WINFRIED M 3228 COLD SPRINGS RD HUNTINGDON PA 16652-2721 814-643-5752	* ORS	SCHOCK, MD, WILLIAM W RR 2 HUNTINGDON PA 16652-9802	PD	HATCHER, MD, KIM A 41 COATES LN INDIANA PA 15701-3630 412-349-7980	FP	O'CONNELL, MD, JAMES P 740 WHITE FARM RD INDIANA PA 15701-1252 412-357-7066	AN
WILLWERTH, MD, GERALD E CHAMBERSBURG COMM HOSP CHAMBERSBURG PA 17201-8101 717-267-7188	EM	BOLINGER, MD, MARK S HCR 1 RR BOX 33 BROAD TWP PA 16621-9606 814-635-2801	FP	SCHUCKER, MD, CHARLES L BRYANT HTS HUNTINGDON PA 16652	OBG	HUGHES, MD, DAVID C 1803 RTE 422 W INDIANA PA 15701-1541 412-349-2445	OTO	PARK, MD, JOSEPH M 63 S 9TH ST INDIANA PA 15701-2762 412-465-5583	US
WINGERO, MD, ROBERT A 760 E WASHINGTON ST CHAMBERSBURG PA 17201-2751 717-264-5212	FP	BRESSLER, MD, WILLIAM L 3228 COLD SPRINGS RD HUNTINGDON PA 16652-2721 814-643-6241	IM	SUTTON, MD, A KEITH 754 WASHINGTON ST HUNTINGDON PA 16652-1757 814-643-4415	FP	JASPER, DO, RONALD L 85 E OAK ST APT 14 INDIANA PA 15701-2270	AN	PARKER, MD, ROBERT C INDIANA HOSP INDIANA PA 15701 412-357-7178	PD
WINSLOW, MD, ROY E 45 ROADSIDE AVE WAYNESBORO PA 17268-2537 717-762-7155	GS	CARTER, MD, THOMAS L J C BLAIR MEMORIAL HOSP HUNTINGDON PA 16652 814-643-8627	R	SZABO, MD, EMIL R 261 MEADOWLARK LN BOALSURG PA 16827-1804	* OBG	JESICK, MD, ANN R ROSE MEDICAL BLDG INDIANA PA 15701-2776 412-349-7388	FP	PARKS, DO, JOSEPH L MAHONING MEDICAL CENTER MARION CENTER PA 15759 412-397-5571	GP
WOLFINGER, MD, WALTER L 29 MYRTLE AVE WAYNESBORO PA 17268-1625	* CD	COSTA, MD, RONALD E 420 27TH ST HUNTINGDON PA 16652-9749 814-643-6682	U	THOMAS, MD, BRUCE L 3228 COLD SPRINGS RD HUNTINGDON PA 16652-2721 814-643-6462	IM	JUHASZ, MD, ALEX B 549 RTE 119 N INDIANA PA 15701-1247 412-349-1180	GS	PHADKE, MD, YESHWANT G 119 PROFESSIONAL CENTER INDIANA PA 15701-3501 412-349-6677	US
GREENE		D'ANDREA, DO, JOHN W J C BLAIR MEMORIAL HOSP HUNTINGDON PA 16652 814-643-7250	P	WADDLE, DO, KEITH A 829 WASHINGTON ST HUNTINGDON PA 16652-1725 814-643-1141	GE	KARANJIA, MD, MINOO D 1803 RT 422 W INDIANA PA 15701-1541 412-349-5440	OTO	PINKERTON, DO, RICHARD A 400 WAYNE ST JOHNSTOWN PA 15905-2336 814-536-8749	ON
BROOKS, MD, JAMES L LOCUST AVE MOUNT MORRIS PA 15349 412-324-2637	GP	DELP, MD, DANIEL L RR 3 BOX 327C HUNTINGDON PA 16652-8814 814-448-2288	FP	WAWROSE, MD, FREDERICK E THE MOUNTED ROUTE HUNTINGDON PA 16652 814-643-5022	P	KAUFFMAN, MD, CHESTER T RM 6 BOX 244 INDIANA PA 15701-8422	FP	POBER, MD, KENNETH A 960 LILAC ST APT 6 INDIANA PA 15701-3337 412-354-5220	IM
CALLIS, MD, STEWART J 317 E OAK ST OAKLAND MD 21550-1503 301-334-5281	P	DEPP-HUTCHINSON, MD, WILLIAM S MT UNION AREA MEDICAL CTR MT UNION PA 17066-1361 814-542-8627	FP	WEST, MD, WILLIAM B 27 CLIFTON TER CARLISLE PA 17013-7624	GP	KLAIN, MD, MATTHEW N RD 1 BOX 1130 CLARKSBURG PA 15725-9767 412-459-9111	* IM	SANTOS, MD, LEONOR 119 PROFESSIONAL CENTER INDIANA PA 15701-3501 412-465-6650	GE
CHAYAPRUKS, MD, PRAYUN 189 E HIGH ST WAYNESBURG PA 15370-1818 412-627-8412	IM	ETTENDER, MD, ALLEN B J C BLAIR MEMORIAL HOSP HUNTINGDON PA 16652 814-643-4789	PD	INDIANA		LABUSKI, MD, MARK R 2532 SHELLY DR INDIANA PA 15701-2344	IM	SANTOS, MD, LEONOR 119 PROFESSIONAL CENTER INDIANA PA 15701-3501 412-465-6650	* GE
DUER, MD, NATHAN B 7 GLASSWORKS RD GREENSBORO PA 15338 412-943-3308	FP	FILLMAN, MD, JOHN B 383 WELDON DR YORK PA 17404-5036	OBG	AMBRASE, DO, JOSEPH E 321 AIRPORT PROFESSIONAL CTR INDIANA PA 15701-9241 412-349-9430	IM	LAN, MD, VICTOR S 2255 CANTERBURY OFFICES INDIANA PA 15701-1578 412-349-1616	GP	SAWICKI, MD, EDWARD H 49 NORTH SEVENTH STREET INDIANA PA 15701-1803 412-463-9258	FP
FALOR, MD, STANLEY E L 325 E HIGH ST WAYNESBURG PA 15370-1822 412-627-7104	GP	GAUGLER, DO, MICHAEL F 2360 MILLER AVE HUNTINGDON PA 16652-9702 814-643-1141	GE	BAUER, MD, JAMES E R60 HOSP DR INDIANA PA 15701-3629 412-465-8900	R	LEAR, MD, WILLIAM L 119 PROFESSIONAL BUILDING INDIANA PA 15701-3501 412-463-0225	OBG	SAYERS, MD, KENNETH H 2050 NE 39TH ST APT N103 LIGHTHOUSE POINT FL 33064-7461	FP
GALVIN, MD, GARY J 217 TARA DR WASHINGTON PA 15301 GOSAI, MD, JAYESH B RTE 188 JEFFERSON PA 15344 412-883-2223	GS	HARDESTY, MD, JAMES L BRYAN ST HUNTINGDON PA 16652 814-643-4876	GS	BILLON, MD, ANDREW 101 AIRPORT PROFESSIONAL CTR INDIANA PA 15701 412-463-1414	GS	LENTZ, MD, MARK R 1177 S 6TH ST STE F INDIANA PA 15701 412-349-9320	IM	SESHADRI, MD, VIJAYA G MAHONING MEDICAL CENTER MARION CENTER PA 15759 412-397-5571	PD
GREENLEE, MD, DANIEL P BONAR AVE WAYNESBURG PA 15370 LOPEZ, MD, HIGINIO R 505 N PORTER ST WAYNESBURG PA 15370-1453 412-943-3308	GS	HAYDEN, MD, JAMES B RR 3 BOX 1480 HUNTINGDON PA 16652-9803 814-635-2916	FP	BIZOUSKY, MD, DAVID T 119 PROFESSIONAL CTR STE 307 INDIANA PA 15701 412-465-8505	ORS	LEUKHARDT, MD, DAVID B 3129 ATTLEBORO PL GREENSBURG PA 15601-3803 412-357-7125	DR	SIBOLBORO, MD, ISABELO Z 111 GREENVIEW DR INDIANA PA 15701-1333 412-465-6650	* AN
MALEPATI, MD, VASU PO BOX 1275 MCMURRAY PA 15317-4275 412-627-8559	OTO	ISENBERG, MD, CHESTER L 500 NORRIS ST SAXTON PA 16678-1602	GP	BLAIR, MD, CHRISTINA R 15 S 8TH ST INDIANA PA 15701 BORON, MD, STELLA M 15 S 8TH ST STE 201 INDIANA PA 15701-2776 412-349-8311	PD	LIEBSON, MD, CHARLES 115 CONCORD STREET INDIANA PA 15701-2406 412-357-8430	GS	SINGH, MD, BUAI B MEDICAL CENTER STE A INDIANA PA 15701-8907 412-465-2631	IM
MC NEW, MD, MILO G 3 CENTRAL PLZ WAYNESBURG PA 15370 MOORE, MD, CHARLES A 1150 7TH ST WAYNESBURG PA 15370-1660 412-627-6100	PD	JACOBSON, MD, DAVID P J C BLAIR MEMORIAL HOSP HUNTINGDON PA 16652-2799 814-643-8850	* ORS	BOYKIM, MD, MARK E 15 S 8TH ST STE 300 INDIANA PA 15701-2776 412-349-3170	GS	LIM, MD, ELIZABETH G MEDICAL OFFICE BLDG STE 303 INDIANA PA 15701-3635 412-463-9701	CD	SPEEZ, MD, NANCY 115 CONCORD ST INDIANA PA 15701-2406 STALTERI, DO, MICHAEL F 660 S 6TH ST INDIANA PA 15701-3150 412-357-7153	P
NOFTZGER, MD, MARTHA R BOX 440 CHURCH ST EXT ROGERSVILLE PA 15359-0440 412-943-3308	FP	JONES, MD, FREDERICK L 3228 COLD SPRINGS RD HUNTINGDON PA 16652-2721 814-643-5752	* ORS	BROWN, MD, RALPH R RR 3 BOX 1810 HOMER CITY PA 15748-9233 412-479-2691	FP	LONG JR, MD, HERBERT C 303 N CARPENTER AVE INDIANA PA 15701-1831 MACEYKO, MD, RONALD F 209 DELTA DR JOHNSTOWN PA 15904-1878 814-536-7045	* R	STEYER, DO, MICHAEL R 590 INDIAN SPRINGS RD INDIANA PA 15701-3600 412-349-9560	OBG
O'CONNELL, MD, C LEONARD 64 S CHURCH ST WAYNESBURG PA 15370-1832 PATTERSON JR, MD, ARTHUR J 101 DEER BROOK LN WAYNESBURG PA 15370-8255 412-627-5474	GP	KEENEY, MD, GALEN M 515 SHIVELY RD HUNTINGDON PA 16652-3203 814-643-9449	* P	BURTON, DO, PAUL D 119 PROFESSIONAL CTR INDIANA PA 15701-3501 412-465-8505	* ORS	MALIVER, MD, DEBORAH S 419 S BRADDOCK AVE APT 13 PITTSBURGH PA 15221-3268	IM	TAKACH, MD, STEPHEN J 1309 DAY DR INDIANA PA 15701-3402	GS
PAYHA, MD, RICHARD E 223 E HIGH ST WAYNESBURG PA 15370-1820 412-627-5474	* GS	LEE, MD, KENNETH K J C BLAIR MEMORIAL HOSP HUNTINGDON PA 16652 814-643-0837	OBG	BUSH, MD, BRUCE A 38 OVERLOOK DR INDIANA PA 15701-2203 412-349-8825	PUD	MALIVER, MD, LEONARD E 375 COUNTRY CLUB RD INDIANA PA 15701-1312 412-349-7820	U	TREVORROW, MD, THOMAS C 1265 WAYNE AVE STE 203 INDIANA PA 15701-3501 412-463-0286	OPH
RUSH, MD, CALVIN C 13 FIELDSTONE PL GREENVILLE SC 29615-3822	OPH	LIDSTON, MD, BRUCE M RR 2 BOX 391 HUNTINGDON PA 16652-9217 814-643-0531	PD	CHADDAH, MD, ASHOK 1265 WAYNE AVE STE 201 INDIANA PA 15701-3501 412-463-9703	IM	MCCOY, MD, THOMAS D 875 HOSP RD STE 201 INDIANA PA 15701-3635 412-349-1630	ON	TROYAN, MD, BARRY E 1177 S 6TH ST INDIANA PA 15701-8907 412-349-8280	IM
STACHER, MD, ERIC D 142 W HIGH ST WAYNESBURG PA 15370-1310	PD	LONG, MD, RONALD A 829 WASHINGTON ST HUNTINGDON PA 16652-1725 814-635-2916	FP	CLARK, MD, M DORCAS 125 ORIOLE AVE INDIANA PA 15701-1418 412-357-7125	DR	MCDOWELL, MD, EDWARD P 875 HOSP RD INDIANA PA 15701-3635 412-463-9700	CD	TSAL, MD, EDWARD M 1177 S 6TH ST INDIANA PA 15701-8907 412-463-2720	IM
TSAL, MD, JER-YUAN 175 BONAR AVE WAYNESBURG PA 15370-1603 412-966-5081	IM	MALCOLM, MD, DONALD C PO BOX 218 ALEXANDRIA PA 16611-0218	GP	CLARK, MD, SHERYL 921 LILAC ST APT 6 INDIANA PA 15701-3332 412-357-7118	AN	MCKIRGAN, DO, CRAIG C 119 PROF CTR STE 307 INDIANA PA 15701-3501 412-465-8505	ORS	TURNBULL, MD, ROBERTO E 1177 SOUTH 6TH STREET INDIANA PA 15701 412-349-9691	IM
		MELOY, MD, THOMAS R 512 7TH ST HUNTINGDON PA 16652-1733 814-643-8411	EM	COPPOLO JR, MD, BERNARD L 15 S 8TH ST STE 201 INDIANA PA 15701-2776 412-349-8311	IM	MILLS, MD, JOHN W 590 INDIAN SPRINGS RD INDIANA PA 15701-3600 412-349-1203	GYN	TWAL, MD, SHAFIC Y 15 S 8TH ST INDIANA PA 15701-2776 412-463-0476	PD

INDIANA—JEFFERSON—LACKAWANNA

VUJAYAMOHAN, MD, GOVINDARAJULU INDIANA PA 15701 412-357-7125	DR	FUGATE JR, MD, HOWARD 633 MAPLE AVE DUBOIS PA 15801-2313 814-371-4443	* IM	SCERBO, MD, JAMES A MEDICAL ARTS BLDG DU BOIS PA 15801-1464 814-371-0373	IM	BASTING, MD, GREGORY G 475 MORGAN HWY SCRANTON PA 18508-2605 717-344-3788	PM	CLYNE, MD, CHRISTOPHER A 210 FRANKLIN AVE SCRANTON PA 18503 717-461-2105	CD
WALDO, MD, RALPH F 2121 SHELLY DR INDIANA PA 15701-2355 412-349-3433	IM	GERHART, MD, GUY H PO BOX 447 DUBOIS PA 15801-0447 814-371-1480	* IM	SCHAEFFER, MD, MARTIN A 115 PROSPECT ST DUBOIS PA 15801-1417	PM	BATZEL, MD, EDWARD L RD 2 BOX 2094 RELDA RD MOSCOW PA 18444-9646 717-346-9336	* VS	COCHRAN, MD, TERENCE A 1054 OAK ST SCRANTON PA 18508-1254 717-346-9336	GS
WEINER, MD, FRANK 590 INDIAN SPRINGS RD INDIANA PA 15701-3696 412-349-1310	PD	GIRDHAR, MD, RABINDRA 83 HILLCREST DR PUNXSUTAWNEY PA 15767-2617 814-938-3310	CD	SHAH, MD, MANJULA S 307 GREENRIDGE DR DUBOIS PA 15801-2337 814-371-0240	GYN	BEHLKE, MD, RICHARD T 401 ADAMS AVE SCRANTON PA 18510-2025 717-346-7338	OBG	COLEMAN, MD, THOMAS H 97 LINCOLN AVE CARBONDALE PA 18407-2043 717-282-0200	FP
WILLIAMS, MD, MELVIN C 40 PINE CREST DR INDIANA PA 15701-1243 412-465-9050	NM	GORDON, DO, DANIEL S RR 3 BOX 163 REYNOLDSVILLE PA 15851-9529 814-371-2200	EM	SIAR, MD, W JOHN GATEWAY AREA MEDICAL ASSOC DU BOIS PA 15801-0348 814-371-1771	* NPM	BELARDI JR, MD, ALBERT A CMC SCRANTON PA 18510-2369 717-969-8000	AN	CONNORS, MD, CHARLES F 110 POTTER ST DUNMORE PA 18512-2732 717-347-0074	FP
WOODLE, DO, EDWARD M 213 NICOLA LN INDIANA PA 15701 412-354-5250	FP	GREENBERG, MD, STEVEN M 50 WATERFORD PIKE BROOKVILLE PA 15825 814-849-8344	OPH	SMITH, MD, THOMAS W 529 SUNFLOWER DR DU BOIS PA 15801-2364 814-371-2390	OPH	BERNSTEIN, MD, A ALEXANDER 1500 ADAMS AVE SCRANTON PA 18509-2438	GE	COYLE, MD, ALICE R 327 N WASHINGTON AVE SCRANTON PA 18503-1511 717-961-5808	ORS
JEFFERSON									
AL-PACHACHI, MD, JINAN T RR 5 PUNXSUTAWNEY PA 15767-2050 814-938-4500	PTH	GRILL, MD, WINFRED E 301 OLIVE AVE DU BOIS PA 15801-1927	GP	SUVARNAKAR, MD, JAWAHAR N 145 HOSP AVE DU BOIS PA 15801-1462 814-371-7757	HEM	BIANCA III, MD, VINCENT C 146 S MAIN AVE SCRANTON PA 18504-2408 717-969-9010	IM	CRAPARO, MD, THOMAS J 10 DUNDUFF ST CARBONDALE PA 18407-1869 717-282-1404	GP
ALLEN, MD, JOHN E PO BOX O-1 DU BOIS PA 15801-0320 814-371-1100	P	HAY, MD, ANDY 160 JEFFERSON ST BROOKVILLE PA 15825-1181	OPH	THAMES, DO, RICHARD 531 N MAIN ST PUNXSUTAWNEY PA 15767-2580 814-938-9401	* FP	BIANCARELLI, MD, EDMUND J 405 1/2 3RD AVE JESSUP PA 18434-1415	IM	CROWLEY, MD, JOSEPH E THE FORUM PLAZA SCRANTON PA 18503-1921 717-961-1961	* ORS
ARNOUK, MD, NABIL T RD 5 STATION SQUARE NORTH PUNXSUTAWNEY PA 15787 814-938-3343	OBG	HORTH, MD, DANIEL J 5 N 3RD ST REYNOLDSVILLE PA 15801 814-653-8222	* FP	THOMPSON, MD, JOHN W 1047 TREASURE LAKE DUBOIS PA 15801-9025 814-375-3260	DR	BISIGNANI, MD, GABRIELLA M 946 MAIN ST PECKVILLE PA 18452-2148	GP	CRUCIANI, MD, MARK GREEN RIDGE MEDICAL HALL SCRANTON PA 18509 717-348-7170	RHU
ASEEM, MD, WALI M 611 S MAIN ST DU BOIS PA 15801-3223 814-375-1170	CDS	ILLUZZI, DO, ANGELO 145 HOSP AVE DUBOIS PA 15801 814-375-5305	* PUD	VARACALLO, MD, ALBERT L 5 N 3RD ST REYNOLDSVILLE PA 15851-1231 814-653-8222	FP	PECKVILLE PA 18452-2148 BLACK JR, MD, WILLIAM A 426 MULBERRY ST SCRANTON PA 18503 717-961-2469	NS	CULLINEY, MD, JOHN J 318 S STEVENSON RD CLARKS SUMMIT PA 18411-9261 717-585-2080	DR
AUSTIN, MD, GREGORY E A PO BOX 794 DU BOIS PA 15801-0794 814-371-3730	FP	JOHNSON, DO, RICHARD E PO BOX 18 DUBOIS PA 15801-2425 814-375-4466	D	VERONESI, DO, JOHN N DUBOIS REGIONAL MED CTR DUBOIS PA 15801-0447 814-371-2200	EM	BLOES, MD, WALTER S 9 OLD MILL RD JERMYN PA 18433-1113	GP	CURLEY, DO, ROBERT M 743 JEFFERSON AVE SCRANTON PA 18510-1612 717-342-3675	IM
AYDIN, MD, ABEED A 410 E MAHONING ST PUNXSUTAWNEY PA 15767-2125 814-938-3754	PD	KERNICH, MD, JOSEPH J MEDICAL ARTS BUILDING PUNXSUTAWNEY PA 15767-2050 814-938-3310	FP	YOO, MD, TAI Y DEPOSIT BANK BLDG STE 236 DU BOIS PA 15801 814-371-6172	OBG	BLOMAIN, MD, ERIC W 1222 W MARION ST DUNMORE PA 18509-2458 717-347-1712	* PS	CURTIN, MD, CHARLES T 441 WYOMING AVENUE SCRANTON PA 18503-1227	PTH
BADAMO, MD, FRANCIS P PO BOX 128 REYNOLDSVILLE PA 15851-0128 814-653-7802	GS	KIM, MD, SANG M MEDICAL ARTS BUILDING PUNXSUTAWNEY PA 15767-0311 814-938-3691	* ORS	ZIMET, MD, LEWIS B 1200 WOOD ST BROCKWAY PA 15824 814-265-8636	IM	BOCCAGNO, MD, PHILLIP A 107 PARKVIEW DR CLARKS SUMMIT PA 18411-9002 717-587-4113	IM	CURTIN, MD, EUGENE A 422 GLENBURN RD CLARKS SUMMIT PA 18411-2522	OBG
BARLEY, MD, SAMUEL B PO BOX 601 DU BOIS PA 15801-0601 814-371-7637	* ORS	KINOSIAN, MD, MARY J 90 BEAVER DR PO BOX 1028 DU BOIS PA 15801-1028 814-371-7776	* N	LACKAWANNA					
BIZOUSKY, MD, FRANKLIN S PO BOX 421 PUNXSUTAWNEY PA 15767-0421	* EM	KOSCO, MD, GEORGE M 24 S 8TH ST DU BOIS PA 15801-2608 814-375-3249	* DR	ADAMO, MD, LOUIS C 748 QUINCY AVE SCRANTON PA 18510-1739 717-347-9600	IM	BOLAND, MD, STANLEY W VILLAGE SQUARE PLZ CLARKS SUMMIT PA 18411-1557 717-587-5186	* OPH	DAS, MD, AMIT 1416 MONROE AVE STE 201 DUNMORE PA 18509-2432 717-963-8803	N
BLAKESLEE, DO, COLSON E 47 W LONG AVE DU BOIS PA 15801-2101 814-371-2253	* FP	AGNONE, MD, PETER M 749 N MAIN AVE SCRANTON PA 18504-1514 717-969-8259	OBG	ANDRIOLLE, MD, JOSEPH P 401 ADAMS AVE STE 406 SCRANTON PA 18510-2091 717-961-3700	AN	BOROS, MD, TRACEY A 13 FLORA DR PECKVILLE PA 18452-1004	* IM	DAVE, MD, BHAVIN R LACKAWANNA MEDICAL GROUP SCRANTON PA 18508	GE
BOTELHO, JANEANN MEDICAL ARTS BLDG PUNXSUTAWNEY PA 15767-9643 814-938-3310	EXEC	KRUSZEWSKI, DO, MARY C DRMC EAST DUBOIS PA 15801 814-375-1234	OBG	ANTOGNOLI, MD, WILLIAM J 441 WYOMING AVE SCRANTON PA 18503-1227 717-346-1759	* GYN	BRANIN, DO, BRUCE K PO BOX D WAVERLY PA 18471 717-963-6000	IM	DAVIS, MD, HAROLD J 401 ADAMS AVE STE 300 SCRANTON PA 18510-2025 717-346-7338	OBG
BRANDON, MD, MILTON B RR 1 BOX 79 REYNOLDSVILLE PA 15851-9627	FP	KUSH, MD, MICHAEL J PO BOX 447 DU BOIS PA 15801-0447 814-375-1234	OBG	ARONICA, MD, MICHAEL J 475 MORGAN HWY SCRANTON PA 18508-2605 717-348-1344	PTH	BRERETON, MD, HARMAR D MERCY HOSP SCRANTON PA 18510-1697 717-348-7200	* TR	DAVIS, DO, LEE W 743 JEFFERSON AVE SCRANTON PA 18510-1612 717-961-0851	OBG
BUFFONE, MD, DAVID A PO BOX 644 CLARION PA 16214-0644 814-226-7891	OBG	LEITEL, MD, HAROLD L PO BOX 817 DU BOIS PA 15801-0817 814-371-4963	R	LINGENFELTER, MD, KYLE A 83 HILLCREST DR PUNXSUTAWNEY PA 15767 814-938-4121	PM	BRILL, MD, FRANCIS W 1318 JACKSON ST SCRANTON PA 18504-3368 717-342-8488	GP	DAVIS, DO, NEAL M 52 DUNDUFF ST STE 3 CARBONDALE PA 18407-1802 717-282-3347	FP
CHERIAN, MD, GEORGE R 803 W MAHONING ST PUNXSUTAWNEY PA 15767-1309 814-938-3168	OBG	LIPPETT, MD, LOUIS C 9900 S OCEAN DRIVE #1305 JENSEN BEACH FL 34957	GS	ARORA, MD, SUBHASH C 746 JEFFERSON AVE SCRANTON PA 18510-1624 717-348-7100	AN	BRUNDAGE, DO, RANDALL G 271 CARBONDALE RD CLARKS SUMMIT PA 18411-9217 717-489-0871	IM	DAVIS, MD, ROBERT V 200 MIFLIN AVE SCRANTON PA 18503-1907	OPH
CHEERY, MD, LOUIS J 613 GREEN GLEN DR DUBOIS PA 15801-3205	US	MALIK, MD, RAJAT P 621 S MAIN ST DU BOIS PA 15801-1413 814-371-0600	R	BADAWI, MD, RADWAN A 130 W ALOSTA AVE STE 326 GLENDORA CA 91740-6252 818-914-3675	D	BRUTICO, MD, ANTHONY C 588 GRAVEL POND RD CLARKS SUMMIT PA 18411-9482	OTO	DAWGERT, MD, F DENNIS 802 JEFFERSON AVE SCRANTON PA 18510-1046 717-346-1072	PD
CHEERY, MD, ROBERT J 145 HOSP AVE STE 206 DUBOIS PA 15801-1462 814-371-2066	* U	MANNING, MD, RUSSELL G TREASURE LAKE BOX 143 DUBOIS PA 15801-9003	P	BAIKADI, MD, MADHAVA 746 JEFFERSON AVE SCRANTON PA 18510-1624 717-961-5520	* R	BRUTICO JR, MD, CARMEN A 520 S MAIN ST OLD FORGE PA 18518-1542 717-457-8364	* IM	DE SOTO, MD, DANILLO A 1416 MONROE AVE STE 203 DUNMORE PA 18509-2432 717-346-3686	* P
DANIELS, MD, DAN PO BOX 454 PUNXSUTAWNEY PA 15767-0454 412-938-3996	* GS	MC KINLEY, MD, WAYNE S 123 BARNETT ST BROOKVILLE PA 15825-1201 814-849-8389	GP	BAJAJ, MD, RAJIV K 746 JEFFERSON AVE SCRANTON PA 18510-1624 717-348-7994	AN	CALL, DO, GREGORY E 235 MAIN ST STE 117 DICKSON CITY PA 18519-1652 717-489-8877	IM	DEGENNARO, MD, LOUIS P 506 MEDICAL ARTS BUILDING SCRANTON PA 18503 717-961-1520	OTO
DELA TORRE, MD, HENRY G 231 HIGHLAND ST SYKESVILLE PA 15865-1125 814-894-2448	GP	MC VAY, MD, EDWARD J DRMC-WEST DUBOIS PA 15801-0447 814-375-3000	OM	BANNON, MD, CHARLES J 743 JEFFERSON AVE SCRANTON PA 18510-1612 717-344-1231	GS	CASSONE, MD, GARY J 100 DUNMORE ST THROOP PA 18512-1419 -383-9641	* U	DELEO, MD, CAESAR A RD 3 BOX 3092 MOSCOW PA 18444-9410	IM
DEVITTORIO, MD, ARMOND A 104 MAIN STREET REYNOLDSVILLE PA 15851-1245	GP	MURDOCK, MD, FRED E 21200 93RD AVE CORCORAN MN 55340-9682	OTO	BANNON, MD, JOSEPH P 743 JEFFERSON AVE SCRANTON PA 19083 717-344-1231	CRS	CECH, MD, ROSANNE 1141 CLAY AVE DUNMORE PA 18510-1155 717-969-9575	AI	DELEO, MD, NICHOLAS V 405 E DRINKER ST SCRANTON PA 18512-2437	GP
DINSMORE, MD, HARRY H 201 S JEFFERSON ST PUNXSUTAWNEY PA 15767-2046	GS	NICHOLS, MD, DAVID P DU BOIS REGIONAL MED CTR DU BOIS PA 15801-1063 814-375-1080	* ORS	BARNES, MD, WILLIS C 115 DEPOT ST CLARKS SUMMIT PA 18411 717-586-8278	* AN	CESARE, MD, JOSEPH G MEDICAL ARTS BUILDING SCRANTON PA 18503-1511 717-961-5808	ORS	DELSERRA, MD, JOSEPH J 401 ADAMS AVE STE 3 SCRANTON PA 18510-2025 717-342-0030	* GS
ELDER, MD, JAY E MEDICAL ARTS BUILDING PUNXSUTAWNEY PA 15767-2050 814-938-3310	IM	ORRIS, MD, DONALD J 529 SUNFLOWER DR DU BOIS PA 15801-2364 814-371-1510	PD	BARON JR, MD, ANDREW J PO BOX 128 LA PLUME PA 18440-0128 717-945-9177	R	CHAI, MD, MIN S 1105 OAKMONT RD CLARKS SUMMIT PA 18411-2073	OBG	DEMKO, MD, JOSEPH N 919 E DRINKER ST DUNMORE PA 18512-2644 717-344-5665	* GER
FARKAS, MD, ANDREW A MEDICAL ARTS BUILDING PUNXSUTAWNEY PA 15767-1908 814-938-3310	FP	PARLAVECCHIO, MD, DENNIS S RR 1 BOX 33 PENFIELD PA 15849-9606 814-371-3730	FP	BARRASSE, MD, LINDA D 746 JEFFERSON AVE STE 305 SCRANTON PA 18414-9135 717-963-9303	CD	CHIAVACCI, MD, EUGENE J THE FORUM PLAZA SCRANTON PA 18503-1921 717-961-1961	* ORS	DENDE, DO, PAUL F 1401 ELECTRIC ST DUNMORE PA 18509-2098 717-344-5115	* IM
FATULA, MD, GEORGE M 529 SUNFLOWER DR DU BOIS PA 15801-2364 814-371-1510	PD	PATHAK, MD, RAJANI K 145 HOSP AVE DU BOIS PA 15801-1462 814-371-6226	CD	BARREN, DO, ERIC P DEAN AND CHURCH HILL RDS DALTON PA 18414-9555 215-458-6850	AN	CHUNG, MD, C KUN 1130 HIGHWAY 315 WILKES BARRE PA 18702-6929 717-821-2820	PS	DENIS, MD, LEONARD J 1360 WYOMING AVE SCRANTON PA 18509-2803 717-343-1111	CD
FUGATE, MD, JAMES K 202 JENKS AVE PUNXSUTAWNEY PA 15767-1504 814-375-7750	P	RHOADES, DO, DENNIS W 5 N 3RD ST REYNOLDSVILLE PA 15851-1261 814-653-8222	* FP	BASTIN, MD, KENNETH T MERCY HOSP SCRANTON PA 18510-1624 717-348-7200	* RO	CLAUSS, MD, THOMAS F 515 GEORGE ST THROOP PA 18512-1043 717-989-0317	FP	DENTE, MD, JOSEPH B 220 LOCUST ST 4F PHILADELPHIA PA 19106	GS

DESAI, MD, ARUNDEV D 120 WELSH HILL RD CLARKS SUMMIT PA 18411-9483 717-383-0758	FP	FROOZAN, MD, HOMAYOON 201 SMALLACOMBE DR SCRANTON PA 18508-2616 717-961-0171	N	HWAN, MD, JUNG J 709 N STATE ST CLARKS SUMMIT PA 18411-9464 717-587-4394	OBG	KRISANDA, MD, JOSEPH B 112 DELAWARE AVE OLYPHANT PA 18447-1518 717-489-1321	GP	MASANKAY, MD, MANUEL G 141 SALEM AVE CARBONDALE PA 18407-2574 717-282-1150	GS
DESAI, MD, ARVIND D 141 SALEM AVE CARBONDALE PA 18407-2574 717-282-6374	IM	GALLAGHER, MD, MICHAEL J 746 JEFFERSON AVE SCRANTON PA 18510-1624 717-348-7212	* OS	HYZINSKI, MD, MARTIN B MERCY HOSP HEMATOLOGY SCRANTON PA 18510-1624 717-342-3675	HEM	LAMBERTI, MD, WILLIAM F 1541 E MOUNTAIN RD SCRANTON PA 18505-2727 717-347-3701	P	MC DONALD, MD, LESTER J RR 4 BOX 474 DALTON PA 18414-9710 717-342-3700	OPH
DESAI, MD, KASHMIRA A 100 WOODHAVEN RD PECKVILLE PA 18452-1439 717-876-1900	IM	GAREY, MD, HERMAN S 1416 MONROE AVE DUNMORE PA 18509-2432 717-346-4700	* OBG	JACOBS, MD, KENNETH M MERCY HOSP SCRANTON PA 18510-1697 717-346-3934	PUD	LARKIN JR, MD, VINCENT D RR 3 DALTON PA 18414-9803 717-282-6191	* GS	MC ANDREW, MD, JOHN J 319 N ABBINGTON RD CLARKS GREEN PA 18411-2309 717-587-3070	* FP
DESAI, MD, MEENA B 1008 MAIN ST DICKSON CITY PA 18519-1301 717-383-0758	PUD	GAVIN JR, MD, J ROBERT MERCY HOSP SCRANTON PA 18510-1185 717-961-3823	ORS	JADITZ, DO, STEPHEN G 418 NORTHERN SPY RD CLARKS SUMMIT PA 18411-9472 717-586-8186	FP	LARKIN JR, MD, WALTER J 7 STARLIGHT DR CLARKS SUMMIT PA 18411-1131	OBG	MC ANDREW, DO, PATRICK J 111 MAIN ST VANDLING PA 18453 717-785-3194	GP
DHADUK, MD, VITHALBHAI D 1416 MONROE AVE DUNMORE PA 18509-2432 717-963-8803	N	GENTILE, MD, ANTHONY J 1618 MONROE AVE SCRANTON PA 18509-2042 717-344-3788	IM	JAMA, DO, ROBERT H 720-732 MADISON AVE SCRANTON PA 18414-9514 717-343-1115	TRS	LEE, MD, EDWARD Y 1615 E ELM ST SCRANTON PA 18505-3925 717-342-8305	CHP	MC CORMACK, MD, PATRICIA A 101 MARY LN SCRANTON PA 18505-2738 717-344-9684	OBG
DIAKIW, MD, JOHN 748 QUINCY AVE SCRANTON PA 18510-1739 717-347-6900	IM	GENTILEZZA, MD, KENNETH W 475 MORGAN HWY SCRANTON PA 18508-2605 717-344-3788	PM	JAN, MD, TAYYABA S PROFESSIONAL BUILDING CARBONDALE PA 18407-2574 717-282-6680	PD	LEIBMAN, MD, JOSEPH B 831 QUINCY AVE SCRANTON PA 18510-1117 717-961-8161	EM	MC DONALD, MD, HERBERT M 538 SPRUCE ST STE 622 SCRANTON PA 18503-1816	GS
DOHERTY JR, MD, JOHN H 746 JEFFERSON AVE STE 102 SCRANTON PA 18510-1624 717-961-3823	ORS	GILHOOLEY, MD, MICHAEL G 2220 BOULEVARD AVE SCRANTON PA 18509-1235 717-343-2383	IM	JOHNSTON SHEVERINI, MD, JAMES A 414 MADISON AVE SCRANTON PA 18505 717-346-5303	CDS	LEIMAN, MD, PAUL M RADIOLOGICAL CONSULTANTS DUNMORE PA 18509-2807 717-346-8272	DR	MC GEEHAN, MD, JOHN F 802 JEFFERSON AVE SCRANTON PA 18510-1046 717-344-9457	IM
DOHERTY SR, MD, JOHN H 1204 RICHMONT ST SCRANTON PA 18509-1504	OBG	GILLICK, MD, ALAN P 231 NORTHERN BLVD CLARKS SUMMIT PA 18411-9304 717-586-8665	* ORS	JONES, MD, SETH M 802 JEFFERSON AVE SCRANTON PA 18510-1046 717-348-1118	N	LEKACH, MD, JACUB STATION CENTER SCRANTON PA 18503-2006 717-343-6444	AI	MC NABB, MD, DANIEL M 165 FALLBROOK ST CARBONDALE PA 18407-1810 717-282-3151	EM
DONOVAN, MD, ROBERT J 326 ADAMS AVE SCRANTON PA 18503-1604 717-348-6100	P	GLEESON, MD, MICHAEL F 401 ADAMS AVE STE 409 SCRANTON PA 18510-2025 717-282-0833	GS	JORDAN, MD, JEROME W 200 MIFFLIN AVE SCRANTON PA 18503-1907 717-342-3145	OPH	LENAHAN, MD, TERENCE P 613 N WEBSTER AVE SCRANTON PAA PA 18510-1808 717-346-3934	PUD	MECCA, MD, DONATO D SCRANTON CENTER SCRANTON PA 18510-2025 717-342-7163	OPH
DRESSER JR, MD, CHRISTOPHER J 746 JEFFERSON AVE SCRANTON PA 18510-1624 717-342-1776	CD	GOLDSTONE, MD, SHELTON B 321 SPRUCE ST RM 523 SCRANTON PA 18503-1488 717-347-3628	D	JORDAN, MD, WILLIAM J 809 GLENBURN RD CLARKS SUMMIT PA 18411-9231 717-342-3145	OPH	LESNIAK, MD, JOHN P PO BOX 404 LAKE WINOLA PA 18625-0404 717-348-6100	P	MENZEL, MD, PAUL H CARDIOVASCULAR CONSULTANTS SCRANTON PA 18503-1911 717-961-2105	CD
DRUFFNER JR, MD, LEWIS C 603 GROVE ST AVOCA PA 18641-1515 717-457-2191	GP	GOMBAR, MD, EDWARD F 522 SANDERSON ST THROOP PA 18512-1244 717-489-4661	* GP	JORDAN III, MD, WALTER E 611 MORGAN HWY CLARKS SUMMIT PA 18411-9128 717-586-7787	ON	LIAO, MD, XIANG CONNAUGHT LABS INC SWIFTWATER PA 18370 717-839-4689	PUD	METZGER, MD, PAUL C 327 N WASHINGTON AVE STE 808 SCRANTON PA 18503-1542 717-961-5808	ORS
DUNAY, DO, DARLENE A M 314 OAK ST OLD FORGE PA 18518-1619 717-457-7150	GP	GOTTSHALL, MD, SAMUEL C 534 GLADIOLA DR CLARKS SUMMIT PA 18411-2184 717-963-2100	AN	JUNG, MD, HONG I 1416 MONROE AVE DUNMORE PA 18509-2432 717-344-6269	GS	LILIK, MD, KENNETH W 311 MULBERRY ST SCRANTON PA 18503-1230 717-961-3933	IG	MILANI, MD, FRANK A 201 SMALLACOMBE DR SCRANTON PA 18508-2616 717-961-0171	IM
EAGEN, MD, JEREMIAH W 802 JEFFERSON AVE SCRANTON PA 18510 717-348-0360	NEP	GRAD, MD, CHARLES T 201 SMALLACOMBE DR SCRANTON PA 18508-2616 717-346-9373	GE	KANE, MD, JAMES A 1729 QUINCY AVE DUNMORE PA 18509-2132 717-344-1231	* GS	LINDHOLM, MD, DALE D 748 QUINCY AVE SCRANTON PA 18510-1739 717-347-4377	* CHN	MINORA, MD, BARRY A 331 WARREN ST SCRANTON PA 18508-2717 717-348-7180	IM
EISNER, MD, ABRAHAM G 801 N IRVING AVE SCRANTON PA 18510-1315	IM	GRADY, MD, PATRICK J MERCY HOSP SCRANTON PA 18510-1697 717-348-7127	AN	KAREHA, MD, LOUIS G PO BOX 431 CLARKS SUMMIT PA 18411-0431 717-586-8186	GP	LISNYCZYJ, MD, NICHOLAS 536 E DRINKER ST DUNMORE PA 18512-2481 717-342-8299	IM	MINORA, MD, MICHAEL A 1714 PITTSSTON AVE SCRANTON PA 18505-1630 717-347-1111	GP
EISNER, MD, STEVEN B 327 N WASHINGTON AVE SCRANTON PA 18503-1511 717-344-2030	END	GRATZ, MD, RICHARD E 201 SMALLACOMBE DR SCRANTON PA 18508-2616 717-961-0171	IM	KARUMBAY, MD, ROMOLA SCRANTON CENTER STE 306 SCRANTON PA 18505-2269 717-348-1975	NS	LIVECCHI, MD, JOHN T 746 JEFFERSON AVE STE 203 SCRANTON PA 18510-1624 717-342-3700	* OPH	MINORA, MD, THOMAS L 2232 PITTSSTON AVE SCRANTON PA 18503-3238 717-969-2822	IM
EMANUELSON, MD, RICHARD G 1010 CHAPIN DR CLARKS SUMMIT PA 18411-8910 717-586-7787	ON	HAMM, MD, FRANCIS E 207 ABBEY DR CLARKS SUMMIT PA 18411-8872 717-961-0851	OBG	KEHRLI, MD, HENRY J 1601 MONROE AVE DUNMORE PA 18509-2095 717-342-3145	FP	LIZAK, DO, RICHARD J 301 COOLIDGE ST DUPONT PA 18641-1407 717-348-7180	* IM	MIZIN, MD, LAKSHMI D J 187 FALLBROOK ST CARBONDALE PA 18407-1861 717-282-5189	* CD
EPSTEIN, MD, SCOTT K 427 MELROSE AVE CLARKS SUMMIT PA 18411-1443 717-344-3788	PM	HAMZAVI, MD, SIAMAK 414 MADISON AVE SCRANTON PA 18510-2434 717-346-5303	* CDS	KEHRLI, MD, WILLIAM H 200 MIFFLIN AVE SCRANTON PA 18503-1907 717-342-3145	OPH	LIZANO, MD, VIOLETA M 201 SMALLACOMBE DR SCRANTON PA 18508-2616 717-963-9100	IM	MOGERMAN, MD, JEFFREY A 100 LINCOLN AVE CARBONDALE PA 18407-2170 717-282-2724	ORS
FAGERBURG, MD, RODGER E PO BOX 591 WAVERLY PA 18471-0591 717-342-5253	ID	HAN, MD, SUN TAK 802 JEFFERSON AVE SCRANTON PA 18510-1046 717-346-9373	CD	KELLEY, MD, KRISTINE THE FORUM SCRANTON PA 18503-1921 717-342-7864	GS	LOHIN, DO, DAVID L 201 FRANKLIN AVE SCRANTON PA 18503-1911 717-961-2105	PD	MONAHAN, MD, MARYELLEN R O RADIOLOGICAL CONSULTANTS DUNMORE PA 18509-2807 717-346-8272	DR
FARRELL, MD, ROBERT E 327 N WASHINGTON AVENUE SCRANTON PA 18503-1511 717-346-7501	R	HANNAGAN, MD, FRANK J RR 1 BOX 71 DALTON PA 18414-9742 717-281-1030	EM	KELLY, MD, EDWARD J BOX 1141 KINGSTON PA 18704 717-283-7525	* R	MACKRELL, MD, JAMES J 401 ADAMS AVE STE 303 SCRANTON PA 18510-2025 717-342-0030	CD	MONTELLA, MD, MICHAEL 743 S MAIN AVE SCRANTON PA 18504-2146 717-963-0693	IM
FARRELL, MD, WILLIAM J 327 N WASHINGTON AVENUE SCRANTON PA 18503-1511 717-346-7501	R	HARASYM, MD, EUGENE D RR 2 BOX 2099 FACTORYVILLE PA 18419-9612 717-562-0421	* FP	KEULER, MD, MARC M 663 POCONO BLVD MT POCONO PA 18344-1018 717-839-8754	IM	MACKRELL, MD, WILLIAM P KENNEDY DR ARCHBALD PA 18403 717-489-9656	* GS	MORAN, MD, KURT P 1017 RICHMONT ST SCRANTON PA 18509-1723 717-347-8966	IM
FELINS, MD, KELLY J PO BOX 135 GOULDSBORO PA 18424-0135 717-969-1454	P	HAZZOURI, MD, MICHELE A 937 HICKORY ST SCRANTON PA 18505-2153 717-346-7353	IM	KIRALY, MD, LASZLO 404 N MAIN AVE SCRANTON PA 18504-1720 717-342-5837	GS	MADDEN, MD, KEVIN G 802 JEFFERSON AVE SCRANTON PA 18510-1046 717-348-1118	GP	MORGAN JR, MD, VERNON W 743 JEFFERSON AVE SCRANTON PA 18510-1612 717-961-0851	OBG
FELINS, MD, RAYMOND J PO BOX 135 GOULDSBORO PA 18424-0135 717-839-8754	IM	HEIM, MD, WILLIAM J 743 JEFFERSON AVE 2ND FL SCRANTON PA 18510-1612 717-342-3675	HEM	KLINE, MD, MICHAEL A 302 TALL TREES DR SCRANTON PA 18505 717-348-7127	AN	MAIGUR, MD, WILLIAM S RD 4 BOX 74A LAKE ARIEL PA 18436 717-689-2673	N	MORI, MD, GINO 225 PENN AVE SCRANTON PA 18503-1921 717-342-7864	GS
FERRARO, MD, PATRICK J 100 DUNMORE ST THROOP PA 18512-1419 717-383-2297	GS	HENZES, MD, JACK 327 N WASHINGTON AVE STE 808 SCRANTON PA 18503-1542 717-961-5808	ORS	KOCH, MD, L VON 720-732 MADISON AVE SCRANTON PA 18510-1609 717-343-1115	CDS	MALLOY, MD, EDWIN S 233 PENN AVE SCRANTON PA 18503-1921 717-961-1961	FP	MORI, MD, HUGO 225 PENN AVE SCRANTON PA 18503-1921 717-342-7864	U
FOGLEY, MD, ANEES R 802 JEFFERSON AVE SCRANTON PA 18510-1046 717-347-8833	IM	HETKOWSKI, ALLAN SCRANTON CLUB BLDG 3RD FL SCRANTON PA 18503-1306 717-344-3616	EXEC	KOLUCKI, MD, FRANK R RR 2 BOX 163 OLYPHANT PA 18447-9617 717-489-0101	FP	MARIANI, MD, STEPHEN S RADIOLOGICAL CONSULTANTS DUNMORE PA 18509-2807 717-346-8272	* ORS	MORITZ, MD, MORDEKHAH 746 JEFFERSON AVE SCRANTON PA 18510-1624 717-344-1282	GE
FRANGOS, MD, JAMES N 1233 MONROE AVE DUNMORE PA 18509-2807 717-348-8272	R	HUJAZI, MD, SAADEDDINE A 381 N 9TH AVE SCRANTON PA 18404-2005 717-343-4599	GS	KONDASH, DO, DENNIS J 211 N STATE ST CLARKS SUMMIT PA 18411-1087 717-586-3300	FP	MARINO, MD, JOSEPH N 637 PRESCOTT AVE SCRANTON PA 18510-1919 717-342-5350	R	MULLOY, MD, ADRIAN J 1034 MAIN ST DICKSON CITY PA 18519-1340 717-963-2614	* IM
FRANTZ, MD, LINDA S 802 JEFFERSON AVE SCRANTON PA 18510-1046 717-347-3441	IM	HOLLA, MD, P SHRIPATHI 321 SPRUCE ST RM 707 SCRANTON PA 18503-1478 717-348-1711	NS	KONDASH, DO, MICHAEL L 511 GRANDVIEW ST CLARKS SUMMIT PA 18411-2166 717-586-4141	FP	MARMO, MD, THEODORE 121 MOOSIC RD OLD FORGE PA 18518-2018 717-457-3041	FP	MOYLAN, MD, JOSEPH E 602 S WEBSTER AVE SCRANTON PA 18505-4299 717-343-2383	FP
FRATTALI, MD, MARK A 900 SUNSET ST SCRANTON PA 18509-1934 215-955-8055	OTO	HOLLAND, MD, SANFORD J MOSES TAYLOR HOSP SCRANTON PA 18510-1798 717-963-2671	AN	KOSIK, DO, JAMES J 824 MC ALPINE ST ABOCA PA 18641 717-457-9299	IM	MARSI, MD, MARK A 327 N WASHINGTON AVE SCRANTON PA 18503-1511 717-961-5522	GP	MULLOTH, MD, RAJAN 746 JEFFERSON AVE SCRANTON PA 18510 717-343-2383	IM
FRATTALI, MD, MARY J 900 SUNSET ST SCRANTON PA 18509-1934 717-342-3145	* OPH	HOLMES, MD, JOHN J 314 RUSHBROOK ST JERMYN PA 18433-1664 717-876-1161	GP	KRAFCHIN, MD, IRA C 241 NORTHERN BLVD CLARKS SUMMIT PA 18411-9304 717-586-5000	PS		* D	NALEVANKO, MD, ALBERT M 327 N WASHINGTON AVE SCRANTON PA 18503-1511 717-961-1520	OTO

LACKAWANNA

NELSON, MD, ANDERS P 1233 COUNTRY CLUB RD CLARKS SUMMIT PA 18411-9426 717-586-8879	* US	PLATT, MD, HOWARD A 226 HOLLY LN CLARKS SUMMIT PA 18411-2046 PORT, MD, J TEIG 231 NORTHERN BLVD CLARKS SUMMIT PA 18411-9304 717-586-7870	* NS * ORS	SALEEM, MD, MOHAMMAD A PO BOX 460 HAMLIN PA 18427-0460 717-689-2300	IM	SKETTINO, MD, JOSEPH A 200 MIFFLIN AVE SCRANTON PA 18503-1907 717-342-3145	OPH	VENTURA, MD, SAMUEL R 119 MAIN ST BLAKELY PA 18447-1231 717-383-0956	OBG
NEVILLE, MD, EDWIN C 746 JEFFERSON AVE SCRANTON PA 18510-1624 717-344-1232	TS	POSSANZA, MD, CARL J 320 FRONT ST JESSUP PA 18434-1944 717-348-7994	AN	SAMUELSEN, MD, THOMAS S 743 JEFFERSON AVE SCRANTON PA 18510-1612 717-961-0851	OBG	SKOVIRA, MD, EDWARD M CLINICAL LABS SCRANTON PA 18503-1296 717-969-8165	PTH	VILLASIN, MD, JOSEPH V PO BOX 102 CLARKS SUMMIT PA 18411-0102	PTH
NEWTON, MD, CHARLES T 201 SMALLACOMBE DR SCRANTON PA 18508-2616 717-961-0171	N	PREATE, MD, DONALD L FORUM PLAZA SCRANTON PA 18503-1921 717-342-7864	* U	SARNOWSKI, MD, ROBERT J MEDICAL ARTS BUILDING SCRANTON PA 18503-1539 717-347-8773	NS	SNYDER, MD, RANDALL W 201 SMALLACOMBE DR SCRANTON PA 18508-2616 717-961-0171	GE	VOYCE, MD, STEPHEN J 201 FRANKLIN AVE SCRANTON PA 18503-1911 717-961-2105	CD
NOURIAN, MD, ALI A MED ARTS BLDG STE 212 SCRANTON PA 18503-1511 717-961-5557	P	PRELI, MD, OLINDO J 746 JEFFERSON AVE SCRANTON PA 18510-1624 717-346-7521	CD	SCHEUER, MD, JOHN W 713 PITTSSTON AVE SCRANTON PA 18505-4104 SCHMALTZ, MD, HARRY W 231 NORTHERN BLVD CLARKS SUMMIT PA 18411-9304 717-586-7870	CD * ORS	SOIFER, DO, NEAL E 1360 WYOMING AVE SCRANTON PA 18509-2803 717-343-1111	CD	WAGNER, MD, LOUIS J 603 SWINICK DR E DUNMORE PA 18512-2161 WALKOWSKI JR, MD, EDWARD J 1400 S MAIN ST PECKVILLE PA 18452 717-489-7546	TS DR
O'BOYLE, MD, TOMAS A 802 JEFFERSON AVE SCRANTON PA 18510 717-346-1464	PD	PRIOR, DO, JOHN E 746 JEFFERSON AVE SCRANTON PA 18510-1624 717-348-0360	NEP	SCHELL, MD, BRIAN M BOX 752 STEPHENSON RD WAVERLY PA 18471-0752 717-346-1759	PTH	SOMA, MD, JOSEPH J SCRANTON MEDICAL CLINIC SCRANTON PA 18508-2616 717-346-0101	AI	WALLER, MD, LOUIS C 140 CHERRY ST DUNMORE PA 18512-3019	IM
O'LEARY JR, DO, ROBERT T N E REHAB ASSOC SCRANTON PA 18508 717-344-3788	PM	RAINEY, DO, MICHAEL J MED ARTS BLDG STE 209 SCRANTON PA 18503 717-969-5269	P	SCHRECKENGAUST, MD, ROBERT H 746 JEFFERSON AVE SCRANTON PA 18510-1624 717-961-0851	OBG	SOROKANICH JR, MD, STEPHEN 538 SPRUCE ST STE 812 SCRANTON PA 18503-1816 717-348-6400	OPH * GP	WANG, MD, YAO C 201 CROSSGATE DR CLARKS SUMMIT PA 18411-8866 717-586-2011	P
OLSEN, MD, KEVIN H CARDIOVASCULAR CONSULTANTS SCRANTON PA 18503-1911 717-961-0171	CD	RAMAKRISHNA, MD, SRINIVASARAO 401 COLFAX AVE SCRANTON PA 18510-2362	GS	SCHUMAN, MD, ROBERT A 327 N WASHINGTON AVE STE 400 SCRANTON PA 18503-1537 717-346-7501	R	STEINDEL, MD, CARL R 233 PENN AVE SCRANTON PA 18503-1921 717-961-1961	IM	WEISS, MD, JEFFREY P THE FORUM SCRANTON PA 18503-1921 717-342-7864	U
ONOFREY, MD, DAVID 742 JEFFERSON AVE SCRANTON PA 18510-1624 717-344-1231	GS	RANCIER, MD, LEE F 327 N WASHINGTON AVE STE 400 SCRANTON PA 18503-1537 717-346-7501	* PUD R	SCIALLA, MD, SALVATORE J 743 JEFFERSON AVE 2ND FL SCRANTON PA 18510-1612 717-342-3675	HEM	STEFANELLI, MD, JAMES L 910 PARKVIEW RD MOSCOW PA 18444-8634 717-342-7864	* U	WENGER, MD, NORMAN E PO BOX 502 CARBONDALE PA 18407-0502 717-341-9677	A
ORAM, MD, MELVIN 218 KAREN DR SCRANTON PA 18505-2208	FP	RAO, MD, MADHAVA S CARDIOVASCULAR CONSULTANTS SCRANTON PA 18503-1911 717-961-2105	CD	SEBASTIAN, MD, CARMELLA M 70 N MAIN ST WILKES BARRE PA 18711 717-457-8364	* IM	STEWART, MD, MICHAEL P THE FORUM PLAZA SCRANTON PA 18503-1921 717-342-7864	* ORS	WERNER, MD, DONALD J MAIN ST GOULDSBORO PA 18424 717-842-8567	GP
PALANDJIAN, MD, KHATCHADOUR B 185 FALLBROOK ST CARBONDALE PA 18407 717-282-1732	CHP	RAVELLA, MD, SARATH B 959 WYOMING AVE SCRANTON PA 18509-3023 717-344-9684	IM	SEBASTIANELLI, MD, KENNETH J 802 S MAIN ST TAYLOR PA 18517-1828 717-562-3808	* IM	SU, MD, LANG-PAO 1559 MAIN ST PECKVILLE PA 18452-2016 717-489-8780	* GS	WHITE, MD, WESLEY R 2128 N WASHINGTON AVE SCRANTON PA 18509-1732	IM
PALUSHOCK, MD, SHARON 2007 SUMMIT POINTE DR SCRANTON PA 18508-1018 717-961-0171	END	REEDY, MD, GARY L 401 ADAMS AVE STE 202 SCRANTON PA 18510-2095 717-346-7338	OBG	SEBASTIANELLI, MD, MARIO J 1416 MONROE AVE DUNMORE PA 18509-2432 717-347-5212	IM	SUH, MD, SANG J 166 N MAIN ST OLD FORGE PA 18518-1726 717-457-8321	AN	WITOWSKI, MD, JOHN J MEDICAL ARTS BUILDING SCRANTON PA 18503-1511 717-346-7501	OTO
PANCOAST, MD, STEPHEN J 748 QUINCY AVE SCRANTON PA 18510-1739 717-342-5253	ID	REMICK, DO, PAUL F 1721 N MAIN AVE SCRANTON PA 18508 717-346-8417	FP	SEBASTIANELLI, MD, WAYNE J PA STATE CTR FOR SPORTS MED UNIVERSITY PARK PA 16803-6701 814-865-5572	ORS	SULLUM, MD, JONATHAN C 327 N WASHINGTON AVE STE 400 SCRANTON PA 18503-1537	GS	WOLK, MD, MELVYN H PO BOX 772 WAVERLY PA 18471-0772 717-563-2018	DR
PARABIA, MD, PERIN F 1800 MULBERRY STREET SCRANTON PA 18510-2369 717-969-8251	AN	RHIEW, MD, FRANCIS C 14 LAKESIDE DR CLARKS SUMMIT PA 18411-9419 717-348-7856	DR	SEIGLE, MD, WALTER E 745 N WEBSTER AVE SCRANTON PA 18510-1810	* AN	SUNDAY, MD, MICHAEL L 605 GREEN TREE DR CLARKS SUMMIT PA 18411-2828	DR	WOLK, MD, MICHAEL D 475 MORGAN HWY SCRANTON PA 18508-2605 717-344-3788	PDA
PARSICK, MD, DANIEL P 399 N 9TH AVE SCRANTON PA 18504-2005 717-347-4244	* FP	RHODES, MD, ANTHONY L 233 PENN AVE SCRANTON PA 18503-1921 717-961-1961	* ORS	SEWATSKY, MD, MARY F 149 S HIGHLAND RD PITTSSTON PA 18640-3248 717-841-2900	IM	SUNDHEIM, MD, JAMES L MOSES TAYLOR HOSP SCRANTON PA 18510-1798 717-346-8272	GS	WON, MD, OKHEE 441 WYOMING AVE SCRANTON PA 18503-1227 717-346-1759	PM
PASCUCCI, MD, STEPHEN E MEDICAL ARTS BUILDING SCRANTON PA 18503	PD	RICHARDS, MD, DAVID T 1800 MULBERRY ST SCRANTON PA 18510-2369 717-969-8247	* GS	SHAH, MD, NAYAN C 79 DUNDUFF ST CARBONDALE PA 18407-1801 717-282-6100	GE	SWIFT, MD, FRANK L 1510 N WASHINGTON AVE SCRANTON PA 18509-2362 SWISHER II, MD, CHARLES L 700 WINOLA RD CLARKS SUMMIT PA 18411-1947 717-342-5900	R	WRIGHT, MD, ROBERT E 743 JEFFERSON AVE 2ND FL SCRANTON PA 18510-1612 717-342-3675	ON
PASCUCCI, MD, STEPHEN E NORTHEASTERN EYE INSTITUTE SCRANTON PA 18503-1907 717-342-3145	OPH	RIENZI, MD, JOSEPH P RADIOLOGICAL CONSULTANTS DUNMORE PA 18509-2807 717-346-8272	NM	SHAIKH, MD, AYESHA R 436 GRAVEL POND RD CLARKS SUMMIT PA 18411-9482 717-839-8754	AN	THOMAS, MD, DAVID S 611 MORGAN HIGHWAY CLARKS SUMMIT PA 18411 717-586-7787	PD	WU, MD, JUN-YI 700 S WEBSTER AVE SCRANTON PA 18505-4204 717-961-1292	PTH
PATEL, MD, BHARAT K 381 N 9TH AVE SCRANTON PA 18504-2005 717-969-6100	GE	ROCHE, MD, JAMES J 141 SALEM AVE CARBONDALE PA 18407-2574 717-282-6131	GS	SHAIKH, MD, KHALEEL A 436 GRAVEL POND RD CLARKS SUMMIT PA 18411-9482	PD	THOMPSON, MD, CARSON J MERCY HOSP SCRANTON PA 18510-1624 717-961-2711	* RO	YANNI, MD, ANTHONY J 1249 BLAIR AVE SCRANTON PA 18508-2201 717-346-8111	* GS
PATEL, MD, BHUPENDRA R 512 LACKAWANNA AVE MAYFIELD PA 18433-1802 717-876-0209	IM	ROGALLA, MD, CHARLES S ONE ADAMS PLAZA STE 300 SCRANTON PA 18510	IM	SHARMA, MD, MEERA V 321 SPRUCE ST 3RD FL SCRANTON PA 18503-1478 717-344-1031	FP	TODARO, MD, SAMUEL R PO BOX S WAVERLY PA 18471-1624 717-961-3823	IM	YATSONSKY, MD, DAVID J PO BOX 163 GOULDSBORO PA 18424-0163 717-829-5050	IM
PATEL, MD, BIPIN M 401 ADAMS AVE STE 304 SCRANTON PA 18510-2025 717-342-2272	IM	ROSENFIELD, MD, BERNARD D 150 E MOUNTAIN VIEW LAKE DR S SCOTTSDALE AZ 85258	OBG	SHECHTER, MD, JAY A SCRANTON CARDIOVASCULAR GRP SCRANTON PA 18510-1624 717-342-1776	CD	TOMAZIC, DO, DAVID R 632 MAIN ST FOREST CITY PA 18421-9602 717-785-5599	DR	YAVOREK, MD, AMY 1020 MAIN ST DICKSON CITY PA 18519-1340 717-343-7338	OBG
PATEL, MD, SUMAN A 169 3RD AVE KINGSTON PA 18704-5750 717-348-7854	DR	ROSENTHAL, MD, STEPHEN I 720 N WEBSTER AVE SCRANTON PA 18510-1811 717-342-6296	U	SHEER, MD, GEORGE W 327 N WASHINGTON AVE SCRANTON PA 18503-1511 717-346-7501	PD	TRACY, MD, GERALD P 746 JEFFERSON AVE SCRANTON PA 18510-1624 717-342-1776	CD	YEAGER, MD, HENRY C 746 JEFFERSON AVE SCRANTON PA 18510-1624 717-342-1776	NEP
PAULISH, DO, JOHN W RR 3 BOX 356 TOWANDA PA 18848-9061 717-265-6300	IM	ROSS, MD, GARY W 441 WYOMING AVE SCRANTON PA 18503-1227 717-346-1759	PTH	SHELTON, MD, DOUGLAS L MEDICAL ARTS BLDG SCRANTON PA 18503-1511 717-961-5522	* D	TURCHETTI, MD, EUGENE A 919 E DRINKER ST DUNMORE PA 18512-2644 717-344-5665	* IM	ZALE, MD, ANTHONY G 1538 WYOMING AVE SCRANTON PA 18509-2354 717-346-8111	ORS
PEAIRS, MD, RANDALL R 746 JEFFERSON AVE STE 203 SCRANTON PA 18510-1624 717-342-3700	* OPH	ROSS, MD, VINCENT L 440 N MAIN AVE SCRANTON PA 18504-1720 717-347-5605	PD	SHINGALA, MD, ARUN J 141 SALEM AVE CARBONDALE PA 18407-2574 717-282-6928	CD	TUROCK, MD, MICHAEL J 397 N 9TH AVE SCRANTON PA 18504-2005 717-344-8619	FP	ZALOGA, DO, EDWARD J 910 JOHNS DR MOOSIC PA 18507 717-341-4199	EM
PELICCI, MD, LEROY J 748 QUINCY AVE SCRANTON PA 18510-1739 717-342-8633	N	RUBIN, MD, EMMA 1831 PITTSSTON AVE SCRANTON PA 18505-1651 717-961-0171	IM	SHUKLA, MD, KISHOR N 959 WYOMING SCRANTON PA 18509 717-344-9684	US	UROSKIE, MD, THEODORE W 200 YALE BLVD CLARKS GREEN PA 18411-1138 717-346-7338	OBG	ZAYDON, MD, ANNE C 312 W DRINKER ST DUNMORE PA 18512-1918 717-344-4449	IM
PENETAR, DO, MARTIN C 203 OAKFORD RD CLARKS SUMMIT PA 18411-9244 717-587-4113	FP	RUDOLPH, MD, KENNETH H 802 JEFFERSON AVE SCRANTON PA 18510-1046 717-343-3999	* DIA	SIBLEY, MD, ROBERT E 120 OVERLOOK RD CLARKS SUMMIT PA 18411 717-346-7501	DR	VEKARIA, MD, KISHOR-KUMAR S 101 JULIUS ST CLARKS SUMMIT PA 18411-8922 717-969-8259	AN	ZEGLEN, MD, KURT T 915 POPLAR ST DUNMORE PA 18510-1188 717-951-1606	DR
PETTINATO, MD, SALVATORE R 92 SALEM AVE CARBONDALE PA 18407-2038	GP	RUGGIERO, DO, DOMINIC 203 OAKFORD RD CLARKS SUMMIT PA 18411-9244 717-587-4113	EM	SIMPSON, MD, ROY W 304 CHESTNUT ST PECKVILLE PA 18452-2208 717-489-1529	GP	VENTRE, MD, SUSAN GENERAL DELIVERY WAVERLY PA 18471-9999 717-585-1000	PD	ZENKER, MD, JOANNE S 327 N WASHINGTON AVE SCRANTON PA 18503-1511 717-961-5522	* D
PHILBIN, MD, JOSEPH F 1736 SANDERSON AVE SCRANTON PA 18509-1853 717-347-7742	* IM	RUZBARSKY, MD, JOSEPH J 364 GRAVEL POND RD CLARKS SUMMIT PA 18411-9473 717-348-7996	AN	SINGH, MD, ARVIND K 60 PRESIDENTIAL PLZ APT 1210 SYRACUSE NY 13202-2218	AN	VENTURA, MD, CECILIA R 119 MAIN ST BLAKELY PA 18447-1231 717-383-2133	PD	ZUKOSKI, MD, THOMAS E 802 JEFFERSON AVE SCRANTON PA 18510-1046 717-346-1464	PD
PLANTE, MD, SABRINA K 251 E GROVE ST CLARKS SUMMIT PA 18411-1795 717-587-1131	IM	RYCZAK, MD, MARY 748 QUINCY AVE SCRANTON PA 18510-1739 717-342-5253	ID	SIROTNIAK JR, MD, JOHN J 538 SPRUCE ST SCRANTON PA 18503-1816 717-342-4163	OTO				

LANCASTER		BERKENSTOCK, MD, KENNETH G		CARSON, MD, JAMES H		DAVIS, MD, ALLAN S		ETNOYER, MD, JOHN J	
ADAMS, MD, WILLIAM H	EM	1560 STONE MILL RD	RO	609 N CHERRY ST	ORS	231 N SHIPPEN ST	HEM	549 N LIME ST	OBG
105 E ELM ST		LANCASTER PA 17603-6044		LANCASTER PA 17602-2243		LANCASTER PA 17602-2763		LANCASTER PA 17602-2228	
CONESTOGA PA 17516-9790		717-299-5511		717-299-4871		717-295-5444		717-397-8177	
ADDIS, MD, CHRISTOPHER T	IM	BERKOW, MD, DON A	EM	CASALE, MD, PAUL N	CD	DAVIS, MD, IRENE B	OBG	EVANS, MD, CHARLES M	ORS
618 N DUKE ST		800 ORCHARD LN		CARDIOVASCULAR ASSOCIATES		70 PEACH LN		179 N READING RD	
LANCASTER PA 17602-2210		LANCASTER PA 17603-2422		LANCASTER PA 17603-2962		LANCASTER PA 17601-3254		EPHRATA PA 17522-1647	
717-392-3596		717-295-8322		717-397-5484		DAVIS, MD, JAMES H	AN	717-733-9200	
AGUSTA, MD, VICTOR E	U	BERKOWITZ, MD, ALAN R	AN	CASSEL, MD, FRANKLIN K	GER	133 E FREDERICK ST		EYLER, MD, PAUL W	R
2106 HARRISBURG PK STE 200		1351 BEACONFIELD LN		BRETHREN VILLAGE		LANCASTER PA 17602-2222		1332 HILLCREST RD	
LANCASTER PA 17604-3200		LANCASTER PA 17601-5344		LANCASTER PA 17606-5093		717-394-9821		LANCASTER PA 17603-2413	
717-393-1771		717-733-0311		717-569-8217		DAVIS, MD, JEFFREY A	OTO	FACCI, MD, MARIA	FP
AHN, MD, CHANG W	PM	BERNHARD, MD, ROBERT A	R	CASTLE, MD, CHARLES A	OBG	241 ROHRERSTOWN RD		849 PLEASURE RD APT C-34	
530 N LAWN DR		1509 CLAYTON RD		531 N LIME ST		LANCASTER PA 17603		LANCASTER PA 17601-4465	
LANCASTER PA 17603-2355		LANCASTER PA 17603-2405		LANCASTER PA 17602-2215		717-397-9555		FALK JR, MD, ROBERT B	AN
717-291-8184		BERNING, MD, LENORA W	EM	717-393-5828		DEARDORFF, MD, CHARLES L	*GS	133 E FREDERICK ST	
AICHELE JR, DO, ROBERT K	FP	555 N DUKE ST		CHABY, DO, JEFFREY H	*OPH	MEDICAL ARTS BUILDING		LANCASTER PA 17602-2222	
2605 WILLOW STREET PIKE		LANCASTER PA 17604-3555		200 BUTLER AVE		LANCASTER PA 17603-3372		717-394-9821	
WILLOW STREET PA 17584-9529		717-290-4978		LANCASTER PA 17601-6305		717-394-2669		FARMER, MD, JOHN L	GS
717-464-2838		BETTS, DO, WILLIAM E	*R	717-393-0200		DEGREEN, MD, HYATT P	ON	WESTVIEW HOMESTEAD VILLAGE	
ALEXANDER, MD, ALAN R	DR	1539 CENTER ROAD		CHORY, MD, EDWARD T	*GS	333 N ARCH ST		LANCASTER PA 17603-2394	
2850 GRAYSTONE RD		LANCASTER PA 17603-4731		554 N DUKE ST 3RD FLR		LANCASTER PA 17603-2922		FASULO, MD, GREGG J	ORS
E PETERSBURG PA 17520-1014		BEYER III, MD, FREDERICK C	GS	LANCASTER PA 17602-2225		717-291-1313		509 N CHERRY ST	
717-291-8132		554 N DUKE ST 3RD FL		717-392-4700		DENLINGER, MD, JOHN K	AN	LANCASTER PA 17602-2243	
ALLEN, MD, LISA S	RHU	LANCASTER PA 17602-2225		CLARK, DO, KEVIN R	EM	133 E FREDERICK ST		717-299-4871	
217 HARRISBURG AVE STE 104		717-392-4700		428 STATE ST		LANCASTER PA 17602-2222		FEENAN, MD, PATRICK R	D
LANCASTER PA 17603-2900		BIUSO, MD, THOMAS J	IM	LANCASTER PA 17603-2606		717-394-9821		PROFESSIONAL PLAZA NORTH	
717-299-1301		1834 OREGON PIKE		717-291-8211		DERR, MD, RUSSELL H	*US	LANCASTER PA 17601-6463	
ALTADONNA, MD, VICTOR	U	LANCASTER PA 17601-6463		CLARK, MD, NEIL R	CD	154 W MAIN ST BOX 704		717-569-3273	
822 MARIETTA AVE		717-560-5770		217 HARRISBURG AVE STE 200		ADAMSTOWN PA 19501		FEINBERG, MD, HALBERT J	CD
LANCASTER PA 17603-3239		BLAISDELL, MD, THEODORE A	FP	LANCASTER PA 17603-2900		DERSTINE, MD, TIMOTHY H	P	622 N QUEEN ST	
717-397-4254		446 SURREY DR		717-397-5484		PENN STATE UNIV MED CTR		LANCASTER PA 17603-3029	
AMBARIAN, MD, ANNE P	FP	LANCASTER PA 17601-2828		CLEMAN, MD, GEORGE M	AN	HERSHEY PA 17033-0850		717-299-5800	
30 OCALA DR		717-295-8340		149 N STATE ST		717-531-7237		FEINSTEIN, MD, ALEX	DR
PARADISE PA 17526-9628		BODNER, MD, DARYL G	OTO	EPHRATA PA 17522-2231		DIAMANTONI, MD, STEPHEN G		555 N DUKE ST	
717-295-8340		1655 CROOKED OAK DR		LANCASTER PA 17601-4299		741 N FRANKLIN ST		LANCASTER PA 17604-3555	
ANDERSEN, MD, ROLF L	CD	LANCASTER PA 17601-4299		717-569-4905		LANCASTER PA 17602-2169		717-295-8300	
217 HARRISBURG AVE STE 200		BODNER, MD, GAIL F	FP	902 MARIETTA AVE		717-295-2323		FLOOD, MD, MICHAEL S	*PS
LANCASTER PA 17603-2900		717-569-4905		LANCASTER PA 17603-3105		DOE, MD, ROBERT G	EM	554 N DUKE ST	
717-397-5484		BONCHEK, MD, LAWRENCE I	CDS	555 N DUKE ST		213 E TOMAHAWK DR		LANCASTER PA 17602-2225	
ANDERSEN, MD, THOMAS W	FP	LANCASTER PA 17604-3555		717-291-8388		CONESTOGA PA 17516-9715		717-291-5863	
6 E MAIN ST		717-295-8395		COLDREN, MD, SEAN C	P	717-295-8322		FOLEY, MD, T RAYMOND	GE
MOUNT JOY PA 17552-0145		BOWMAN, MD, JOHN H	OPH	108 FOXSHIRE DR		DOENECKE, MD, ARTHUR L	GP	217 HARRISBURG AVE STE 204	
717-653-4331		2108 HARRISBURG PIKE		LANCASTER PA 17601		322 N ARCH ST		LANCASTER PA 17603-2900	
ARGIRES, MD, JAMES P	NS	LANCASTER PA 17601-3200		717-299-2621		LANCASTER PA 17603		717-397-1400	
PO BOX 10247		717-290-3900		COLLURA, MD, PAUL T	DR	717-397-4921		FOLK, DO, MARK E	FP
LANCASTER PA 17605-0247		BRADFORD, DO, WILLIAM C	OBG	ST JOSEPH HOSP		DORAZIO, MD, DOMINICK J	AN	WELSH MTN MED/DENTAL CENTER	
717-569-5331		1725 OREGON PIKE		LANCASTER PA 17603-3378		133 E FREDERICK ST		NEW HOLLAND PA 17557-9564	
ARROW, DO, BEREL B	IM	LANCASTER PA 17601-4206		717-291-8132		LANCASTER PA 17602-2222		717-354-4711	
COLONIAL CENTER		717-569-2965		CONDON, MD, BRIAN P	P	717-394-9821		FORMAN, MD, IRWIN H	P
LANCASTER PA 17602-2179		BRANAS, DO, JOHN A	GP	1295 MEADOWBROOK RD		DORF, DO, STEVEN N	OTO	1982 CROOKED OAK DR APT A5	
717-299-2200		2158 FRUITVILLE PIKE		LANCASTER PA 17603-4711		2183 OREGON PIKE		LANCASTER PA 17601-6439	
ARTHUR, MD, KENNETH R	*PS	LANCASTER PA 17601-3952		717-390-0353		LANCASTER PA 17601-4604		215-678-3411	
554 N DUKE ST		717-569-7576		CONNAUGHTON, MD, PATRICK N	DR	717-569-5314		FOUST, MD, WILSON A	GP
LANCASTER PA 17602-2225		BRESLIN, MD, JOSEPH A	U	555 N DUKE ST		DRAGANN, DO, NICHOLAS J	FP	BRETHREN VILLAGE BOX 5093	
717-394-9821		2106 HARRISBURG PK STE 200		LANCASTER PA 17604-3555		3469 HARVEST DR		LANCASTER PA 17606-5093	
ASTARITA, MD, SALVATORE J	AN	LANCASTER PA 17604-3200		717-295-8300		GORDONVILLE PA 17529		FRANCE, MD, LAURENCE W	OBG
2705 SHIPROCK RD		717-393-1771		CONRAD, MD, WAYNE R	ORS	717-768-3100		1059 COLUMBIA AVE	
WILLOW STREET PA 17584-8903		BROD, MD, ROY D	OPH	LANCASTER ORTHOPEDIC GROUP		DUPREY, MD, JAMES G	FP	LANCASTER PA 17603-3130	
717-394-9821		1129 OAKMONT DR		LANCASTER PA 17601-6805		10 CREEK VIEW LANE		717-393-1338	
AXELROD, DO, NORMAN M	GS	LANCASTER PA 17601-5075		717-560-4200		STRASBURG PA 17579-9623		FRANCOIS, MD, CHARLES G	FP
996 E ORANGE ST		717-399-8790		COOKE JR, MD, ALFRED J	ORS	717-299-5711		600 N SCHOOL LN	
LANCASTER PA 17602-3214		BROWN, MD, H ZANE	OPH	609 N CHERRY ST		DZWONCZYK, MD, THOMAS D	OTO	LANCASTER PA 17603-2505	
717-394-5401		77 W ROSEVILLE RD		LANCASTER PA 17602-2243		2103 MARIETTA AVE		GALANIS, MD, SOTIR E	FP
BACHARACH, MD, MATTHEW D	VS	LANCASTER PA 17601-3928	P	717-299-4871		LANCASTER PA 17603-2266		205 WOODCHUCK DR	
554 N DUKE ST		BROWN, MD, RICHARD J		COOPER, MD, EMMETT M	NM	717-531-8407		EPHRATA PA 17522-9623	
LANCASTER PA 17602-2225		108 FOXSHIRE DRIVE		8880 SW 94TH ST		ECKENRODE, MD, JOSEPH L	GP	GAREIS, MD, JOHN W	R
717-392-4700		LANCASTER PA 17601		OCALA FL 24481-4531		1965 DREXEL AVE		2101 MILLERSVILLE PIKE	
BACHMAN, MD, WILLIAM H	FP	717-560-3782		COOPER JR, MD, HERBERT K	IM	LANCASTER PA 17602-3363		LANCASTER PA 17603-6216	
240 CLEARFIELD RD		BROWN, MD, ROBERT E	AN	7 R RIDGEWOOD RD		EICHELBERGER, MD, DWIGHT O	FP	717-295-8300	
NEW PROVIDENCE PA 17560-9736		133 E FREDERICK ST		LANCASTER PA 17603-6701		20 N PLUM ST		GAROFOLA, MD, JOHN H	R
717-394-9821		LANCASTER PA 17602-2222		717-299-4455		LANCASTER PA 17602-2919		555 N DUKE ST	
BACON, MD, RICHARD W	FP	717-394-9821		CORRALLO, MD, DIANE M	OPH	717-299-5511		LANCASTER PA 17604-3555	
676 E MAIN ST		BRUBAKER, MD, J KENNETH	FP	558 N DUKE ST		531 N LIME ST		PO BOX 10247	NS
NEW HOLLAND PA 17557-1426		NORLANCO MEDICAL ASSOC		LANCASTER PA 17602-2208		LANCASTER PA 17602-2215		LANCASTER PA 17605-0247	
717-354-4671		ELIZABETHTOWN PA 17022-9616		717-397-8259		717-393-5828		717-569-5331	
BAER, MD, GERALD R	FP	717-653-1467		CORCORAN, MD, JOHN J	OBG	ST JOSEPH HOSP	*PTH	GARVEY, MD, EDMUND P	AN
418 CLOVERLEAF RD		BRUBAKER, MD, JACOB H	GP	CROOKED OAK VILLAGE		LANCASTER PA 17604		401 CHOWNING PL	
ELIZABETHTOWN PA 17022-9614		421 MAIN ST		LANCASTER PA 17601-4222		717-291-8022		LANCASTER PA 17601-2911	
717-653-1467		DENVER PA 17517-1425		717-569-5391		EL-BORNO, MD, BASSAM M A	CHP	717-394-9821	
BAIRD, MD, EDWARD F	AN	717-336-2291		COSLETT, MD, MARTHA M Y	FP	30 STRATFORD VLG		GASTALDO, MD, JOHN A	NS
1515 COUNTRY CLUB DR		BRUBAKER, MD, PAUL E	FP	1028 TRACY RD		LANCASTER PA 17602-1163		PO BOX 10247	
LANCASTER PA 17601-5213		418 CLOVERLEAF RD		LANCASTER PA 17601-4855		717-560-5600		LANCASTER PA 17605-0247	
717-394-4129		ELIZABETHTOWN PA 17022-9614		717-627-2108		ELKIN, DO, RICHARD J	GE	717-569-5331	
BAKER, MD, DAVID G	AN	717-653-1467		COURSIN, MD, DAVID B	PD	1576 LITITZ PIKE		GAULT, MD, JAMES H	CD
ST JOSEPHS HOSP		BRYSON, MD, RICHARD L	GP	1503 HILLCREST RD		LANCASTER PA 17601-6511		217 HARRISBURG AVE STE 200	
LANCASTER PA 17603-3378		129 PINNACLE POINT DR		LANCASTER PA 17603-2416		717-396-7800		LANCASTER PA 17603-2900	
717-291-8211		LANCASTER PA 17601-1773		717-393-1731		ENGLE, MD, EUGENE K	FP	717-397-5484	
BARR, MD, V WARD	NS	BUCH, MD, ROBERT R	GP	CRANDALL III, MD, RICHARD A		130 S PENN ST		GAUSE, MD, PAUL E	*IM
PO BOX 10247		125 W MAIN ST		LANDISVILLE PA 17538-1317		MANHEIM PA 17545-1749		115 WASHINGTON AVE	
LANCASTER PA 17605-0247		MOUNTVILLE PA 17554-1633		717-898-2413		717-665-2496		EPHRATA PA 17522-2246	
717-569-5331		BUCKLEN, MD, KEITH R	GS	CRILL, MD, NORMAN C	FP	ESBENSHADE II, MD, JOHN H	IM	717-733-8693	
BARTGES, MD, JOHN D	*U	210 3RD ST		143 MILLERSVILLE RD		217 HARRISBURG AVENUE STE 200		GAYNOR, MD, WILLIAM B	PTH
822 MARIETTA AVE		EPHRATA PA 17522-1751		LANCASTER PA 17603-4250		LANCASTER PA 17603-2900		LITITZ PA 17543-8567	
LANCASTER PA 17603-3239		717-399-9199		717-393-2124		717-397-5484		23 RIDGE DR	
717-397-4254		BURLINGAME, MD, MARK W	CDS	CRYSTLE, MD, C DEANS	OBG	ESHELMAN JR, MD, GUY R	FP	LITITZ PA 17543-8567	
BASARAB, MD, ROBERT M	NM	555 N DUKE ST		1059 COLUMBIA AVE		6 W NEWPORT RD		217 HARRISBURG AVE STE 200	
516 GREENHOWER DR		LANCASTER PA 17604-3555		LANCASTER PA 17603-3130		LITITZ PA 17543-9473		LANCASTER PA 17603-2900	
LITITZ PA 17543-9054		717-295-8395		717-393-1338		717-627-2108		717-397-5484	
717-295-8300		CAPPIELLO, MD, JUSTIN L	*OPH	DALEY, MD, MARVIN C	*U	ESHELMAN, MD, D ROHRER	EM	GERBER, DO, MELVIN D	PM
BASHORE JR, MD, ROBERT M	OBG	324 N DUKE ST		822 MARIETTA AVE		46 COUNTRY LN		PO BOX 468	
220 VALLEY RD		LANCASTER PA 17602-4952		LANCASTER PA 17603-3239		LANDISVILLE PA 17538-1047		WILLOW STREET PA 17584-0468	
LANCASTER PA 17601-3412		717-394-6808		717-397-4254		ESHELMAN, MD, JOHN D	PUD	717-397-3711	
BEACHER JR, MD, GEORGE W	GP	CARROLL, MD, LAURENCE E	NEP	DAMIANO, DO, JOHN A	EM	555 N DUKE ST		GERBERT, MD, KATHLEEN H	OBG
1800 VILLAGE CIRCLE		439 N DUKE ST		1180 SUFFOLK DR		LANCASTER PA 17604-3555		549 N LIME ST	
LANCASTER PA 17603-2394		717-299-4032		LITITZ PA 17543-9079		717-295-8330		LANCASTER PA 17602-2228	
BELL, MD, STEPHEN T	CD	CARRUTHERS, MD, RALPH B	FP	717-291-8111		ESHELMAN, MD, S KENDRICK	P	717-397-8177	
622 N QUEEN ST		211 N 8TH ST		DAVIDSON, MD, PAUL R	GS	317 N DUKE ST		GESKEY, DO, JOSEPH M	US
LANCASTER PA 17603-3029		COLUMBIA PA 17512-1305		1100 GRANDVIEW BLVD		LANCASTER PA 17602-4915		2471 CARRIAGE ST	
717-299-5000		717-684-2088		LANCASTER PA 17601-5110		717-397-5131		LANCASTER PA 17601-4870	
								717-397-9711	

LANCASTER

GIBSON, MD, JOSEPH M ANESTHESIA ASSOC LANCASTER PA 17602-2294 717-394-982	AN	HARNLY, MD, NEAL S 1886 ROHRERSTOWN RD LANCASTER PA 17601-2322 717-569-7011	FP	JAMESON, MD, E CARLETON PO BOX 83 AKRON PA 17501-0083	OS	KLINE, DO, GLENN A 996 E ORANGE ST LANCASTER PA 17601-2974 717-394-5401	GS	LEIPHART, MD, CLARENCE D 177 KREADY AVE MILLERSVILLE PA 17551-2007 717-872-6011	OPH
GILLIO, MD, ROBERT G 555 N DUKE ST LANCASTER PA 17604-3555 717-295-8330	PUD	HARRIGER, MD, MILES D 2081 EDELMONT DR EAST PETERSBURG PA 17520-1303	* GP	JANESKY, MD, CINDY 555 N DUKE ST LANCASTER PA 17604-3555 717-295-8300	DR	KNAUB, MD, MARILYN B SOUTHEAST LANCASTER HLTH CTR LANCASTER PA 17602-4524 717-299-6371	FP	LESKO, DO, MICHAEL G CARDIAC CONSULTANTS LANCASTER PA 17603-3029 717-299-5000	CD
GISH, MD, ROBIN D 418 CLOVERLEAF RD ELIZABETHTOWN PA 17022-9616 717-653-1467	FP	HARTMAN, MD, WILLIAM F 3001 LITITZ PIKE APT 127 LANCASTER PA 17606-5093	OBG	JAROWENKO, MD, DALEELA G 554 N DUKE ST LANCASTER PA 17602-2225 717-392-4700	GS	KNEPPER, MD, JOSEPH A 11 HOLLY DR LEOLA PA 17540-1211 717-656-2331	* FP	LESLIE, MD, PAUL A 267 BROOK FARMS RD LANCASTER PA 17601-5507 717-295-8300	N
GIVENS, MD, KERRY T 2108 HARRISBURG PIKE LANCASTER PA 17601-3200 717-290-3900	OPH	HASSEL, MD, MARK H 230 HARRISBURG AVE LANCASTER PA 17603-2959 717-399-9800	OS	JEFFRIES, DO, NANCY E 33 HOLLY DR LEOLA PA 17540-1214 717-656-6122	FP	KNERR JR, MD, EDGAR D 7 LAKES BOX 565 NORTH WEST END NC 27376 1406 CLAYTON RD LANCASTER PA 17603-2404 717-569-8518	GYN	LEVENSON, MD, MORTON W 811 S CEDAR ST LITITZ PA 17543-2903 717-299-0103	GP
GLAH JR, MD, HENRY J 906 E ORANGE ST LANCASTER PA 17602-3214 717-397-7718	GPM	HASSEL JR, MD, CARL W PO BOX 21 PEOEUA PA 17565-0021	D	JENS, MD, KURTIS D 142 E CHESTNUT ST LANCASTER PA 17602-2777 717-299-0582	* P	KNOX-LEE, DO, MARGARET M LANCASTER PA 17603-2404 717-569-8518	PD	LEVIN, MD, RICHARD M 1608 LITITZ PIKE LANCASTER PA 17601-6517 717-299-0103	PS
GODDARD JR, MD, JAMES E 708 BENT CREEK DR LITITZ PA 17543-8365 717-295-2500	AN	HEFFERN, MD, JAMES E MILLERSVILLE UNIVERSITY MILLERSVILLE PA 17551 717-872-3250	PM	JOHNS, MD, MILTON W RR 3 WILLOW STREET PA 17584-9803 717-299-5511	EM	KO, MD, EUGENE C H 955 E KING ST LANCASTER PA 17602-3275 717-299-0305	PUD	LEVINE, DO, JEFFREY N 955 E KING ST LANCASTER PA 17602-3275 717-299-0305	NEP
GODSHALL, MD, STANLEY M 418 CLOVERLEAF RD ELIZABETHTOWN PA 17022-9614 717-653-1467	FP	HEINLE JR, MD, FREDERICK J 1410 RIDGE RD LANCASTER PA 17603-4736 717-392-4700	GS	JOHNSON, MD, JOAN E 531 N LIME ST LANCASTER PA 17602-2215 717-393-5828	OBG	KOCH, MD, ANDREW W 1010 GRANDVIEW BLVD LANCASTER PA 17601-5108 717-295-8300	R	LIU, MD, SAMUEL M 709 WYNCROFT TERR APT 3 LANCASTER PA 17603-6966 717-290-5979	OPH
GOHN, MD, DOUGLAS C 217 HARRISBURG AVE STE 200 LANCASTER PA 17603-2962 717-397-5484	CD	HELM, MD, ROBERT C 110 S CHURCH ST QUARRYVILLE PA 17566-1216	GP	JOHNSON, MD, ROBERT P 676 E MAIN ST NEW HOLLAND PA 17557-1426 717-354-4671	FP	KOCH, MD, PAMELA J 20 ESHELMAN RD LANCASTER PA 17601-5641 717-295-8301	DR	LOCKEY III, MD, STEPHEN D 2445 MARIETTA AVE LANCASTER PA 17601-1942 717-393-1365	A
GOLDIN, MD, RALPH J 140 E MAIN ST BROWNSTOWN PA 17508-0607 717-656-9151	GP	HELM JR, MD, JOHN D 1913 STERLING PL LANCASTER PA 17601-3830	IM	JOHNSON JR, MD, BERTRAM L 622 N QUEEN ST LANCASTER PA 17601-5074 717-299-5000	CD	KONTRA, MD, JOSEPH M 24 E JAMES ST LANCASTER PA 17602-4908 717-299-5544	ID	LOEB, MD, ROLAND A 435 W CHESTNUT ST BOX 1708 LANCASTER PA 17608-1708 717-394-7234	PTH
GOLDMAN, MD, GARY L 358 N FARM RD LITITZ PA 17543-9213 717-291-8271	AN	HERSCHAFT, MD, RICHARD J 203 N LIME ST LANCASTER PA 17602-2729 717-392-6267	D	KANE, MD, JOAN D 333 N ARCH ST LANCASTER PA 17603-2922 717-291-1313	HEM	KRAYBILL, MD, LEON S 418 CLOVERLEAF RD ELIZABETHTOWN PA 17022-9614 717-653-1467	FP	LOMBARD, MD, ROBERT M 259 N 6TH ST COLUMBIA PA 17512-2107 717-684-2440	FP
GOOD, MD, DANIEL C PO BOX 10247 LANCASTER PA 17605-0247 717-539-5331	NS	HESS, MD, J CLAIR EASTBROOK FAMILY HEALTH CTR RONKS PA 17572-9770 717-299-5711	FP	KATZ, MD, JOSEPH 275 BLOSSOM HILL DR LANCASTER PA 17601-3211	AN	KREBS-JIMENEZ, MD, JESSICA D 2644 VALLEY VIEW LANCASTER PA 17601	OBG	LONGWELL, MD, ROBERT H 345 VALLEY BROOK RD LANCASTER PA 17601-4633	OBG
GOOD, MD, MILTON S 610 HIGHLAWN AVE ELIZABETHTOWN PA 17022-1307 717-367-1798	FP	HESS, MD, JOSEPH B 2174 OLD PHILADELPHIA PIKE LANCASTER PA 17602-3433 717-394-3711	GP	KAUFFMAN, MD, DWIGHT A 1886 ROHRERSTOWN ROAD LANCASTER PA 17601-2322 717-569-7011	FP	KREIDER, MD, HENRY L 306 S MARKET ST ELIZABETHTOWN PA 17022-2422 717-367-1390	FP	LORETAN, DO, WILLIAM D 808 PLEASANTVIEW DR EPHRATA PA 17522-1644 717-733-6518	IM
GOTTLIEB, MD, JEROME I 108 FOXSHIRE DR LANCASTER PA 17601 717-299-2621	P	HESS, MD, PAUL G 514 S BROAD ST LITITZ PA 17543-2604 717-626-2144	FP	KAUFMAN, MD, CLARK R 2445 MARIETTA AVE LANCASTER PA 17601-1942 717-393-1365	A	KREIDER, MD, JOHN K 805 PEARL AVE MANHEIM PA 17545-2327	GP	LU, MD, MILTON M 2114 OREGON PIKE LANCASTER PA 17601-4605 717-393-3700	PS
GOTTLIEB, MD, ROBERT J 1875 LITITZ PIKE LANCASTER PA 17601-6515 717-569-6489	ON	HINES, MD, RODERICK E 444 N LIME ST LANCASTER PA 17602-2337 717-396-9167	N	KAUR, MD, MANJEET 555 N DUKE ST LANCASTER PA 17604-3555 717-295-8398	PD	KREIDER, MD, KATHLEEN A 301 E MAIN ST NEW HOLLAND PA 17557-1301 717-354-2235	FP	LUNDY, MD, EDWARD F 555 N DUKE ST LANCASTER PA 17604-3555 717-295-8395	TS
GRAY, MD, LOUIS P 647 E ROSEVILLE RD LANCASTER PA 17601-4235 717-569-2678	FP	Hoke JR, MD, HUGH H 555 N DUKE ST LANCASTER PA 17604-3555 717-295-8300	R	KEGEL, MD, DANIEL P 1059 COLUMBIA AVE LANCASTER PA 17603-3130 717-393-1338	OBG	KRESPAN, MD, CHARLES B 549 N LIME ST LANCASTER PA 17602-2228 717-397-8177	OBG	LYET, MD, J PAUL LANCASTER ORTHOPEDIC GROUP LANCASTER PA 17601-6805 717-560-4200	ORS
GREENE, MD, NEIL A 24 E JAMES ST LANCASTER PA 17602-4908 717-299-5544	IM	HOLDER, MD, ARTHUR J 562 W 2ND AVE LITITZ PA 17543-1816 717-626-2167	FP	KEGEL, MD, EUGENE E 122 N SCHOOL LN LANCASTER PA 17603-2511 717-393-1338	OBG	KRISSINGER, MD, ROBERT C 1002 GRANDVIEW BLVD LANCASTER PA 17601-5108 717-397-4285	GP	MAHAJAN, MD, ANAND B 614 OXFORD DR LANCASTER PA 17601-4490 717-295-8398	NPM
GRESS, MD, ROBERT E 555 N DUKE ST LANCASTER PA 17604-3555 717-295-8300	R	HOLT, DO, SARAH W 1875 LITITZ PIKE LANCASTER PA 17601-6515 717-569-6553	GP	KEGEL, MD, MARY F 1834 OREGON PIKE LANCASTER PA 17601-6463 717-569-3279	* D	KRULEWSKI, MD, THOMAS F 2108 HARRISBURG PK STE 200 LANCASTER PA 17604-3200 717-397-8161	OPH	MALEY, MD, EDWARD D 609 N CHERRY ST LANCASTER PA 17602-2243 717-299-4871	ORS
GROLEAU, MD, GEORGE E 203 N LIME ST LANCASTER PA 17602-2729 717-392-6267	* D	HOM, MD, SOPHIA S 555 N DUKE ST LANCASTER PA 17604-3555 717-295-8395	GS	KELLER, DO, JON M 332 S STATE ST EPHRATA PA 17522-2333 717-738-2468	EM	KRUSEN, MD, DAVID E 465 W 2ND AVE APT 4 LITITZ PA 17543-2321 717-626-8379	GP	MANDALAKAS, MD, NICHOLAS J 622 N QUEEN ST LANCASTER PA 17603-3029 717-299-5000	CD
GROSH, MD, JOHN L 1776 NEW HOLLAND PIKE LANCASTER PA 17601-5520	IM	HOUSMAN, MD, JOHN H ECWA EYE HOSP KANO NIGERIA W AFRIK HUFFNAGLE, MD, HENRY W 1514 NEWTOWN RD LANCASTER PA 17603-2463 717-393-1771	OPH	KEMP, MD, ROBERT M 125 ROSLYN AVE LANCASTER PA 17602-4756 717-397-4921	* FP	KUSTER, MD, STEPHEN J 2541 MONDAMIN FARM RD LANCASTER PA 17601-5313 717-290-4905	PM	MAST, MD, TRUMAN E PO BOX 7505 LANCASTER PA 17604-7505 717-397-8772	P
GROSH, MD, JOSEPH W 2 S BROAD ST LITITZ PA 17543-1400	GP	HUGHES, MD, DAVID P 609 N CHERRY ST LANCASTER PA 17602-2243 717-299-4871	U	KEMMER, MD, J DONALD 536 N DUKE ST LANCASTER PA 17602-2208	GP	KUTER, MD, STEPHEN J 2541 MONDAMIN FARM RD LANCASTER PA 17601-5313 717-290-4905	ORS	MATHEWS, MD, ROBERT S 554 N DUKE ST STE 2 LANCASTER PA 17602-2225 717-299-3524	* ORS
GROSH, MD, PAUL R 1521 RIDGE RD LANCASTER PA 17603-4737 717-569-6489	IM	HURSH, MD, DALE K 6 W NEWPORT RD LITITZ PA 17543 717-626-2167	ORS	KENDALL, MD, LEIGH W 1314 QUARRY LN LANCASTER PA 17603-2424 717-299-3875	GS	LANDIS, MD, FLOYD M 8 CONESTOGA AVE LEOLA PA 17540-1403	* GP	MAY, MD, JOHN C 549 N LIME ST LANCASTER PA 17602-2228 717-397-8177	OBG
GROSH, MD, WILLIAM B 562 W 2ND AVE LITITZ PA 17543-1816 717-626-2167	FP	HURST, MD, KENNETH L 555 N DUKE STREET LANCASTER PA 17604-3555 717-295-8340	FP	KENNA, MD, JOSEPH P 42 VALLEYBROOK DR LANCASTER PA 17601-4617 717-656-2331	EM	LANZILLO, MD, JOSEPH H LANCASTER GENERAL CANCER CTR LANCASTER PA 17604-3200 717-290-3113	R	MAYBERRY, DO, JOSEPH J 412 BRENNEMAN RD WILLOW STREET PA 17584-9788 717-291-8111	EM
GROSH, MD, WILLIAM K 711 PERSHING AVE EPHRATA PA 17522-1964	FP	HUSMAN, MD, JOHN H ECWA EYE HOSP KANO NIGERIA W AFRIK HUFFNAGLE, MD, HENRY W 1514 NEWTOWN RD LANCASTER PA 17603-2463 717-393-1771	OPH	KENT, MD, GEORGE M 325 N DUKE ST LANCASTER PA 17602-4915 717-397-3709	ORS	LATSHAW, MD, ROBERT F 1825 MILL RD LEBANON PA 17042-9554 717-299-4173	R	MAZDA, DO, RUSSELL F ST JOSEPHS HOSP LANCASTER PA 17603-3378 717-291-8111	EM
GSCHWEND III, MD, PAUL 822 MARIETTA AVE LANCASTER PA 17603-3239 717-393-7496	GS	HUTT, MD, GORDON H 1862 STURBRIDGE DR LANCASTER PA 17601-6228 717-299-5000	CD	KEYSER, DO, JEFFREY A 996 E ORANGE ST LANCASTER PA 17602-3214 717-394-5401	GS	LAUTER, MD, O SCOTT 618 N DUKE ST LANCASTER PA 17602-2210 717-392-3596	IM	MCCANN, MD, WILLIAM D 48 COVERED BRIDGE RD PEOEUA PA 17565-9745 717-295-1467	CD
GULATI, MD, RAJEEV 555 N DUKE ST LANCASTER PA 17604-3555 717-290-4995	GS	IBARRA, MD, JOSELUIS 333 N ARCH ST LANCASTER PA 17603-2922 717-299-0649	CD	KIM, MD, HACK J 3244 HARRISBURG PIKE LANDISVILLE PA 17358-1316 717-898-0341	IM	LAZARUS, DO, BEN G 1576 LITITZ PIKE LANCASTER PA 17601-6511 717-396-7800	GE	MCDONOUGH, MD, KATHLEEN M 1525 HILLCREST RD LANCASTER PA 17603-2416 717-291-8111	N
HABECKER, DO, MELVIN B 716 ASHBORNE AVE LANCASTER PA 17601-4702 717-397-3711	OBG	IGLESIAS, MD, MANUEL 822 MARIETTA AVE LANCASTER PA 17603-3239 717-397-7823	* OPH	KINTZI, MD, HARRY E 3304 BOWMAN RD LANDISVILLE PA 17538-1831 717-295-8322	EM	LEAMAN, MD, IVAN B 109 N DECATUR ST STRASBURG PA 17579-1419 717-291-8111	FP	MCGEE, MD, MICHAEL J NEW HOLLAND FAMILY HEALTH NEW HOLLAND PA 17557-1426 717-354-4671	FP
HALPERN, MD, BARTON L 1532 LITITZ PIKE LANCASTER PA 17601-6506 717-393-8111	OPH	JACKSON, MD, DAVID W 1059 OLDE HICKORY RD LANCASTER PA 17601-4935 717-656-2141	ID	KIPP, MD, JAMES E 418 CLOVERLEAF RD ELIZABETHTOWN PA 17022-9614 717-653-1467	FP	LEAMAN, MD, PHYLLIS L 172 OAK VIEW RD LANCASTER PA 17602-1120 717-291-8111	EM	MEARS, MD, VIRGINIA G 1178 LONG LN MILLERSVILLE PA 17551-9742 717-872-5423	P
HARGRAVE, MD, HUGH J CENTER ANESTHESIA GROUP LANCASTER PA 17603-2900 717-295-2500	AN	JACKSON, MD, RICHARD D 29 EASTBROOK RD RONKS PA 17572-9769 717-299-5711	FP	KIRCHNER, MD, G GARY 131 E FREDERICK ST LANCASTER PA 17602 717-397-6101	* GS	LEBISCHAK, MD, H CAROL 555 N DUKE ST LANCASTER PA 17604-3555 717-295-8398	PD	MEHLMAN, MD, THOMAS W 333 N ARCH ST LANCASTER PA 17602 717-291-1313	HEM
HARNISH, MD, DAVID M 208 W MAIN ST EPHRATA PA 17522-2015 717-733-4080	GS	JACOBS, MD, RICHARD R MEDICAL ARTS BLDG LANCASTER PA 17603-3372 717-291-7207	* RO	KIRCHNER, DO, JEFFREY T 585 N SCHOOL LN LANCASTER PA 17603-2532 717-397-4921	FP	LEGERE, DO, JOHN B 203 N LIME ST LANCASTER PA 17602-2729 717-392-6267	D	MELAMED, MD, BRIAN R EPHRATA COMMUNITY HOSP EPHRATA PA 17522-1724 717-733-0311	AN

MELLINGER, MD, RICHARD W	IM	PEART, MD, RAYMONDE E	ORS	RICE, MD, SAMUEL A	IM	SALLAVANTI JR, MD, ROBERT A	FP	SINGH, MD, SURENDER	CD
808 PLEASANTVIEW DR		231 GRANITE RUN DRIVE		2301 COLUMBIA AVE		874 N MAIN ST		622 N QUEEN ST	
EPHRATA PA 17522-1644		LANCASTER PA 17601-6823		LANCASTER PA 17603-4155		WASHINGTON PA 15301-3353		LANCASTER PA 17603-3029	
717-733-6518		717-560-4200		717-397-2738		717-898-2413		717-298-5000	
MERSHON, MD, CHARLES R	FP	PENNELL, MD, REBECCA G	* DR	RIDEN, MD, ALICE E	FP	SAMBERG, DO, GARY A	GP	SKINNER III, MD, ROBERT W	GS
6 W NEWPORT RD		1373 JOHN ADAMS DR		106 RACE ST		34 FAWN DR		QUARRYVILLE PIKE	
LITITZ PA 17543-9473		LANCASTER PA 17601-5066		LITITZ PA 17543-8928		QUARRYVILLE PA 17566-9741		LANCASTER PA 17603-6212	
717-627-2108		717-295-8300		717-627-2108		717-284-3137		717-284-3137	
MESSNER, MD, KENNETH H	OPH	PETERSON, MD, CHRISTOPHER J	AN	RIDGWAY, MD, WILLIAM G	* GP	SAMITT, DO, JOEL L	FP	SLENIKER, MD, KEVIN F	AN
420 N DUKE ST		133 E FREDERICK ST		102 S 9TH ST		267 LITTLE CREEK RD		133 E FREDERICK ST	
LANCASTER PA 17602-4906		LANCASTER PA 17602		AKRON PA 17501-1428		LANCASTER PA 17601-5513		LANCASTER PA 17602-2222	
717-299-6871		717-394-9821		717-656-6122		717-394-9821		717-394-9821	
MILLER, MD, PARRY J	R	PETERSON, MD, ROGER D	R	RIFFERT, MD, PAUL M	GS	SANDHAUS, MD, JULIUS L	GER	SLOVAK, MD, JOHN P	CD
3053 GLOUCESTER ST		70 ESHELMAN DR		1011 LINCOLN HEIGHTS AVE		900 E KING ST		217 HARRISBURG AVE STE 200	
LANCASTER PA 17601-1441		LANCASTER PA 17601-5641		EPHRATA PA 17522-1545		LANCASTER PA 17602-3272		LANCASTER PA 17603-2900	
717-291-8132		717-299-4173		RIGANO JR, MD, RUDOLPH F	IM	717-299-7850		717-397-5484	
MILLER, MD, THOMAS L	FP	PETERSON JR, MD, CHARLES B	IM	230 MEDICAL CENTER		SAUNDERSON JR, MD, ROBERT W	PD	217 HARRISBURG AVE STE 200	
418 CLOVERLEAF RD		1800 VILLAGE CIR APT 122		LANCASTER PA 17603-2959		717-393-1387		LANCASTER PA 17603-2900	
ELIZABETHTOWN PA 17022-9614		LANCASTER PA 17604-3227		717-393-1387		543 WOODSEDGE RD		717-397-5484	
717-653-1467		717-299-4644		134 E CHESTNUT ST	OPH	DOVER DE 19901-4350		SMIGOCKI JR, MD, GENE C	R
MILLER III, MD, JOHN W	OTO	PHILLIPS, MD, SPENCER D	FP	LANCASTER PA 17602-2741		307 N MAPLE ST	GP	135 RIDGE RD	
1655 CROOKED OAK DR		701 N DUKE ST		RITTENHOUSE, MD, JEFFREY B	FP	EPHRATA PA 17522-2516		MILLERSVILLE PA 17551-9773	
LANCASTER PA 17601-4299		LANCASTER PA 17602-2019		418 CLOVERLEAF RD		SCHAEFFER, MD, WILLIAM A	IM	717-295-8300	
717-569-4905		717-299-4644		ELIZABETHTOWN PA 17022-9614		443 STATE ST		SMITH, MD, EUGENE C	GP
MILLER JR, MD, JOHN W	OTO	PIEPGRASS, MD, WILLIAM C	GS	717-653-1467		LANCASTER PA 17603-2605		647 E ROSEVILLE RD	
1655 CROOKED OAK DR		210 3RD ST		RIZZO, MD, KAREN A	* OTO	LANCASTER PA 17603-2605		LANCASTER PA 17601-4235	
LANCASTER PA 17601-4299		EPHRATA PA 17522-1751		982 MILL MAR RD		SCHANTZ, DO, BEVERLY B	AN	SMITH, MD, IAN D	CD
717-564-4905		717-733-2055		LANCASTER PA 17601-1652		123 S DUKE ST		217 HARRISBURG AVE STE 200	
MOBERG, MD, F BARRIE	EM	PLASTINO, MD, JOHN E	EM	717-399-9533		LANCASTER PA 17602-3509		LANCASTER PA 17603-2900	
220 E WALNUT ST		231 MAXSON RD		ROBBINS, MD, HOWARD S	AN	717-395-9821		717-397-5484	
LANCASTER PA 17602-2342		LANCASTER PA 17601-3911		779 STONY BATTERY RD		SCHANTZ, MD, JOHN C	* PS	SMITH, MD, PETER B	EM
717-295-8322		717-295-8322		LANCASTER PA 17601-1237		554 N DUKE ST		34 ELM AVE	
MOHLER, MD, J HAROLD	IM	PLOURDE, MD, PAUL V	END	717-291-8273		LANCASTER PA 17602-2225		ELIZABETHTOWN PA 17022	
616 N DUKE ST		734 N FRANKLIN ST		ROBBINS, MD, WARREN J	ORS	717-291-5863		SNYDER, MD, RICHARD L	FP
LANCASTER PA 17602-2210		LANCASTER PA 17602-2176		822 MARIETTA AVE		SCHLOSSER, MD, DAVID E	GP	418 CLOVERLEAF RD	
717-393-8131		717-569-3207		LANCASTER PA 17603-3239		2226 MILTON GROVE RD		ELIZABETHTOWN PA 17022-9616	
MOORE, MD, TERENCE N	* R	PLUTNICKI, MD, RONALD S	OBG	717-393-1596		MOUNT JOY PA 17552-8625		717-653-1467	
LANCASTER GENERAL CANCER CTR		549 N LIME ST		ROBERTS, MD, HASKELL E	GP	SCHUBERT, MD, JOHN J	NEP	SOLOMON, MD, ELIAS M	GP
LANCASTER PA 17604-3200		LANCASTER PA 17602-2228		RR 3		439 N DUKE ST		516 N DUKE ST	
717-290-3113		717-397-8177		DENVER PA 17517-9803		LANCASTER PA 17602-4967		LANCASTER PA 17602-2208	
MOORE SR, MD, ROBERT G	* AN	POHL, MD, CHARLES E	U	717-336-6167		717-299-4032		717-392-7631	
130 EVERGREEN DR		2106 HARRISBURG PK STE 200		RODA, DO, DAVID M	AN	SCHULZ, MD, JACOB A	P	SPITLER III, MD, WILLIAM M	OPH
LANCASTER PA 17601-3274		LANCASTER PA 17604-3200		630 N SCHOOL LN		164 HAMILTON RD		2108 HARRISBURG PIKE	
717-394-9821		717-393-1771		LANCASTER PA 17603-2505		LANCASTER PA 17603-4734		LANCASTER PA 17601-3200	
NAFZIGER, MD, J CALVIN	P	POKORNEY, MD, BRUCE H	GE	717-295-2500		717-291-8064		717-290-3900	
1001 OREGON RD COTTAGE 86		LANCASTER MEDICAL CENTER		ROGERS, MD, ALBERT K	CD	SCHWARTZ, MD, STEVEN R	OPH	SPRINGER III, MD, ROBERT M	* R
LITITZ PA 17543-9205		LANCASTER PA 17603-2900		808 PLEASANT VIEW DR		2108 HARRISBURG PK STE 200		ST JOSEPH HOSP	
NASH, MD, JAMES D	IM	POLIN, MD, DAVID G	* PM	EPHRATA PA 17522-1699		LANCASTER PA 17604-3200		LANCASTER PA 17603-3378	
587 VALLEY VIEW DR		595 NORWOOD PL		717-733-6518		717-397-8161		717-291-8131	
NEW HOLLAND PA 17557-1415		LANDISVILLE PA 17538-1538		ROGEVICH, DO, JOSEPH E	AN	SCOTT, DO, ROBERT C	GS	STAUFFER, MD, HAROLD E	* GER
215-267-2871		717-295-8327		1328 VALLEY RD		996 E ORANGE ST		154 E MAIN ST	
NEUREUTER, MD, LOUIS J	* PUD	PONTIUS, MD, JOHN G	* GS	LANCASTER PA 17603-2430		LANCASTER PA 17602-3214		LEOLA PA 17540-1917	
25 E JAMES ST		129-131 E FREDERICK ST		ROMMEL, MD, CATHERINE T	OPH	717-394-5401		STEINMAN, MD, ROBERT C	PM
LANCASTER PA 17602-5107		LANCASTER PA 17602-2222		541 STONEHENGE DR		717-569-5331	DIA	PO BOX 10247	
717-397-0555		717-397-6101		LITITZ PA 17543-9073		1800 VILLAGE CIRCLE RM 22B		LANCASTER PA 17605-0247	
NEWCOMER, MD, DAVID L	GS	PONTZ, MD, JACK B	GP	717-290-3900		LANCASTER PA 17603-2394		717-569-5331	
MID ATLANTIC SURGICAL SERVICE		647 E ROSEVILLE RD		ROMMEL, MD, F MICHAEL	U	SHARKEY JR, MD, SEAN J	AN	STENGEL, MD, ROBERT J	FP
LANCASTER PA 17603-2961		LANCASTER PA 17601-4235		2106 HARRISBURG PK STE 200		1991 PICKERING LTR		440 W CHESNUT ST	
717-295-5454		717-569-2678		LANCASTER PA 17604-3200		LANCASTER PA 17601-4971		LANCASTER PA 17603	
NICHOLS, MD, STEPHEN F	AN	PORTER, MD, I STANLEY	ORS	717-393-1771		717-394-4129		717-393-9679	
133 E FREDERICK ST		231 GRANITE RUN DR		ROSCHER, MD, ROBERT L	D	SHARP JR, MD, JOHN W	OPH	STIEBER, MD, SCOTT F	AN
LANCASTER PA 17602-2222		LANCASTER PA 17601-6823		203 N LIME ST		1254 LITITZ PIKE		133 E FREDERICK ST	
717-394-9821		717-560-4200		LANCASTER PA 17602-2729		LANCASTER PA 17601-4340		LANCASTER PA 17602-2222	
NUTTER, MD, DAVID E	P	PORTER JR, MD, WILLIAM F	PUD	717-392-6267		717-397-4724		717-394-9821	
8 N QUEEN ST STE 10		LANCASTER PA 17604-3555		ROSENFELD, MD, DAVID J	OTO	SHERBAN, MD, PAUL R	DR	STOLTZFUS, MD, GLENN L	IM
LANCASTER PA 17603-3829		717-295-8330		233 COLLEGE AVE STE 202		555 N DUKE ST		616 N DUKE ST	
717-397-3115		PRANKCUN, MD, PETER J	P	LANCASTER PA 17603-3372		LANCASTER PA 17604-3555		LANCASTER PA 17602	
OCKRYMIEK, DO, DOUGLAS A	P	510 N DUKE ST		717-394-4342		717-299-4173		717-393-8131	
EPHRATA COMM HOSP		LANCASTER PA 17602-2208		ROSKOS, MD, STEVEN E	FP	SHERTZER, MD, JOHN H	ORS	STONER, MD, ROBERT E	EM
EPHRATA PA 17522-1002		717-392-6003		LANCASTER GENERAL HOSP		609 N CHERRY ST		54 JACKSON DR	
717-738-6630		PRANKCUN, MD, PETER P	GS	LANCASTER PA 17604		LANCASTER PA 17602-2243		LANCASTER PA 17603-4709	
OCONOR JR, MD, G THOMAS	HEM	1122 COUNTRY CLUB DR		717-299-5511		717-299-4871		106 N CLAY ST	
1875 LITITZ PIKE		LANCASTER PA 17601-5206		ROST, MD, CHARLES R	END	SHOWERS, DO, THOMAS L	NEP	MANHEIM PA 17545-1102	
LANCASTER PA 17601-6515		PRICE, MD, ALBERT C	PD	2250 ERIN CT		955 E KING ST		STRANGARITY, MD, JOSEPH W	FP
717-569-6489		ROSEVILLE PEDIATRICS		LANCASTER PA 17601-1982		LANCASTER PA 17602-3275		230 SCHOOL RD	
OLIN, MD, STEPHEN T	FP	LANCASTER PA 17601-4151		717-394-0708		717-299-0305		DENVER PA 17517-9728	
1029 WOODS AVE		717-569-6481		ROTHACKER JR, MD, GERALD W	ORS	SCHULTZ, MD, ROBERT G	IM	215-445-4371	
LANCASTER PA 17603-3126		PROWELL, MD, JOSEPH W	GP	609 N CHERRY ST		1300 MILLERSVILLE PIKE		STRATCHCO, DO, RICHARD A	FP
717-295-8340		133 W FUNK ST		LANCASTER PA 17602-2243		LANCASTER PA 17603-6614		1045 E KING ST	
OPALACK, DO, CHERYL A	OM	STRASBURG PA 17579-1509		717-299-4871		717-393-5891		LANCASTER PA 17602	
1351 FOXCROFT DR		PURDY, MD, RICHARD T	* CDS	ROTOR-MAKILAN, MD, MARILYN L	PM	SHUMAN, MD, LEIGH S	DR	717-394-8908	
LANCASTER PA 17601-5265		129-131 E FREDERICK ST		ST JOSEPH HOSP		1182 OAKMONT DR		STRITTMATTER, MD, JOHN M	FP
717-291-8076		LANCASTER PA 17602-2222		LANCASTER PA 17603-3378		LANCASTER PA 17601-5079		676 E MAIN ST	
PACKER, MD, JEFFREY E	DR	717-397-6101		717-291-8184		717-299-4173		NEW HOLLAND PA 17557-1426	
586 WOODBINE BLVD		RAAB, MD, DAVID B	GP	ROWAN, MD, PAUL J	GS	SIEBER, MD, PAUL R	U	717-354-4671	
LANCASTER PA 17603-2335		701 N DUKE ST		1277 MEADOWBROOK RD		2106 HARRISBURG PK STE 200		STUART, MD, THOMAS J	N
717-291-8131		LANCASTER PA 17602		LANCASTER PA 17603-4711		LANCASTER PA 17604-3200		535 N LIME ST	
PALLEN, MD, DANIEL	OPH	717-298-4644		RUSSO, MD, ANTHONY F	P	717-393-1771		LANCASTER PA 17602-2215	
1254 LITITZ PIKE		RACETTE, MD, C DYANNE	VS	591 STONEHEDGE DR		SIEGER, MD, DAVID D	ORS	717-394-9074	
LANCASTER PA 17601-4340		554 N DUKE ST 3RD FLR		LITITZ PA 17543-9073		609 N CHERRY ST		STULL, MD, MARK W	AN
717-397-4724		LANCASTER PA 17602-2225		717-569-1166		LANCASTER PA 17602-2243		133 E FREDERICK ST	
PARKER, MD, STEVEN L	GS	717-392-4700		RUTH, MD, THOMAS K	IM	717-299-4871		LANCASTER PA 17602-2222	
MEDICAL ARTS BUILDING		RAFF, MD, THOMAS C	FP	915 MCGRANN BLVD		SIEGRIST, MD, J DONALD	IM	717-394-9821	
LANCASTER PA 17603-3372		5 THOMAS RD		LANCASTER PA 17601-4520		EASTBROOK FAMILY HEALTH CTR		SUMMERS, MD, KERMIT L	EM
717-291-9588		LANCASTER PA 17602-1361		717-393-8131		RONKS PA 17572-9770		760 WHITE HORSE RD	
PARLMENT, MD, JOEL W	IM	717-299-5511		RUTT, MD, JOHN M	FP	717-299-5711		GAP PA 17527-9757	
808 PLEASANT VIEW DR		RAICH, MD, WILLIAM A	OPH	3413 HARVEST DR		SIGAFOOS, SALLY J	EXEC	717-295-8322	
EPHRATA PA 17522-1699		2108 HARRISBURG PIKE STE 200		GORDONVILLE PA 17529-9664		137 E WALNUT ST		SUPPLE, MD, EDWARD W	CD
717-733-6518		LANCASTER PA 17604-3200		717-768-7141		LANCASTER PA 17602-5110		LANCASTER MEDICAL CENTER	
PATEL, MD,	* PUD	717-397-8161		RUTT JR, MD, CLARENCE H	GS	717-393-9588		LANCASTER PA 17603-2900	
HARSHADKUMAR B		RAMBACH, MD, LEONARD	GP	255 N 6TH ST		SIGMUND, MD, WILLIAM J	D	717-397-5484	
1319 BEACONFIELD LN		1414 CENTER RD		COLUMBIA PA 17512-2107		511 S SPRUCE ST		SZARKO, MD, RICHARD J	* AN
LANCASTER PA 17601-5344		LANCASTER PA 17603-4730		717-684-4910		LITITZ PA 17543-2611		245 S HOMESTEAD DR	
717-295-8330		REESE, MD, RICHARD W	RHU	RYBARCZYK, MD, RICHARD M	OBG	SILBERT, MD, DAVID I	OPH	LANDISVILLE PA 17538-1378	
PAVILACK, MD, MARK A	OPH	LANCASTER ARTHRITIS CENTER		531 N LIME ST		1532 LITITZ PK		717-291-8274	
LANCASTER PA 17601-6506		LANCASTER PA 17603-2964		LANCASTER PA 17602-2215		LANCASTER PA 17601		SZUTOWICZ, DO, MICHAEL P	FP
717-393-8111		717-299-1301		717-393-5828		717-393-8111		11 S STATE ST	
PEARMAN, MD, TREVOR J	P	REGAN, MD, MARK C	PTH	RYNIER, MD, DONALD L	P	SILVERSTEIN, DO, SCOTT D	PUD	EPHRATA PA 17522-2410	
202 ST THOMAS RD		ST JOSEPH HOSP		1049 LAMBLEY RD		120 FOXSHIRE DR		717-393-2485	
LANCASTER PA 17601-4831		LANCASTER PA 17603-3378		LANDISVILLE PA 17538-1567		LANCASTER PA 17602-3275		THEODORAN, DO, CHRIS G	U
		717-291-8022		717-397-3801		717-299-0305		LANCASTER PA 17601-3982	
								717-560-9601	

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PENNYSLVANIA MEDICINE

WILSON, MD, THOMAS W 100 S DIVISION ST ZELIENOPLE PA 16063-1208	GP	COOPEY, MD, F DONALD 1570 CORNWALL RD LEBANON PA 17042-7403	OTO	HABECKER, MD, ELIZABETH T 503 OAK ST LEBANON PA 17042-6246	PD	MELNICK, MD, HOWARD B 927 RUSSELL DR LEBANON PA 17042-7487	OTO	POTTER, MD, DONALD M 508 OAK ST LEBANON PA 17042-6245	END
WRIGHT, MD, WILLIAM R 2559 BLOSSOM LN NEW CASTLE PA 16105-1616	US	COURTNEY, MD, DREW E 431 W LINCOLN AVE MYERTOWN PA 17067-2328	* FP	HAGGARD, MD, ROBERT A TAN AND CHESTNUT STS FREDERICKSBURG PA 17026-0009	FP	MESSMER, MD, JOHN J 921 S FORGE RD PALMYRA PA 17078-0153	* FP	PROVENCIO, MD, FLORENCIO 1661 KRIM CT LEBANON PA 17042-5828	PTH
YUMANG, MD, NORBERTO Y JAMESON MEMORIAL HOSP NEW CASTLE PA 16101 412-658-9001	* EM	CREWS, DO, NAN I PHILHAVEN HOSP MOUNT GRETTA PA 17064 717-273-8871	GP	HALLAHAN, MD, WILLIAM F 229 S 4TH ST LEBANON PA 17042-6158	* CD	MILLER, MD, CARL S 240 SCHNECK RD BETHEL PA 19507-9581	PM	PRUDENCIO, MD, MARIA E 322 E MAIN ST PALMYRA PA 17078-1827	PD
ZIMMER, MD, WAYNE M 428 W NESHANNOCK AVE NEW WILMINGTON PA 16142-1011 215-662-2777	OTO	CURANZY, MD, RAYMOND R 39 E MAPLE ST PALMYRA PA 17078-2434	FP	HARTMAN, DO, STUART A A GOOD SAMARITAN HOSP LEBANON PA 17042 717-272-1050	PM	MILLER, MD, CLAUDE J 1151 CORNWALL RD LEBANON PA 17042-7233	D	QUINTANA, MD, BENJAMIN J 921 HETRICK AVE PALMYRA PA 17078-3030	END
LEBANON									
ALLEN, MD, DENYSE M 322 E MAIN ST PALMYRA PA 17078-1827 717-838-1301	FP	DAVIDSON JR, MD, WILLIAM R 4TH AND HATHAWAY PARK LEBANON PA 17042 717-274-5500	* IM	HARTMAN II, MD, SAMUEL A 915 HARTMAN LN LEBANON PA 17042-6420	PD	TAN AND CHESTNUT STS FREDERICKSBURG PA 17026 717-865-6644	FP	RASHID, MD, SAMUEL F 322 E MAIN ST PALMYRA PA 17078-1827	FP
ALLEY, MD, ALBERT A 1510 CORNWALL RD LEBANON PA 17042-7403 717-273-0662	OPH	DE ANGELO, DO, DEBRA A 806 CAMBRIDGE CT PALMYRA PA 17078-9369	AN	HARVEY JR, MD, BENSON 229 S 4TH ST LEBANON PA 17042-6158	VS	MOFFITT, MD, JOHN J 1305 JUNIPER ST LEBANON PA 17042-6439	OTO	RIM, MD, JEUNG K 140 LOWRY DR DUNCANVILLE PA 16635	IM
ANDROZZI, MD, ROBERT J 845 NORMAN DR LEBANON PA 17042-7445 717-273-8091	D	DEYSHER, DO, DAVID P 13 EASTFIELD DR LEBANON PA 17042-8000	GE	HAUER, MD, MARLIN L 320 CUMBERLAND ST LEBANON PA 17042-5309	GP	MORALES, MD, FRANCISCO J 263 KATHY CT LEBANON PA 17042-4125	DR	ROLLO, MD, DANIEL P 300 WILLOW ST LEBANON PA 17046	OBG
BAASE, MD, CAROL A 618 CORNWALL RD BLDG 2 LEBANON PA 17042-7089 717-270-1949	FP	DHADUK, MD, NARENDRA V 1817 CHESTNUT ST LEBANON PA 17042-4450	* N	HEISEY, MD, ROBERT G 300 WILLOW ST LEBANON PA 17046 717-273-8835	OBG	MORASCO, MD, EDWARD R 102 E PENN AVE CLEONA PA 17042-3223	GP	ROVINSKI, MD, HELEN T PO BOX 19 SUPLEE PA 19371-0019	* PM
BAGHERI, MD, SAEED A H 419 S 3RD ST LEBANON PA 17042-6204 717-270-4545	GE	DIGIACOMO, MD, PAUL R 315 HATHAWAY PARK LEBANON PA 17042-6123	* CD	HOFFMAN JR, MD, RICHARD R 474 E MAIN ST ANNVILLE PA 17003-1509	R	MORRIS JR, DO, WILSON S 850 TUCK ST LEBANON PA 17042-7477	PUD	RUSLI, MD, MICHAEL LEBANON EMERGENCY PHYS LEBANON PA 17042 717-270-7746	EM
BALOGH JR, MD, ROBERT J 1200 ASH LN LEBANON PA 17042-9626 717-272-7611	EM	DINULOS, MD, BALTAZAR T 225 S 4TH ST LEBANON PA 17042-6112	GS	HOSTETTER, MD, ABRAM M 20 BRIARCREST SO STE 205 HERSHEY PA 17033-2359	* P	MULLER, MD, H ARNOLD 354 E CHOCOLATE AVE HERSHEY PA 17033-1319	EM	SACKS, MD, RICHARD P THE PROMENADE # 1524 N BETHESDA MD 20814	R
BAMBERGER, MD, JOHN A 1402 OAK ST LEBANON PA 17042-5844	OTO	DORSCH JR, MD, RAYMOND M GOOD SAMARITAN HOSP LEBANON PA 17042 717-272-7971	US	HOWSE, MD, ROBERT M ELCO FAMILY HEALTH CENTER MYERTOWN PA 17067-2603	FP	MURRAY-LEISURE, MD, KATHERINE A GOOD SAMARITAN HOSP LEBANON PA 17042	* ID	SAIF, MD, NAHEED F HARTMAN OTTO PEDIATRIC ASSOC LEBANON PA 17042-6158	PD
BARTON, MD, ROBERT L 154 ZINNS MILL RD LEBANON PA 17042 717-273-8177	FP	DRUCKMAN, MD, STEPHEN M 508 OAK ST LEBANON PA 17042-6245	IM	KANTOR, MD, THOMAS V 508 OAK ST LEBANON PA 17042-6245	IM	MYSTAKAS, MD, FOTIS G 912 RUSSELL DR LEBANON PA 17042-7486	QRS	SAYSON, MD, JOSE N 341 CUMBERLAND ST LEBANON PA 17042-5310	IM
BAUER, MD, ROBERT L 31 SYCAMORE LN PALMYRA PA 17078-2839	FP	DYREYES, MD, ROBERTO R 1647 CAMBRIDGE DR LEBANON PA 17042-7500	R	KASALES, MD, CLARENCE J 16 SANDALWOOD DR PALMYRA PA 17078-2836	U	NEFF, MD, CHARLES A 222 KARINCH ST LEBANON PA 17042-9032	P	SCHAEFFER JR, MD, WILLIAM E 508 OAK ST LEBANON PA 17042-6245	IM
BAZEWICZ, MD, ROBERT A 4TH AND HATHAWAY PARK LEBANON PA 17042 717-273-2697	GS	EARLY SR, MD, ROBERT F 419 S 3RD ST LEBANON PA 17042-6204	GP	KEITER, MD, JAMES M 30 W ORCHARD DR LEBANON PA 17078-3111	EM	NGUYEN, MD, NHIE D LOUSER MEM HWY LEBANON PA 17042-9439	FP	SCHREIBER, MD, RICHARD D 801 WALNUT ST LEBANON PA 17042-6092	GP
BELL JR, MD, C RAY 23 WOODLAND EST LEBANON PA 17042-6500	GP	ECKROTH, MD, RICHARD N 525 E CHERRY ST PALMYRA PA 17078-2631	GP	KELLER, MD, JAMES W 711 POPLAR ST LEBANON PA 17042-6756	GS	NGUYEN, MD, NHIE D LOUSER MEM HWY LEBANON PA 17042-9439	FP	SEARS, MD, CAROL D 475 N WEBSTER ST ANNVILLE PA 17003-1104	FP
BERING, MD, JOSEPH P 618 CORNWALL RD LEBANON PA 17042-7089 717-274-0474	CD	ELIA, MD, JAMES M 28 CANAL ST LEBANON PA 17046 717-270-1949	FP	KIMBER JR, MD, ROGER G RR 2 BOX 35481 MYERTOWN PA 17067-2633	FP	NIELSEN, MD, ROBERT K 475 N WEBSTER ST ANNVILLE PA 17003-1104	FP	SHAYER, MD, ROBERT D 300 WILLOW ST LEBANON PA 17046	OBG
BERTRAM, MD, HORST N GOOD SAMARITAN HOSP LEBANON PA 17042 717-270-7644	R	ELLENBERGER JR, MD, CARL 206 HATHAWAY PARK LEBANON PA 17042-6162	N	KRAYBILL, MD, HAROLD E PHILHAVEN HOSP LEBANON PA 17042-8999	P	NUCUM, MD, AFRODISIO N 1311 ELM ST LEBANON PA 17042-6526	GP	SMITH, MD, LINDA M 25 LACHANCE DR RINDGE NH 03461-3774	FP
BLAZER, MD, DAVID J 805 N CHARLOTTE ST DICKSON TN 37055-1008	CD	ELLIS, MD, DAVID W 840 RISING SUN LN MILLERSBURG PA 17061-1249	* IM	KREIDER, MD, EDWARD E 333 GOLF RD MYERTOWN PA 17067-2207	AN	OH, MD, CHANG W 618 CORNWALL RD LEBANON PA 17042-7089	* OBG	SNIDER, MD, DIEHL M 283 S BUTLER RD PO BOX 550 MOUNT GRETTA PA 17064-0550	P
BOOGAARD, MD, RONALD G HATHAWAY PARK AT 4TH ST LEBANON PA 17042 717-274-5500	* CD	ENGLE, MD, HAROLD H 925 MESSIAH VLG MECHANISBURG PA 17055 717-232-9971	FP	KURBAN, MD, RAMSAY S 845 NORMAN DR LEBANON PA 17042-7445	D	OSBERG, MD, LISA A 1648 MT GRETTA RD ELIZABETHTOWN PA 17022-9580	IM	SNIDER, MD, EARL J 4TH ST AND HATHAWAY LEBANON PA 17042 717-273-2697	GS
BROWN, MD, VICTORIA A 22 FOX CHASE LN LEBANON PA 17042-7184	FP	FARALLI, MD, VICTOR J PO BOX 670 CORNWALL PA 17016-0570	* ORS	LEPONE, MD, KENNETH 164 N 9TH ST LEBANON PA 17046 717-273-0133	FP	PASTOR, MD, JAMES A 1800 HIGH POINT CIR LINGLESTOWN PA 17112-9211	AN	SPOTTS, MD, RICKE L 148 MAPLE LN LEBANON PA 17042-9022	FP
BROWN-BIEBER, MD, DALE E PO BOX 9 FREDERICKSBURG PA 17026-0009 717-865-6644	IM	FERRARA, MD, LEONARD P 711 POPLAR ST LEBANON PA 17042-6756	U	LIGHT, MD, JOHN J B 25 N 9TH ST LEBANON PA 17042-4902	IM	PATEL, MD, MADHUKAR R 840 NORMAN DR LEBANON PA 17042-7444	U	STAUFFER, MD, JAMES D PO BOX 9 FREDERICKSBURG PA 17026-0009	FP
BURGMAN, MD, WILLIAM R 1570 CORNWALL RD LEBANON PA 17042 717-274-3401	OTO	FLOWERS, MD, PETER B 618 CORNWALL RD LEBANON PA 17042-7089	FP	LISS, MD, FREDERIC E 400 MAIN ST PHOENIXVILLE PA 19460	ORS	PATERNITI, MD, SAMUEL F 300 WILLOW ST LEBANON PA 17046	OBG	STIEG, MD, PHILIP D GOOD SAMARITAN HOSP LEBANON PA 17042 717-270-7644	DR
BUSH, MD, JAMES W 513 CHESTNUT ST LEBANON PA 17042-5770 717-272-2161	OPH	FOLTZ, SUSAN PO BOX 1281 LEBANON PA 17042-1281	EXEC	LONG, MD, THEODORE K 524 WATERSIDE CIR LEBANON PA 17042-9487	OPH	PAUL, MD, EDWARD G GOOD SAMARITAN FAM PRAC CTR LEBANON PA 17042 717-270-1949	FP	STREISFELD, MD, DAVID L 938 CUMBERLAND ST LEBANON PA 17042-5139	OPH
CANNON, MD, CHRISTOPHER S 33 ROBINS WAY CHADDS FORD PA 19317-9019	PM	FULLD, MD, ROBERT A 508 OAK ST LEBANON PA 17042-6245	IM	LOOSE, DO, GEORGE T PO BOX 605 PALMYRA PA 17078-0605	* GP	PEREZ, MD, RUBEN 4TH AND WILLOW STS LEBANON PA 17042 717-274-8875	ON	SUAREZ, MD, RAMON U 1023 POPLAR ST LEBANON PA 17042-6636	U
CARNEY, MD, MARK E 905 CLINTON ST PHILADELPHIA PA 19107-6109 215-955-6055	OTO	GAZDER, MD, HUMAYUW 182 FURNACE CT LEBANON PA 17042-4491	FP	LOVETT, MD, WILLIAM J TAN AND CHESTNUT STS FREDERICKSBURG PA 17026 717-865-6644	FP	PERROTTO, MD, JUDITH A GOOD SAMARITAN HOSP LEBANON PA 17042 717-270-7644	R	SUTER, MD, STANLEY C 1336 WOODLAND ST LEBANON PA 17042-6559	U
CHOE, MD, ANGELA I 6150 SPRINGFORD DR APT 04 HARRISBURG PA 17111-6902 717-270-7500	DR	GINGRICH, MD, KERRY H 618 CORNWALL RD LEBANON PA 17042-7089	GP	LUDWIG, MD, KARLA M HYMAN S CAPLAN PAVILION LEBANON PA 17042 717-274-8875	HEM	PILKINGTON, MD, BRYAN G 1261 ASH LN LEBANON PA 17042-9606	GS	SZYDLOWSKI, MD, THADDEUS R 508 OAK ST LEBANON PA 17042-6245	IM
CHRISTMAN, MD, JAMES C 306 WILLOW ST LEBANON PA 17046 717-273-8835	OBG	GINGRICH JR, MD, RUSSELL L 34 N CENTER ST CLEONA PA 17042-2301	GP	LYNCH, MD, FRANK C 513 S MAIN ST SHREWSBURY PA 17361-1707	IM	PITYK JR, MD, PETER E 254 TROON WAY LEBANON PA 17042-4151	AN	TIBBITTS, MD, JAMES A KING AND QUEEN STS BOX 867 JONESTOWN PA 17038 717-865-2162	GP
CLARK, MD, JOSEPH M 711 S 8TH ST LEBANON PA 17042-6721 717-273-9345	* DR	GROH, MD, JOHN R 1835 MILL RD LEBANON PA 17042-9554	EM	MARRONE, MD, MICHAEL S 701 LEON AVE PALMYRA PA 17078-3554	* FP	PLACE, MD, ELMER R 111 PARK ST LEBANON PA 17042-9038	FP	TROSTLE, MD, DAVID C 508 OAK ST LEBANON PA 17042-6245	RHU
CLEMENS, MD, THOMAS M 315 HATHAWAY PARK LEBANON PA 17042-6123 717-274-5500	* CD	GROSKY, MD, MURRAY B 508 OAK ST LEBANON PA 17042-6245 717-273-6706	END	MARTIN, MD, DONALD E 19 GENTRY DR PALMYRA PA 17078-3840 717-531-6140	AN	POEHAILOS, MD, KAREN D ANNVILLE FAMILY PRACTICE ANNVILLE PA 17003-1104 717-867-4671	FP	WAGNER, MD, J KENT L 322 E MAIN ST PALMYRA PA 17078-1827 717-838-1301	FP
						POTASH, MD, GEORGE C 108 E HIGH ST LEBANON PA 17042-5543	OPH	WALMER, MD, JOHN D PHILHAVEN HOSP LEBANON PA 17042-8939 717-273-8871	P

LEBANON—LEHIGH

WARSHEL, MD, KELLY L 46 SHADY LN ANNVILLE PA 17003-9306	IM	BARONE, MD, ANTHONY 451 W CHEW ST STE 406 ALLENTOWN PA 18102-3424	AN	BUSCH, MD, MICHAEL F 2775 SCHOENERSVILLE RD BEHTLEHEM PA 18017-7326	* ORS	CZAJKOWSKI, MD, THOMAS J 36 S 17TH ST ALLENTOWN PA 18104-5644	FP	FETTERMAN, MD, HENRY H 501 N 17TH ST ALLENTOWN PA 18104-5044	* OBG
WASSERMAN, MD, HENRY RT 897N BOX 466 SCHAEFFERTOWN PA 17088	GS	BARRETT, MD, STEPHEN J 2419 W GREENLEAF ST ALLENTOWN PA 18104-3935	P	CARAPPELLA, MD, JOHN D 1713 33RD ST ALLENTOWN PA 18104-6452	GP	DEANGELIS, DO, PATRICIA A 1791 AIRPORT RD ALLENTOWN PA 18103-9528	FP	FETZER, MD, ARTHUR E 1230 S CEDAR CREST BLVD ALLENTOWN PA 18103-6212	* U
WELCH, MD, J PATRICK LEBANON VALLEY FAMILY MED PALMYRA PA 17078-1827	FP	BAUM, MD, EDGAR S 1060 W STARGAZER PL TUCSON AZ 85737-8692	GP	CARBAUGH, MD, HOWARD L 849 TRAYLOR DR ALLENTOWN PA 18103	* GP	DEBUQUE, DO, JEFFERY A 56 DEWSBURY QUAKERTOWN PA 18951-1010	* IM	FIELD MUNVES, MD, ELLEN M GETWAY PROFESSIONAL CTR BETHLEHEM PA 18017-7474	RHU
WESTACOTT, MD, SIMON 6150 SPRINGFORD RD APT O-4 HARRISBURG PA 17111-6906	DR	BAUSCH, MD, ANDREW N 1837 W LINDEN ST ALLENTOWN PA 18104-5633	OPH	CASSEL, MD, JOHN J 1255 S CEDAR CREST BLVD ALLENTOWN PA 18103-6256	* CO	DEDIO, MD, ROBERT M 400 N 17TH ST STE 202 ALLENTOWN PA 18104-5084	OTO	FINNENAG, MD, WALTER J 40 S CEDAR CREST BLVD ALLENTOWN PA 18104-5912	ORS
WHEELER, MD, GLEN N 323 CUMBERLAND ST LEBANON PA 17042-5310	GP	BAUSCH, MD, RICHARD D 2505 W UNION ST ALLENTOWN PA 18104-6222	* FP	CASTALDO, MD, JOHN E 5225 ANDREA DR WESCOVILLE PA 18106-9457	N	DEEB, MD, RAMON J 1251 S CEDAR CREST BLVD ALLENTOWN PA 18103-6205	AN	FISTER, MD, FREDERICK D 6411 HAASDAHL RD ALLENTOWN PA 18106-9262	GP
WHITING, MD, R KEITH 73 LOCUST AVE MOUNT GRETN PA 17064-0603	FP	BAUSCH JR, MD, FREDERICK R 142 N 9TH ST ALLENTOWN PA 18102-3908	GP	CELANI, MD, VICTOR J 1275 S CEDAR CREST BLVD ALLENTOWN PA 18103-6207	VS	DESAI, DO, PRAGNESH A 1422 HAMILTON ST ALLENTOWN PA 18102-4293	U	FOLLWEILER, MD, BARRY R RR 3 BOX 3160 NEW TRIPOLE PA 18066-9128	IM
WINER, MD, STEPHEN F 229 S 4TH ST LEBANON PA 17042	GS	BAYRI, MD, MEHMET F 1196 MEADOWBROOK CIR W ALLENTOWN PA 18103-5470	AN	CERCIELLO, MD, MARK J 451 W CHEW ST STE 207 ALLENTOWN PA 18102-3414	* ORS	DESHAPANE, MD, VILAS K 401 N 17TH ST STE 307 ALLENTOWN PA 18104-5051	PD	GALTMAN, MD, LAWRENCE M 528 N 25TH ST ALLENTOWN PA 18104-4921	IM
WORRILOW, MD, SUZANNE H 419 CUMBERLAND ST LEBANON PA 17042-5316	* FP	BEITEL JR, MD, ROBERT J 800 HAUSMAN RD APT 384 ALLENTOWN PA 18104-9398	* OPH	CHAI, MD, SUNGJI 1728 JONATHAN ST ALLENTOWN PA 18104	* OBG	DEX, MD, WALTER J LEHIGH VALLEY HOSP ALLENTOWN PA 18102	DR	FRICK JR, MD, EDWARD J 604 EAGLE DR EMMAUS PA 18049-1931	GS
YARUS, DO, LANCE O 410 CUMBERLAND ST LEBANON PA 17042-5314	ORS	BELL, MD, MICHAEL A 5222 BASS DR EMMAUS PA 18049-5042	FP	CHANG, MD, CHRIS C 401 N 17TH ST STE 206 ALLENTOWN PA 18104-5050	POS	DIBENEDDETTO, MD, THOMAS D 1230 S CEDAR CREST BLVD ALLENTOWN PA 18103-6212	ORS	FRIEDBERG, MD, MILTON J STE 305 ALLENTOWN PA 18103-6218	ON
YARUS, DO, LANCE O 410 CUMBERLAND ST LEBANON PA 17042-5314	ORS	BENAVAGE, MD, MICHAEL F 5827 LINDBERGH ST OREFIELD PA 18069-2251	* FP	CHANG, MD, IN-HO 4310 FARMINGTON CIR ALLENTOWN PA 18104-1960	AN	DICKSON JR, MD, THOMAS B 1243 S CEDAR CREST BLVD ALLENTOWN PA 18103-6268	ORS	GALGON, MD, JOHN P 1162 BELLAIR DR ALLENTOWN PA 18103-5404	PUD
YEAMANS, MD, BRUCE E 21 SCHOOL LN LEBANON PA 17042-8012	FP	BERGER, MD, ALAN 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208	VS	CHENG, MD, HARVEY S 501 N 17TH ST STE 204 ALLENTOWN PA 18104-5077	OPH	DILCHER, MD, ROBERT H 515 N MAIN ST ALLENTOWN PA 18104-4737	U	GARCIA, MD, JOSE R 451 W CHEW ST STE 306 ALLENTOWN PA 18102-3423	PD
YOCUM, DO, MARTIN D 404 PARK DR LEBANON PA 17042-6423	US	BLAISDELL, MD, C THEODORE 451 W CHEW ST STE 406 ALLENTOWN PA 18102-3424	AN	CHENG, MD, LAWRENCE C 2710 W LIBERTY ST ALLENTOWN PA 18104-4734	GP	DMICK, MD, DEAN F 1120 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208	END	GARCI, MD, JOSE R 451 W CHEW ST STE 306 ALLENTOWN PA 18102-3423	* IM
YODER, MD, J BYARD 283 S BUTLER RD MT GRETN PA 17064-0550	FP	BLASIO, DO, JOSEPH J 225 CONSTITUTION BLVD KUTZTOWN PA 19530-1702	GP	CHERNOFISKY, MD, MICHAEL A 1230 S CEDAR CREST BLVD ALLENTOWN PA 18103-6212	PS	DOLL JR, MD, ROBERT B 401 N 17TH ST STE 215 ALLENTOWN PA 18104	END	GAUSLING, MD, SHARON C 800 OSTRUM ST STE 307 BETHLEHEM PA 18015-1010	PD
YUN, MD, WON K 618 CORNWALL RD LEBANON PA 17042-7089	* OBG	BLINDER, MD, JEFFREY S 918 N 25TH ST ALLENTOWN PA 18104-3616	DR	CHOVANES, MD, GEORGE I 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208	NS	DORVAL, MD, JANE GOOD SHEPHERD REHAB HOSP ALLENTOWN PA 18103	PM	GAYLOR, MD, DONALD H 3761 DEVONSHIRE RD ALLENTOWN PA 18103-9628	OTO
ZIMMERMAN JR, MD, FRANKLIN D PO BOX 325 SCHAEFFERTOWN PA 17088-0325	GP	BONANNI JR, MD, FERNANDO B 1041 PINEGROVE CIR WESCOVILLE PA 18106-9449	GS	CHOWDARY, MD, RAJ P 1230 S CEDAR CREST BLVD ALLENTOWN PA 18103-6212	* PS	DOTTOR, MD, ALBINKA J 601 DELAWARE AVE BETHLEHEM PA 18015-1105	IM	GAYLOR, MD, THEODORE H 1020 S CEDAR CREST BLVD ALLENTOWN PA 18103-5427	OTO
LEHIGH ABDULHAY, MD, GAZI 1611 POND RD STE 101 ALLENTOWN PA 18104	* GO	BONEKEMPER, MD, THOMAS W 1760 JOANNE DR QUAKERTOWN PA 18951-3830	IM	CHRISTINE, DO, CRAIG R 1365 BLUE MOUNTAIN DR DANIELSVILLE PA 18038-9738	FP	DOYLE, DO, DAVID A 1216 EAGLE ST WESCOVILLE PA 18106-9516	P	GEARHART, MD, LYSTER M 334 N 26TH ST ALLENTOWN PA 18104-4924	OBG
ABRAMS, MD, ALBERT D 3131 COLLEGE HEIGHTS BLVD ALLENTOWN PA 18104-4858	* RHU	BONOS III, MD, CHARLES T TREXLETTOWN MED CTR TREXLETTOWN PA 18087	EM	CHUNG, MD, HAE J 1993 KINGSLEY DR BETHLEHEM PA 18018-1522	P	DRY, MD, FREDERICK A 2347 RIVERBEND RD ALLENTOWN PA 18103-9231	GP	GEE, MD, WILLIAM 1524 W LINDEN ST ALLENTOWN PA 18102	* VS
ALMAZAN, MD, ANTONIO C 317 BRIDGE ST CATASAUQUA PA 18032-2546	GP	BOO, MD, KI T 1322 W HAMILTON ST ALLENTOWN PA 18102-4315	IM	CIPOLLE, MD, MARK D 3401 MIRIAM DR EMMAUS PA 18049-1558	CCM	DUBOV, MD, WAYNE E 3667 ALMA DR ALLENTOWN PA 18103-4531	PM	GEOSITS, DO, EDWARD E 3131 COLLEGE HEIGHTS BLVD ALLENTOWN PA 18049-1258	OBG
ALTOBELLI, MD, JOHN A 1600 LEHIGH PKY E ALLENTOWN PA 18103	* PS	BOORSE, MD, RICHARD C STE 208 ALLENTOWN PA 18103	GS	CLAIR, MD, DAVID L 1230 S CEDAR CREST BLVD # 302 ALLENTOWN PA 18103-6212	* U	DUNN, MD, JEROME 401 N 17TH ST STE 204 ALLENTOWN PA 18104-5050	AI	GERCHMAN, MD, LEROY B 3710 BROADWAY ALLENTOWN PA 18104-5218	FP
ALTMARE JR, MD, FRANK J SACRED HEART HOSP ALLENTOWN PA 18102-3490	NM	BOUCHER, MD, WILLIAM F 234 E 20TH ST NORTHAMPTON PA 18067-1332	FP	CLYMER, MD, DAVID G 5661 HAMILTON BLVD WESCOVILLE PA 18104	FP	DURKIN, MD, RAYMOND A 2423 MOUNTAIN LN APT 301 ALLENTOWN PA 18103	OTO	GEVIRTZ, MD, JEFFREY L 1251 S CEDAR CREST BLVD #305D ALLENTOWN PA 18103-6205	U
ANDERKO, MD, FRANK T 1603 LEHIGH PKY N ALLENTOWN PA 18103-2913	GP	BOYER, MD, GEORGE S 740 N 19TH ST ALLENTOWN PA 18104-4041	GS	COHEN, DO, ANDREW J LEHIGH VALLEY HOSP ALLENTOWN PA 18105	IM	EARNST, MD, TAMAR D 2620 W WALNUT ST ALLENTOWN PA 18104-6231	GS	GIANGIULIO, MD, DENNIS J 450 PERSHING BLVD WHITEHALL PA 18052-6452	* ON
ANGELICO, MD, RICHARD J 2021 WEYHILL DR CENTER VALLEY PA 18034-9543	* CDS	BRADY, DO, J GREGG 2200 HAMILTON ST STE 106 ALLENTOWN PA 18104-6329	D	COHEN, DO, LAURIE A THE CHILDRENS HEALTHCARE CTR ALLENTOWN PA 18104-2253	* PD	EDINGER, MD, LEO C 407 OAKWOOD DR WHITEHALL PA 18052-7217	* FP	GINSBERG, MD, GENE H 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208	IM
ANSON, MD, PETER M 1401 N CEDAR CREST BLVD ALLENTOWN PA 18104-2307	ORS	BRENNEN, MD, ROBERT F 346 5TH ST WHITEHALL PA 18052-6511	GP	COLLINS II, MD, J JOHN 2761 EARHART CT OREFIELD PA 18069-2253	AN	ELIAS, MD, ZEV STE 1000 ALLENTOWN PA 18103-6208	EXEC	GITTLEMAN, MD, MARK A STE 208 ALLENTOWN PA 18103	GS
APATOCZKY, DO, ADRIENNE E 2302 S FILBERT ST ALLENTOWN PA 18103-5936	IM	BRETZ, MD, KAREN A 1251 S CEDAR CREST BLVD ALLENTOWN PA 18103-6205	AN	CONSTANTIN, MD, LUIS 3340 HAMILTON BLVD ALLENTOWN PA 18103-4537	CD	ENDRES, MD, WARREN H 526 W WALNUT ST ALLENTOWN PA 18101-2394	NS	GLAZERMAN, MD, LARRY R 322 S 17TH ST ALLENTOWN PA 18104-6709	* OBG
ARANGIO, MD, GEORGE A 1230 S CEDAR CREST BLVD # 103 ALLENTOWN PA 18103-6212	ORS	BRNDJAR, DO, JON E 7624 BRANDYWINE CIR TREXLETTOWN PA 18087-9610	IM	CORNELL, MD, JAMES F 451 W CHEW ST STE 401 ALLENTOWN PA 18102-3424	* GE	ENZMAN, DO, PATRICIA M 8998 VALLEY RD FOGELSVILLE PA 18051-2240	* GP	GOLDFARB, MD, DANIEL D 121 N CEDAR CREST BLVD ALLENTOWN PA 18104-4664	P
ATLAS, MD, ROBERT O LEHIGH VALLEY HOSP ALLENTOWN PA 18104-1763	* MFM	BROUSE, DO, NOEL D 1736 HAMILTON ST ALLENTOWN PA 18104	FP	CRUZ, MD, EDGARDO S 3811 TREXLER BLVD ALLENTOWN PA 18104-3424	AN	ESLER JR, MD, JAMES W 451 W CHEW ST STE 406 ALLENTOWN PA 18102-3424	AN	GOLDFARB, MD, HAROLD J 2004 W ALLEN ST ALLENTOWN PA 18104-5053	* OPH
AUTERI, MD, ANTHONY G 451 W CHEW ST STE 401 ALLENTOWN PA 18102-3424	* GE	BROWN, MD, CHRISTOPHER L 4747 PARKVIEW DR S EMMAUS PA 18049-1282	DR	CUMMINGS, MD, ROBERT V LEHIGH VALLEY HOSP ALLENTOWN PA 18105-7017	* OBG	FALCONE, MD, DOMENICO 2335 RIVERBEND RD ALLENTOWN PA 18103-9660	AN	GOLDNER, MD, DAVID B 3340 HAMILTON BLVD ALLENTOWN PA 18103-4537	CD
BALDUCCI, MD, JAMES LEHIGH VALLEY HOSP ALLENTOWN PA 18104-1768	* MFM	BUCH, MD, RAYMOND S 421 CHEW ST ALLENTOWN PA 18102-3406	FP	CUSICK, MD, RICHARD J 535 E EMAUS AVE ALLENTOWN PA 18103-5917	FP	FARR, MD, JAMES 180 N 12TH ST LEIGHTON PA 18235-1115	* OBG	GOLDSMITH, MD, CHARLES P 930 S HILLVIEW RD ALLENTOWN PA 18103-6154	OPH
BARILLA, MD, DONALD E 401 N 17TH ST STE 215 ALLENTOWN PA 18104-5050	END	BUCHANAN IV, MD, HARRY W 400 N 17TH ST STE 200 ALLENTOWN PA 18104-5052	* OPH	CUSTODIO, MD, EDGARDO C 785 WEDGEWOOD RD BETHLEHEM PA 18017-2430	OR	FELDMAN, DO, NEIL H 1398 DOE TRAIL RD ALLENTOWN PA 18104-2053	* AI	GONZALEZ-FLORIN, MD, RUBEN A 2223 LINDEN ST BETHLEHEM PA 18017	PD

GOODREAU, MD, JAMES J PERIPHERAL VASCULAR SURG PC ALLENTOWN PA 18103-6207 610-437-0200	VS	HETZEL, MD, DAVID J 1469 WHITE OAK RD ALLENTOWN PA 18104-2151 610-366-8555	OBG	KAUFMANN, MD, MICHAEL W FAIRGROUNDS MED CTR ALLENTOWN PA 18104-5052 610-778-9710	* P	KOPENHAVER, MD, DONALD B 1251 S CEDAR CREST BLVD ALLENTOWN PA 18103-6205 610-820-5800	OBG	LISTWA, DO, HOWARD M 322 S 17TH ST ALLENTOWN PA 18104-6709 610-434-4015	* OBG
GOPAL, MD, T A 401 N 17TH ST STE 304 ALLENTOWN PA 18104-5051 610-821-9244	* OBG	HILL, MD, E MERTON 1332 S LAKESHORE DR SARASOTA FL 34231	PH	KAVCHOK, MD, JOSEPH 3 STOKLEA DR EMMAUS PA 18049 610-434-9585	OPH	KOPYT, DO, NELSON P 50 S 18TH ST EASTON PA 18042-3912 610-432-8488	NEP	LONGENHAGEN, MD, JOHN B 2870 MEADOWBROOK CIR S ALLENTOWN PA 18103-5428 610-433-7481	IM
GORDON, MD, CHARLES A 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-433-1366	IM	HINKE, MD, CHRISTINE E 1675-C 32ND ST SW ALLENTOWN PA 18103-6966	US	KAZAHAYA, MD, MASAYUKI 400 N 17TH ST STE 200 ALLENTOWN PA 18104 610-433-2021	OPH	KRALSTEIN, MD, JEFFREY R 4435 FARM DR ALLENTOWN PA 18104-1937 610-434-5300	GE	LUFF, MD, RONALD D 1377 KELCHNER RD BETHLEHEM PA 18018-1514 201-393-3396	PTH
GORDON, MD, DAVID A 1240 S CEDAR CREST BLVD # 308 ALLENTOWN PA 18103-1350	TS	HOFFMAN, MD, ARTHUR D 3710 BROADWAY ALLENTOWN PA 18104-5218	IM	KEBLISH JR, MD, PETER A 1243 S CEDAR CREST BLVD ALLENTOWN PA 18103-6268 610-433-6045	ORS	KRAYNICK, MD, BENJAMIN M 40 S CEDAR CREST BLVD ALLENTOWN PA 18104-5912 610-433-7588	ORS	LUSSER, MD, MARTHA A 1251 S CEDAR CREST BLVD ALLENTOWN PA 18103-6205 610-432-4114	N
GORDON, MD, MICHAEL J 1575 POND RD STE 203 ALLENTOWN PA 18104-2254 610-366-7788	OTO	HOLLAND, MD, CLARENCE A 222 N 28TH ST ALLENTOWN PA 18104-5340	GS	KEIL, MD, LORETTA W 912 HAWTHORN DR ALLENTOWN PA 18103-4678 610-776-4803	* IM	KREITHEN, MD, HAROLD 401 N 17TH ST STE 211 ALLENTOWN PA 18104-5050 610-437-0711	* A	LUTZ, MD, RONALD A LEHIGH VALLEY HOSP CTR ALLENTOWN PA 18105 810-402-8130	EM
GRASSI, MD, JOSEPH J 1101 S CEDAR CREST BLVD ALLENTOWN PA 18103-6206 610-439-0400	PM	HOLLAND JR, MD, CLARENCE A 451 W CHEW ST STE 407 ALLENTOWN PA 18102-3424 610-821-2855	GS	KELLEY JR, MD, CHARLES F 1251 S CEDAR CREST BLVD ALLENTOWN PA 18103-6205 610-437-5750	* PD	KRISCH, MD, RONALD A 4081 FAWN TRL RD ALLENTOWN PA 18104-2022 610-432-5444	P	LYNCH, MD, CHRISTOPHER G 4825 W TILGHMAN ST ALLENTOWN PA 18104-9374 610-434-8510	* PM
GREYBUSH, MD, JOSEPH N 401 N 17TH ST STE 306 ALLENTOWN PA 18104-5051 610-433-8853	OBG	HOOVER, MD, HERBERT C LEHIGH VALLEY HOSP SURG DEPT ALLENTOWN PA 18105-1556 610-402-8338	GS	KENVIN, MD, JOHN E 1240 N 36TH ST ALLENTOWN PA 18104-2638	PD	KUCHARCZUK, MD, JOHN B 1357 MAIN ST NORTHAMPTON PA 18067-1613 610-262-9091	* OBG	MADERA, MD, FREDDY A 13 HUDSON POINT LN OSSINING NY 10562-5942	GS
GUARINO, MD, EDWARD F SACRED HEART HOSP ALLENTOWN PA 18102-3406 610-439-1666	* PS	HOUIDES, MD, ATHANASIOS C 219 N 17TH ST ALLENTOWN PA 18104-5604 610-820-5289	GS	KEVITCH, MD, ROBERT B 1230 S CEDAR CREST BLVD ALLENTOWN PA 18103-6212 610-432-1953	PS	KUCHARCZUK, MD, JOHN C 3837 LARKSPUR DR ALLENTOWN PA 18103-9740 610-432-7071	GS	MAFFEO, MD, ALPHONSE A 4767 BELMONT DR EMMAUS PA 18049-1236 610-402-8810	AN
GULOTTA, MD, PAUL 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-437-5505	CD	HUDSON JR, MD, HOWARD E 2535 W ALLEN ST ALLENTOWN PA 18104-4957 610-435-3144	AN	KHAN, MD, ELIZABETH A 2324 WOODLAND DR ALLENTOWN PA 18103-7709 610-402-8216	* FP	KUEHNER, DO, P DENIS PO BOX 189 OREFIELD PA 18069-0189 610-395-1993	GP	MAGDALINSKI III, DO, ANTHONY J 400 N 17TH ST STE 201 ALLENTOWN PA 18104 610-433-6691	ON
GUZZO, MD, JOSEPH C 1230 S CEDAR CREST BLVD ALLENTOWN PA 18103-6212 610-432-4529	NEP	HUNTER, MD, CAROL A 5992 BEVERLY HILLS RD COOPERSBURG PA 18036-1857 610-861-2521	* FP	KHAN, MD, YASIN N 4825 W TILGHMAN ST STE 102 ALLENTOWN PA 18104-9374 610-776-8216	* AN	KUNZ, MD, GREGORY J VXE6 MEDICAL PT MIGU CA 93042	FP	MARTIN, MD, FREDERICK H 6569 SIGMUND RD ZIONSVILLE PA 18092	* P
HAHN, DO, MARC B 4825 W TILGHMAN ST STE 102 ALLENTOWN PA 18104-9374 610-402-8216	* AN	HUTCHINSON, MD, THOMAS A 4887 MEADOWVIEW DR MACUNGIE PA 18062-9014 610-437-1931	OBG	KHUBCHANDANI, MD, INDURU T 1275 S CEDAR CREST BLVD ALLENTOWN PA 18103-6207 610-433-7571	CRS	LAM, MD, CARL A 401 N 17TH ST STE 302 ALLENTOWN PA 18104-5051 610-820-7071	OBG	MARTINEZ-RAMOS, MD, MARIA A 1728 JONATHAN ST ALLENTOWN PA 18104 610-866-2277	* PD
HALL, MD, DONALD T 7950 HENRY AVE APT 17C PHILADELPHIA PA 19128-3007	US	HYMAN, MD, HERBERT L 401 N 17TH ST STE 207 ALLENTOWN PA 18104-5050 610-434-5300	GE	KIBELSTIS, MD, JOHN A 3775 FOX RUN DR ALLENTOWN PA 18103-9211 610-435-6502	PUD	LANG, MD, GREGORY M 440 S 15TH ST ALLENTOWN PA 18102-4618 610-437-7000	* OBG	MARTZ, MD, MARK N 1255 S CEDAR CREST BLVD ALLENTOWN PA 18103-6256 610-821-8790	* TS
HALLOCK, MD, GEOFFREY 1230 S CEDAR CREST BLVD ALLENTOWN PA 18103-6212 610-435-7555	* PS	ISRAEL, MD, HOWARD A 3131 COLLEGE HEIGHTS BLVD ALLENTOWN PA 18104-4858 610-820-7611	AI	KIESEL, MD, ROBERT 400 N 17TH ST STE 102 ALLENTOWN PA 18104-5052 810-439-8910	OPH	LAPOS, MD, LINDA L 1230 S CEDAR CREST BLVD ALLENTOWN PA 18103-6212 610-402-1095	* CRS	MARVI, MD, DAVOUD 609 N 29TH ST ALLENTOWN PA 18104-4237 610-434-4617	P
HAMADANI, MD, HOUSHANG G 2895 HAMILTON BLVD STE 103 ALLENTOWN PA 18104-6172 610-820-0644	P	JAEGER, MD, ROBERT M STE 3100 ALLENTOWN PA 18103-6208 610-402-8445	NS	KIM, MD, CHUNG H 500 CENTRAL PARK AVE # J-233 SCARSDALE NY 10583-1055	TR	LAWRENCE, MD, STEVEN J STE 2500 ALLENTOWN PA 18103-6268 610-433-6045	ORS	MATTA, DO, ROBERT A 827 W WYOMING ST ALLENTOWN PA 18103-3961 610-435-8643	FP
HANLEY, DO, PATRICK J 2308 WASSNER DR READING PA 19609-1235 610-402-8999	* IM	JAFARI, MD, NERCY 1107 EATON AVE STE D BETHLEHEM PA 18018-1862 610-866-3220	CDS	KIM, MD, JIN I 1809 WOODS HOLLOW LN ALLENTOWN PA 18103-9273 215-462-2233	AN	LEAHEY, MD, ALAN B 400 N 17TH ST STE 102 ALLENTOWN PA 18104-5081 610-439-8910	OPH	MATTA, DO, SUSAN S 5510 SEQUOIA TRL ALLENTOWN PA 18104-9234	P
HANSROTE, MD, LOUIS W 227 N 28TH ST ALLENTOWN PA 18104-5339 610-437-6687	* PDC	JAFFE, MD, JOHN S 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-437-9988	* U	KIMMEL, MD, DEBORAH N GOOD SHEPARD REHAB HOSP ALLENTOWN PA 18103 610-776-3315	PM	LEBOEUF, MD, WILLIAM L 3863 MAUCH CHUNK RD ALLENTOWN PA 18104-8721 215-243-2830	* P	MATULEWICZ, MD, THEODORE J 4751 BELMONT DR EMMAUS PA 18049-1236 610-402-8140	PTH
HARRIS, MD, STANLEY R 216 N BROAD ST ALLENTOWN PA 18104-5348	RO	JOHNSON, MD, CHARLES F 2881 GOLF CIR EMMAUS PA 18049-1733	GPM	KINTZEL, MD, JAMES E 1230 S CEDAR CREST BLVD ALLENTOWN PA 18103-6212 610-432-4529	NEP	LEAT, MD, THOMAS E 1227 N CEDAR CREST BLVD ALLENTOWN PA 18104-2867 610-402-2214	DR	MC CONNELL JR, MD, CHARLES S 1259 S CEDAR CREST BLVD ALLENTOWN PA 18103-6206 610-435-5858	OTO
HARRISON, MD, DREW S 50 S 18TH ST EASTON PA 18042-3912 610-258-3608	IM	JOHNSON, MD, DOUGLAS E 1230 S CEDAR CREST BLVD ALLENTOWN PA 18103-6212 610-432-4529	NEP	KISTLER, MD, KERMIT K 501 N 17TH ST ALLENTOWN PA 18104-5044 610-791-2010	OPH	LEHRICH, MD, HENRY E 825 N CEDAR CREST BLVD ALLENTOWN PA 18104-3437 610-437-0739	* FP	MC CULLOUGH JR, MD, JAMES L 1275 S CEDAR CREST BLVD ALLENTOWN PA 18103-6207 610-439-0372	VS
HARTMAN, MD, DOROTHY I S 4750 HUCKLEBERRY RD OREFIELD PA 18069-9632 610-402-8810	AN	JONES, MD, DAVID G 501 N 17TH ST ALLENTOWN PA 18104-5044 610-432-0201	OPH	KLASKO, MD, STEPHEN K 17TH & CHEW STS ALLENTOWN PA 18105-7017 610-402-2890	* OBG	LENTZ, MD, ROBERT E 204 S 5TH ST ALLENTOWN PA 18103-6802	GP	MC DONALD, MD, KENNETH M 1275 S CEDAR CREST BLVD ALLENTOWN PA 18103-6207 610-439-0372	VS
HARTZELL JR, MD, GEORGE W STE 208 ALLENTOWN PA 18103 610-439-4055	GS	JONES, MD, STUART A PO BOX 3478 WESCOVILLE PA 18106-0478 610-776-8383	NM	KLEAVELAND, MD, JOSEPH P 3340 HAMILTON BLVD ALLENTOWN PA 18103-4537 610-433-6442	CD	LERNER, MD, SAMUEL M 1369 DEVON CIR ALLENTOWN PA 18104 610-402-8810	AN	MC DONOUGH, MD, GERARD A 1312 PERICO POINTE CIR BRADENTON FL 34209	* TS
HARVEY, MD, KENNETH L 302 WALNUT ST CATASAUQUA PA 18032-2327	GP	JOYCE, MD, ELLEN M 3131 COLLEGE HGHTS BLVD ALLENTOWN PA 18104-4858 610-437-1931	OBG	KLECKNER, MD, FRANCIS S 1275 S CEDAR CREST BLVD ALLENTOWN PA 18103-6207 610-439-8595	* GE	LESTER, MD, MARK C 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-433-3143	NS	MC GINLEY, MD, GEORGE W 401 N 17TH ST STE 103 ALLENTOWN PA 18104-5049 610-821-4454	OPH
HARWICK, MD, JOHN D FAIRGROUNDS MEDICAL CTR ALLENTOWN PA 18104-5084 610-437-5222	OTO	JUNG, MD, JAY SOO 400 N 17TH ST STE 205 ALLENTOWN PA 18104 610-821-0750	AN	KLEES, MD, ATHANASIOS 1679 LEHIGH PKY N ALLENTOWN PA 18103-2913	PTH	LEVIN, MD, MARC W 2200 HAMILTON ST STE 106 ALLENTOWN PA 18104-6329 610-770-1922	D	MEADE, MD, THOMAS D 1243 S CEDAR CREST BLVD ALLENTOWN PA 18103-6268 610-433-6045	ORS
HASTINGS JR, MD, LEO J 110 COLD STREAM CT EMMAUS PA 18049-4216	US	KALE, MD, SANJAY D 1462 PRINCETON CT ALLENTOWN PA 18104-2247 610-740-3227	GP	KLINE, MD, GARY M 701 OSTRUM ST STE 201 BETHLEHEM PA 18015-1155 610-868-1014	TS	LEVINE, MD, ARTHUR L 50 S 18TH ST EASTON PA 18042-3912 610-258-3608	NEP	MECCA, MD, JOHN J 3710 BROADWAY ALLENTOWN PA 18104-5218 610-395-0307	GP
HEFFERNAN, MD, ANDREW H 3858 MANCHESTER RD ALLENTOWN PA 18104-2116	PS	KANWIT, MD, BERT A 108 ROSEDALE AVE COVINGTON VA 24426-1244	GS	KLOIN, MD, JAY E 431 CHESTNUT ST EMMAUS PA 18049-2401 610-965-6041	IM	LEVINE, MD, CHARLES R 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-821-4802	* ORS	MELMAN, MD, JAY E 1344 HAMILTON ST ALLENTOWN PA 18102-4329	GP
HEILIGMAN, MD, NATHAN H 823 N 23RD ST ALLENTOWN PA 18104-3907	* GER	KARRON, MD, BETTY LIBERTY SQ MED BLDG ALLENTOWN PA 18104-5072 610-434-7899	CHP	KLOTZ, MD, DONALD J 2811 PARKWAY BLVD ALLENTOWN PA 18104-5362	FP	LEVITT, MD, LAWRENCE P 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-776-8420	N	MERCADO, MD, MODESTO G 451 W CHEW ST STE 406 ALLENTOWN PA 18102-3424 610-821-2820	AN
HENTOSH, MD, JOHN P 401 N 17TH ST STE 205 ALLENTOWN PA 18104-5050 610-439-0044	PD	KASPERSKI, MD, MATTHEW A 1574 DUXBURY CT ALLENTOWN PA 18104-1943	FP	KNAPPER, MD, ELIZABETH J 2895 HAMILTON BLVD STE 202 ALLENTOWN PA 18104-6172 610-437-6868	D	LIEBERMAN JR, MD, FRANCIS A 2046 WOODLAWN ST APT 2 ALLENTOWN PA 18104-3090	GP	MERKLE, MD, LARRY N 401 N 17TH ST STE 215 ALLENTOWN PA 18104-5050 610-820-9557	END
HERMAN, MD, RICHARD M 1259 S CEDAR CREST BLVD ALLENTOWN PA 18103 610-435-5858	OTO	KASPERSKI, MD, MATTHEW L 1483 SHELBURNE CT ALLENTOWN PA 18104-1949 610-264-4042	IM	KNECHT, MD, CHARLES L 3131 COLLEGE HEIGHTS BLVD ALLENTOWN PA 18104-4858 610-435-2001	R	LIEBERMAN, MD, RICHARD M 1259 S CEDAR CREST BLVD ALLENTOWN PA 18103-6206 610-770-9700	U	MILLER, MD, JOSEPH A PO BOX 7017 ALLENTOWN PA 18105-7017 610-437-5218	* OBG
HERTZ, MD, CHARLES S 119 LAKE SHORE DRIVE POCONO LAKE PRES PA 18348	GS	KAUFMAN, MD, BARRE D 1405 N CEDAR CREST BLVD ALLENTOWN PA 18104-2308 610-435-2423	RHU	KNOUSE, MD, MARK C 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-402-8430	ID	LIN, MD, SHELTON H 322 S 17TH ST ALLENTOWN PA 18104-6709 610-434-4015	FP	MILLER, MD, KERRY D 3131 COLLEGE HEIGHTS BLVD ALLENTOWN PA 18104-4858 610-776-1766	* RHU
HERTZ, MD, JONATHAN 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-439-8856	IM	KAUFMAN, MD, JAY H 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-439-8856	PUD	KOHAN, DO, DAVID A 451 W CHEW ST STE 406 ALLENTOWN PA 18102-3424 610-821-2820	AN			MILLET, MD, BRENT L 213 WASHINGTON ST ALLENTOWN PA 18104-4036 610-776-3276	PM

MISENHIMER, MD, MARTIN D 5672 SANDTRAP LN WESCOSVILLE PA 18106-9569 610-799-8800	* PD	PETERS, MD, CHARLES D 401 N 17TH ST STE 201 ALLENTOWN PA 18104-5050 610-432-6862	IM	ROSEN, MD, RANDY A 1230 S CEDAR CREST BLVD ALLENTOWN PA 18103-6212 610-432-4529	NEP	SHANER, MD, CATHARINE L 401 N 17TH ST STE 307 ALLENTOWN PA 18104-5051 610-434-2162	PD	SPLAIN, DO, DENNIS J 1529 WETHERSFIELD DR S ALLENTOWN PA 18104-1947 610-776-4662	R
MITCHELL, MD, JOHN F STE 315 ALLENTOWN PA 18103-6206 610-435-8545	* P	PETZ, MD, COLIN J 1106 EAGLE DR EMMAUS PA 18049-1949	IM	ROSENAU, DO, ALEXANDER M LVHC DEPT/EMER MED ALLENTOWN PA 18103 610-402-8130	EM	SHEETS, MD, JAMES A 1275 S CEDAR CREST BLVD ALLENTOWN PA 18103-6207 610-433-7571	CRS	STAMATAKOS, MD, MICHAEL J 917 N 29TH ST ALLENTOWN PA 18104-3844 610-776-4662	R
MOHAMED-ALI, MD, ABUL-KASSIM 115 WILDFLOWER DR ALLENTOWN PA 18104-9007 717-961-3374	IM	PHILAN, MD, WILLIAM J 1831 W LINDEN ST ALLENTOWN PA 18104-5663 610-770-9111	* PD	ROSENBERG, MD, HOWARD D 3741 DEVONSHIRE RD ALLENTOWN PA 18103-9628 610-402-8088	* DR	SHIEH, MD, KAN C SACRED HEART HOSP ALLENTOWN PA 18102 610-776-4662	R	STASIK JR, MD, JOHN J 1275 S CEDAR CREST BLVD ALLENTOWN PA 18103-6207 610-433-7571	CRS
MONTANER, MD, CARMEN G 4308 BOULDER DR COOPERSBURG PA 18036-9339 610-402-8810	* AN	PHILLIPS, MD, THEODORE G 1240 S CEDAR CREST BLVD # 308 ALLENTOWN PA 18103 610-770-1350	CDS	ROSS, MD, ABRAHAM 451 W CHEW ST STE 406 ALLENTOWN PA 18102-3424 610-821-2820	AN	SHIELDS, MD, MARY S 400 N 17TH ST STE 106 ALLENTOWN PA 18104-5052 610-432-5100	AI	STEIN, MD, ARTHUR V 2597 SCHOENERSVILLE RD BETHLEHEM PA 18017-7331 610-882-9112	PS
MORAN, DO, MARK E 1739 FAIRMONT ST ALLENTOWN PA 18104-3189 610-437-4988	OPH	POST, MD, ROBERT M FAIRGROUNDS MEDICAL CTR ALLENTOWN PA 18104 610-433-6691	* ON	ROSS, MD, DANIEL I 2004 W ALLEN ST ALLENTOWN PA 18104-5053 610-435-0956	* OPH	SHOEMAKER, MD, ELLIOT I 4215 E TEXAS RD ALLENTOWN PA 18103-9357 610-402-8088	* R	STELZER, MD, FREDERIC A 451 W CHEW ST STE 401 ALLENTOWN PA 18102-3424 610-821-2828	* GE
MORFFI, MD, OSCAR A 401 N 17TH ST ALLENTOWN PA 18104-4018 610-434-2162	PD	POWERS, MD, VICTOR J 451 W CHEW ST STE 306 ALLENTOWN PA 18102-3423 610-821-2850	* IM	ROSSI, MD, MICHAEL A 4227 WINCHESTER RD ALLENTOWN PA 18104-1929 610-433-6442	CD	SHOEMAKER, MD, PATRICIA L 401 N 17TH ST ALLENTOWN PA 18104-5049 610-435-3562	* PD	STEPHENS JR, MD, HARRY W 2340 RIVERBEND RD ALLENTOWN PA 18103-9228	NS
MORRIS, MD, DENNIS L 3340 HAMILTON BLVD ALLENTOWN PA 18103-4537 610-433-6442	CD	PRAGER, MD, DAVID FAIRGROUNDS MEDICAL CTR ALLENTOWN PA 18104 610-433-6691	* ON	ROSSMAN, MD, MAX 2855 GULF TO BAY BLVD APT 38B CLEARWATER FL 34619-4016	CHP	SHOENBERGER, MD, DOUGLAS C 29 S OTT ST ALLENTOWN PA 18104-6119 610-282-1170	* FP	STEWART, MD, JOANNE A 2278 APPLE DR FOGELSVILLE PA 18051-1905 610-395-3400	IM
MORRISON, MD, ALAN N 3821 TREXLER BLVD ALLENTOWN PA 18104-3424 610-867-3115	ON	PROOTHI, MD, SUBHASH C 701 OSTRUM ST STE 302 BETHLEHEM PA 18015-1152 610-867-3115	ON	ROTHENBERGER, MD, MARVIN K 210 N 8TH ST ALLENTOWN PA 18102-4013	OTO	SHOLEVAR, MD, FARHAD ALLENTOWN MED CTR ALLENTOWN PA 18104-5050 610-435-8986	* P	STIERSTORFER, MD, MAX J 1123 N VAN BUREN ST ALLENTOWN PA 18103-1747 610-435-2267	GP
MORROW, MD, ROBERT A 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-433-3143	NS	PRYBLICK, DO, GARY M 5422 HOLIDAY DR ALLENTOWN PA 18104-9439 610-770-8300	FP	ROVITO, MD, PETER F 842 N 19TH ST ALLENTOWN PA 18104-4039 610-437-6119	GS	SHUSTIK, MD, MIRIAM 1976 SUNSET DR WHITEHALL PA 18052-4115	FP	STILLE, MD, CHRISTOPHER J 117 POND RD ALLENTOWN PA 18102 610-395-4444	PD
MORSE, MD, RICHARD J 401 N 17TH ST STE 307 ALLENTOWN PA 18104 610-437-7181	PD	PRYBLICK, DO, JUDITH R 1901 HAMILTON ST STE 2 ALLENTOWN PA 18104-9439 610-437-7181	FP	RUHT, MD, BARRY A 1401 N CEDAR CREST BLVD ALLENTOWN PA 18104-2307 610-821-4848	ORS	SHUSTIK, MD, OFER J 1976 SUNSET DR WHITEHALL PA 18052-4115	FP	STOLZ, DO, RALPH E 555 HARRISON ST EMMAUS PA 18049-2339 610-967-3115	GP
MULLIN JR, MD, EDWARD M 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-437-9988	* U	PURCELL, DO, STEPHEN M 2200 HAMILTON ST STE 106 ALLENTOWN PA 18104-6329 610-770-1922	D	SAAD, MD, FATHY Z SACRED HEART HOSP ALLENTOWN PA 18102 610-776-4500	FP	SIEGFRIED, MD, MYRTLE M 800 HAUSMAN RD APT 327 ALLENTOWN PA 18104-9398	GP	STRAUSS, MD, ROBERT D 1215 S CEDAR CREST BLVD ALLENTOWN PA 18103-6205 610-439-1501	HNS
MUNCHAK JR, MD, JOHN 440 RIDGE AVE ALLENTOWN PA 18102-5212 610-434-8154	GP	PUSCHAK, MD, RUSSELL B 401 N 17TH ST STE 210 ALLENTOWN PA 18104-5050 610-821-4920	* PD	SADR, MD, FARROKH S 1240 S CEDAR CREST BLVD # 308 ALLENTOWN PA 18103-6212 610-770-1350	CDS	SILVERBERG, MD, BRUCE J 3340 HAMILTON BLVD ALLENTOWN PA 18103-4537 610-433-6442	CD	SUSSMAN, MD, DAVID 1230 S CEDAR CREST BLVD # 101 ALLENTOWN PA 18103-6212 610-820-5200	ORS
MURPHY, MD, BRIAN P 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-437-9988	* U	RAJYAGURU, MD, VRAJULAL L 1251 S CEDAR CREST BLVD 102B ALLENTOWN PA 18103 610-437-9988	* AN	SAFDAR, MD, SHAHZAD 1339 N 14TH ST APT M22 WHITEHALL PA 18052 610-402-8999	IM	SILVERBERG, MD, DANIEL M 1255 S CEDAR CREST BLVD ALLENTOWN PA 18103-6256 610-432-1423	U	SUSSMAN, MD, SYLVIA 3045 W WHITEHALL ST ALLENTOWN PA 18104-3866 610-437-9433	AN
MURPHY JR, MD, ROBERT X 1230 S CEDAR CREST BLVD ALLENTOWN PA 18103-6212 610-432-1953	* HS	RAMOS-CARO, MD, JOSE L 1728 JONATHAN ST ALLENTOWN PA 18104 610-776-4141	* PD	SALOTTO, MD, ARNOLD G 1210 S CEDARCREST BLVD ALLENTOWN PA 18103 610-433-3143	NS	SILVERMAN, MD, HOWARD A 3131 COLLEGE HEIGHTS BLVD ALLENTOWN PA 18104-4858 610-435-0611	FP	SWAYSER, DO, WILLIAM R 32 BEAVER RUN DR QUAKERTOWN PA 18591-2753 215-282-4646	* IM
NADER, MD, JOSEPH N 401 N 17TH ST STE 308 ALLENTOWN PA 18104-5051 610-434-5592	CD	RAPHAEL, MD, PAUL S 1314 ANTILER CT ALLENTOWN PA 18104-2029 610-776-4520	PM	SAMIES, MD, JOHN H 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-7991 610-402-8430	ID	SILVERMAN, MD, MORTON I 2147 W UNION ST ALLENTOWN PA 18104-6445	CD	TAN, MD, ANTONIUS H 2855 GOLF CIR EMMAUS PA 18049-1733 610-439-0868	DR
NEDWICH, MD, ALEXANDER 1461 RED MAPLE LN ALLENTOWN PA 18104-2009	PTH	RAPPAPORT, MD, MELVIN M 2327 FOX MEADOW DR ALLENTOWN PA 18104-6672	FP	SARACHEK, MD, NORMAN S 1351 HIGHLAND CT ALLENTOWN PA 18103-6025 610-437-5505	CD	SINGER, MD, RAYMOND L 1240 S CEDAR CREST BLVD # 308 ALLENTOWN PA 18103 610-770-1350	TS	TATE, MD, FREDERICK J 3305 MUNICIPAL DR WHITEHALL PA 18052-2907	FP
NGUYEN, MD, MINHLY T 1802 PICCADILLY CIR ALLENTOWN PA 18103-6466 610-402-8430	ID	REINBOLD, MD, PAUL M 625 N OTT ST ALLENTOWN PA 18104-4233	IM	SARUBIN, MD, DANIEL R 1815 SHERWOOD RD ALLENTOWN PA 18103-2946	DRS	SINGER, MD, WILLIAM H 451 W CHEW ST STE 406 ALLENTOWN PA 18102-3424 610-821-2820	AN	TAUS, DO, JOHN K 451 W CHEW ST STE 401 ALLENTOWN PA 18102-3424 610-821-2828	* GE
NICHOLAS, MD, GARY G 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-432-1214	GS	REINHART, MD, JOHN W 3507 CATHERINE AVE ALLENTOWN PA 18103-5354 610-434-7641	* GP	SCAGLIOTTI, MD, CHARLES J STE 305 ALLENTOWN PA 18103-6218 610-437-4911	GS	SIPES, MD, EARL K 2602 LINDBERG AVE ALLENTOWN PA 18103-9607 610-435-7443	GS	TERMINI, MD, JOSEPH T 942 S CEDAR CREST BLVD ALLENTOWN PA 18103-3609 610-435-2627	GP
NICHOLSON, MD, BRUCE D 210 BITTERSWEET DR HERSHEY PA 17033 610-402-8810	AN	REININGER, MD, CHARLES W 6325 HILLTOP RD OREFIELD PA 18069	OBG	SCARPINO, MD, LEO J 1401 N CEDAR CREST BLVD ALLENTOWN PA 18104-2307 610-821-4848	ORS	SIROTTA, MD, PAUL S 1200 S CEDAR CREST BLVD ALLENTOWN PA 18103-6202 610-402-8383	NM	THEIN, MD, WIN 25 JORDAN DR APT 11 WHITEHALL PA 18052-7850 610-776-4888	FP
OKUNSKI, MD, WALTER J 1230 S CEDAR CREST BLVD # 204 ALLENTOWN PA 18103-6212 610-432-1953	* PS	RESNET, MD, PATRICK B 1243 S CEDAR CREST BLVD ALLENTOWN PA 18103-6268 610-433-6045	ORS	SCHENCK, MD, PAUL H 5239 HAMILTON BLVD ALLENTOWN PA 18106-9714 610-398-2800	OPH	SKWEIR, MD, LEON A 2060 MINESITE RD ALLENTOWN PA 18103-9632 610-821-1344	P	THOMAS, MD, ALEX T 3533 SKYLINE DR BETHLEHEM PA 18017-2082 610-821-6211	
OLIVER, MD, GLEN L 400 N 17TH ST STE 200 ALLENTOWN PA 18104-5052 610-820-6320	* OPH	REX, MD, JAMES C 2932 SHEFFIELD DR EMMAUS PA 18049-1244	CRS	SCHMELTZLE, DO, TIMOTHY C 730 HARRISON ST EMMAUS PA 18049-2211 610-967-3165	FP	SLOMPAK, MD, CAROL A 101 ST PETERS RD MACUNGIE PA 18062-8549 610-682-1433	IM	THOMPSON, MD, ROBERT J 6184 PUTTER DR WESCOSVILLE PA 18106-9608 610-437-5433	D
ORDWAY JR, MD, EUGENE E 451 CHEW ST STE 302 ALLENTOWN PA 18102-3423 610-821-2810	* CD	RHODES, MD, MICHAEL STE 3100 ALLENTOWN PA 18103-6208 610-402-8445	TRS	SCHRAGGER, MD, ALAN H 1317 W HAMILTON ST ALLENTOWN PA 18102-4314 610-437-5433	D	SMITH, MD, JERE P 401 N 17TH ST STE 307 ALLENTOWN PA 18104-5051 610-434-2162	PD	THOMPSON, MD, VINCENT J 1215 JETER AVE BETHLEHEM PA 18015-2427 610-776-4888	FP
ORR, MD, PAUL L 2844 PENNSYLVANIA ST ALLENTOWN PA 18104-2854 610-435-4555	P	RHODES III, MD, LUTHER V 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-7991 610-402-8430	ID	SCHWARTZ, MD, MELVIN H 3340 HAMILTON BLVD ALLENTOWN PA 18103-4537 610-433-6442	CD	SMITH JR, MD, GEORGE S 451 CHEW ST STE 309 ALLENTOWN PA 18102-3423 610-821-2830	* OBG	TINIANOW, MD, LLOYD N 919 N 24TH ST ALLENTOWN PA 18104-3605 610-954-4434	P
OTERO, MD, JORGE A 1728 W JONATHAN ST ALLENTOWN PA 18104-3120 610-776-4141	* PD	RIENZO, MD, ROBERT J 1200 S CEDAR CREST BLVD ALLENTOWN PA 18103-6202 610-402-8383	DR	SCHWIEP, MD, FRANCIS 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-439-8856	PUD	SMOLINSKI, DO, WILLIAM J 613 STEVENSON ST SAYRE PA 18840-1411	IM	TOFF, DO, KENNETH J THE CHILDRENS HEALTHCARE CTR ALLENTOWN PA 18104-2253 610-395-4444	* PD
PANEBIANCO, MD, ANTONIO C 1240 S CEDAR CREST BLVD # 308 ALLENTOWN PA 18103-6212 610-770-1350	CD	RIETHER, MD, ROBERT D 125 S CEDAR CREST BLVD ALLENTOWN PA 18103-6207 610-433-7571	CRS	SCHWINGE, MD, ELAINE A 2895 HAMILTON BLVD STE 103 ALLENTOWN PA 18104-6172 610-776-7951	P	SNYDER, DO, RICHARD K 827 W WYOMING ST ALLENTOWN PA 18103-3961 610-435-8643	GP	TOMEZSKO, MD, JANET E 427 N 22ND ST 2ND FLR ALLENTOWN PA 18104-4303 610-778-2300	OBG
PAPOLA, MD, JOHN S 729 N 25TH ST ALLENTOWN PA 18104-3931 610-437-5222	OTO	RODENBERGER, MD, BRUCE M 1251 S CEDAR CREST BLVD ALLENTOWN PA 18103-6205 610-820-5800	OBG	SECKINGER, MD, RAYMOND P 451 W CHEW ST STE 301 ALLENTOWN PA 18102-3423 610-821-2808	P	SNYDER, MD, STANLEY 4862 SYDNEY CLOSE MACUNGIE PA 18062-9515	OBG	TRACHTENBERG, MD, WILLIAM M 1739 FAIRMONT ST ALLENTOWN PA 18104-3189 610-437-4988	* OPH
PASCAL, MD, JOSEPH 1251 S CEDAR CREST BLVD ALLENTOWN PA 18103-6205 610-432-7760	U	ROESHMAN, DO, ROBERT M 1259 S CEDAR CREST BLVD # 230 ALLENTOWN PA 18103-6266 610-820-9668	N	SELVARAJAH, MD, ROBERT E SACRED HEART HOSP ALLENTOWN PA 18102 610-776-4888	FP	SOOGREE, MD, DHANRAJ J 421 CHEW ST ALLENTOWN PA 18102 610-776-4506	FP	TRACY, MD, RICHARD E 152 CLEVELAND AVE GRAND FORKS ND 58201-7175 610-776-4888	FP
PATHARE, MD, MEERA V 1307 ASHLEY LN ALLENTOWN PA 18103-9753	IM	ROGERS, DO, JEFFREY S 4433 SPRUCE ST WHITEHALL PA 18052-1107 908-937-8751	AN	SHAH, MD, KAMALESH T 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-821-1174	* GS	SOUDEY, MD, C LAWRENCE 207 W SUMMIT ST APT A212 SOUDERTON PA 18964-2054	D	TREMOR, MD, ISNARDO E 1338 N 14TH ST APT T10 WHITEHALL PA 18052-7593 610-776-4500	FP
PATRIARCO, DO, MICHAEL S 3468 STURBRIDGE PL ALLENTOWN PA 18104-1753 610-437-1931	OBG	ROSEN, MD, LESTER 1275 S CEDAR CREST BLVD ALLENTOWN PA 18103-6207 610-433-7571	CRS	SHAMPAIN, MD, MARK P 3131 COLLEGE HEIGHTS BLVD ALLENTOWN PA 18104-4858 610-820-7611	AI				

TRETTET, DO, MARGARET S 2716 RUSSELL ST ALLENTOWN PA 18104-2437 610-437-9006	* IM	YEN, MD, CONCEPTION T 1728 W JONATHAN ST STE 101 ALLENTOWN PA 18104-3120 610-432-2706	* OBG	BERMUDEZ, MD, ANTONIO G 93 E WALNUT ST KINGSTON PA 18704-4803 717-820-2301	RO	CAMPBELL, DO, THOMAS M STERLING AND MACHELL AVES DALLAS PA 18612 717-675-2111	FP	COOPER, MD, DAVID R THE KNEE CENTER WILKES BARRE PA 18702-6938 717-825-5633	ORS
TREVASIS, MD, ALLAN E 2923 W GORDON ST ALLENTOWN PA 18104-4815	PS	YIP, MD, LUKE C 1240 S CEDAR CREST BLVD ALLENTOWN PA 18103 610-770-1350	CDS	BERNARDI, DO, MARK M 1099 S TOWNSHIP BLVD PITTSSTON PA 18643	* CD	CARBONI, MD, VINCENT A MERCY MEDICAL CENTER DALLAS PA 18612-1063 717-675-8289	PDA	COOPER, MD, HELEN C 42 E MAIN ST PLYMOUTH PA 18651-3017 717-779-2168	IM
TRIMPI, MD, HOWARD D 5708 WHITEMARSH DR MACUNCIE PA 18062-8953	CRS	ZAGER, MD, MICHAEL L 364 N 41ST ST ALLENTOWN PA 18104-4502	* IM	BESWICK, MD, DAVID R 610 WYOMING AVE KINGSTON PA 18704-4005 717-288-5441	GE	CAREY, MD, EDWARD J 77 ATHERHOLT DR WYOMING PA 18644-9376 717-288-6627	FP	COOPER, MD, JOSEPH E 380 OLD RIVER RD WILKES BARRE PA 18702-1561 717-822-4465	GP
TROSTLE, MD, DOUGLAS R STE 208 ALLENTOWN PA 18103 610-439-4055	GS	ZELINKOFFSKO, DO, STEVEN L MEDICAL ARTS BLDG STE 305 PHILADELPHIA PA 19125 215-427-7247	CD	BLAUM SR, MD, LOUIS C 244 SCOTT ST WILKES BARRE PA 18765-5519	GS	CAREY, MD, JOHN L 440 PIERCE ST KINGSTON PA 18704-5518 717-288-6627	RHU	COOPER, MD, KAREN 333 3RD AVE KINGSTON PA 18704-5820 717-288-4595	* ON
TROXEL, MD, RICHARD S BOX M5383 EGYPT RD LAURY'S STATION PA 18059	EM	ZEMANEK, MD, KENNETH J 1243 S CEDAR CREST BLVD 2800 ALLENTOWN PA 18103-6296 610-402-9800	* P	BLUM, MD, RICHARD H 35 W LINDEN ST STE 230 WILKES BARRE PA 18702-2619 717-826-0526	PUD	CASTELLANO, MD, THOMAS J 382 PIERCE ST KINGSTON PA 18704-5527 717-288-8100	* GE	CORAZZA, MD, LEO J 20 N LAUREL ST STE 2A HAZLETON PA 18201-5919 717-459-1485	IM
TUFFIASH, MD, WILLIAM A 1251 S CEDAR CREST BLVD ALLENTOWN PA 18103-6205 610-439-8171	* AI	ZOHN, MD, LAWRENCE K 451 W CHEW ST STE 406 ALLENTOWN PA 18102-3424 610-821-2820	AN	BOBECK, MD, JOHN J 181 S MARKET ST NANTICOKE PA 18634 717-735-6660	FP	CATERLINE, MD, PETER F 200 S RIVER ST PLAINS PA 18705-1143 717-821-1100	HNS	CORDERO, MD, HERMELINDA WILKES BARRE GENERAL WILKES BARRE PA 18764-0001 717-829-8111	TR
UFBERG, MD, MICHAEL H 3748 W HIGHLAND ST ALLENTOWN PA 18104-2656	GE	LUZERNE ABBOTT, MD, ALBERT J 203 E GREEN ST NANTICOKE PA 18634-2410	OPH	BOBECK, MD, JOSEPH J MAIN AND CONNOR STS SUGAR NOTCH PA 18706 717-822-6916	* FP	CAVAN, MD, ALBINA B 352 S RIVER ST WILKES BARRE PA 18702-3814 717-822-2962	GP	COSLETT, MD, DOUGLAS S RR 3 BOX 3805 BERWICK PA 18603-8902 717-822-2121	OBG
VEICHNICKI, MD, M BRUCE 1611 POND RD STE 102 ALLENTOWN PA 18104 610-366-7000	* OBG	ABRAMOWITZ, MD, RICHARD P 610 WYOMING AVE KINGSTON PA 18704-3702 717-288-5441	CD	BOHINSKI, DO, STANLEY T 787 E NORTHAMPTON ST WILKES BARRE PA 18702 717-824-3561	FP	CAVAN, MD, JOHN F 352 S RIVER ST WILKES BARRE PA 18702-3814 717-458-3370	GP	COYLE, MD, JOHN J 209 WILSON DR HAZLETON PA 18201-6844 717-455-4766	OPH
VIGILANTE, MD, MICHAEL 800 HAUSMAN RD APT 327 ALLENTOWN PA 18104-9398	OBG	AICHER, MD, D CRAIG 920 WYOMING AVE FORTY FORT PA 18704-3999 717-288-1974	* OPH	BOONIN, MD, ALAN 27 MAIN ST DALLAS PA 18612-1603 717-675-0977	FP	CHANG, MD, CHUN S WILKES BARRE GENERAL HOSP WILKES BARRE PA 18702 717-829-8111	P	COZZONE, DO, MONICA L 1825 WYOMING AVE EXETER PA 18643-1444 717-693-3515	* GP
VIGNERI, DO, PHILLIP M DEPT OF RAD ONCOLOGY ALLENTOWN PA 18102 610-776-4674	* RO	ALEXANDERIAN, MD, HARRY A 1010 SUSQUEHANNA AVE WEST PITTSSTON PA 18643-2816 717-654-1018	GYN	BORRA, MD, BOLLIAH WILKES BARRE GENERAL HOSP WILKES BARRE PA 18764-0001 717-829-8111	DR	CHIKARMANE, MD, AJIT M CENTER CITY MED COMPLEX HAZLETON PA 18201-5919 717-454-5715	N	CRAMTON, MD, DAVID C 610 WYOMING AVE KINGSTON PA 18704-3702 717-288-5441	IM
VINCENT, MD, JOSEPH E 1210 S CEDAR CREST BLVD ALLENTOWN PA 18103-6208 610-439-8856	PUD	ALLEY, MD, RICHARD A 480 PIERCE ST STE 216 KINGSTON PA 18704-5512 717-288-4232	IM	BOYLE, MD, WILLIAM H 1732 WYOMING AVE FORTY FORT PA 18704-4340 717-287-6930	FP	CHIKARMANE, MD, KALPANA A 20 N LAUREL ST STE 2B HAZLETON PA 18201-5919 717-454-5715	IM	CRONIN JR, MD, RANDALL C GEISINGER MOUNTAINTOP MOUNTAINTOP PA 18707 717-474-5978	FP
VOLK, MD, STEPHEN A 1511 RED MAPLE LN ALLENTOWN PA 18104-2011 610-867-3115	ON	AMBRUSO, MD, VICTOR T 1089 WYOMING AVE FORTY FORT PA 18704-4002 717-283-1400	NS	BREAKSTONE, MD, LOUISE A MERCY FAMILY PRACTICE PLYMOUTH PA 18651-3012 717-779-9014	FP	CHILDS, MD, ROBERT W 1730 E BROAD ST STE 2 HAZLETON PA 18201-5652 717-455-9589	PD	CRUZ, MD, RAMON A 540 PIERCE ST KINGSTON PA 18704 717-288-7451	FP
WALL, MD, JAMES R 2895 HAMILTON BLVD ALLENTOWN PA 18104-6172 610-432-8312	D	AMENTLER, MD, JOHN P 452 RIDGE ST FREELAND PA 18224-1805 717-459-4423	OPH	BRONSTEIN, MD, SEYMOUR B RR 1 BOX 343 HAZLETON PA 18201-8750 717-455-8798	CD	CHOI, MD, EDWARD W 780 N CHURCH ST HAZLETON PA 18201-2977 717-459-3460	RO	CUYEGKENG-JOSE, MD, CYNTHIA 1800 MULBERRY ST SCRANTON PA 18510-2369 717-969-8251	AN
WAPNER, MD, JOHN M 3635 FOX RUN DR ALLENTOWN PA 18103-9210	U	ANDREWS, MD, JOSEPH J 1 LAWRENCE RD APT J2B BROOMALL PA 19008-3944 610-645-2000	IM	BROWN, MD, ROBERT L WILKES BARRE GENERAL HOSP WILKES BARRE PA 18764-0001 717-820-2931	* ID	CHOLHAN, MD, R C 150 MUNDY ST WILKES-BARRE PA 18702-6830 717-824-7117	RHU	CZVALINA, DO, ROBERT 189 E MARKET ST WILKES-BARRE PA 18702 717-829-2621	FP
WASKO, MD, ROBERT 1111 N 19TH ST ALLENTOWN PA 18104-3001 610-437-9888	IM	ANDREWS JR, MD, PETER J 195 E MAIN ST WILKES BARRE PA 18705-3315 717-822-8405	ORS	BRUNO JR, MD, JOSEPH N 1099 S TOWNSHIP BLVD PITTSSTON PA 18640-3247 717-654-1287	R	CHRISTOFORATOS, MD, DEMETRIUS 364 REYNOLDS ST KINGSTON PA 18704 717-287-1108	AN	D'ANCA, MD, ALFRED F ALLIED MED ARTS CTR WILKES BARRE PA 18702-6830 717-824-2225	ORS
WASSON, MD, JAMES C 2730 MOSSER ST ALLENTOWN PA 18014-2821	IM	ANDREWS JR, MD, PETER J 195 E MAIN ST WILKES BARRE PA 18705-3399 717-824-4001	GS	BRUNO SR, MD, JOSEPH N 1304 SUSQUEHANNA AVE WEST PITTSSTON PA 18643 717-826-5038	DR	CHUNG, MD, HI-YOUNG MEDICAL ARTS BLDG STE 414 WILKES BARRE PA 18702-3542 717-823-1169	OBG	D'ORIO, MD, JAMES P 1100 NORTHAMPTON ST WILKES BARRE PA 18703 717-823-1171	GP
WEIS, MD, JAMES C STE 2500 ALLENTOWN PA 18103 610-433-6045	ORS	ANISTRANSKI, MD, JOSEPH A 665 CAREY AVE STE 2 WILKES BARRE PA 18702-1466 717-826-5038	FP	BUCAN, MD, MICHAEL 8 W CENTER ST SHAVERTOWN PA 18708-1404 717-675-3834	FP	CIENTOLA, MD, AUGUSTINE A 565 N LAUREL ST HAZLETON PA 18201-5180 717-454-8333	FP	DALSANIA, MD, ATUL O 52 EAGLE CT WILKES BARRE PA 18706 717-823-1171	IM
WEIS, MD, PAUL R 1453 W LINDEN ST ALLENTOWN PA 18102-4235 610-432-2066	IM	AQUILINA, MD, CHARLES J 571 WYOMING AVE KINGSTON PA 18704-3719 717-283-2400	AN	BUCCI JR, MD, FRANK A 601 WYOMING AVE KINGSTON PA 18704-3701 717-288-7405	OPH	CIENTOLA, MD, JOSEPH G 20 N LAUREL ST HAZLETON PA 18201-5919 717-455-3608	* DR	DANISHANKO, MD, ALBERT G 174 SCOTT ST WILKES BARRE PA 18702-5311 717-824-8993	GP
WEISS, DO, ROBERT J 50 S 18TH ST EASTON PA 18042-3912 610-258-3608	NEP	ARAYA, MD, FERNANDO 1931 ENGLEWOOD TER FORTY FORT PA 18704-4321 717-288-5515	* FP	BUCKEY, MD, JOSEPH T 10 BIRCH ST MOUNTAIN TOP PA 18707-1410 717-474-9386	GP	CIENTOLA, MD, THOMAS J 1730 E BROAD ST HAZLETON PA 18201-5652 717-454-2467	CD	DAS, MD, NIRODE C CHURCH RD TRUCKSVILLE PA 18708 717-696-3231	CD
WELKIE, MD, JOHN F PERIPHERAL VASCULAR SURG ALLENTOWN PA 18103-6207 610-439-0372	GS	AUERBACH, MD, HERMAN L 20 N LAUREL ST STE GE HAZLETON PA 18201-5919 717-459-2775	IM	BURAK, MD, WILLIAM E 470 WYOMING AVE KINGSTON PA 18704-3603 717-288-4551	OPH	CITTI, MD, JOHN G 610 WYOMING AVE KINGSTON PA 18704-3702 717-288-5441	IM	DAVE, MD, DEEPAK V 11 N CHURCH ST HAZLETON PA 18201-6258 717-459-6666	OPH
WERTZ, DO, JAMES T 1891 GEORGIA DR WHITEHALL PA 18052-4150	IM	BAKER, MD, THOMAS E 610 WYOMING AVE KINGSTON PA 18704-3702 717-288-5441	CD	BURNS JR, MD, CHARLES N 445 WYOMING AVE KINGSTON PA 18704-3601 717-288-3601	U	CLAUDIUS, MD, ELIZABETH R 263 CHURCH ST KINGSTON PA 18704 717-824-3521	IM	DAVE, MD, KAILAS D 1730 E BROAD ST HAZLETON PA 18201-5652 717-455-0588	PD
WHEELER, MD, JOHN S 3229 N FRONT ST WHITEHALL PA 18052-3140 610-262-5616	PD	BALI, MD, AJAY K 1111 E END BLVD WILKES BARRE PA 18711-0035 717-824-3521	* CD	BURNS SR, MD, CHARLES N 445 WYOMING AVE KINGSTON PA 18704-3601 717-288-3601	U	CLAUDIUS, MD, PUSHK K 263 CHURCH ST KINGSTON PA 18704 717-824-3521	IM	DAVIS, MD, DANIEL T PIERCE PROFESSIONAL CTR KINGSTON PA 18704-5502 717-288-3535	ORS
WHITE, MD, RICHARD K 7031 CARLS HILL RD ZIONSVILLE PA 18092-2208	ORS	BARRAS, MD, DAVID I 534 WYOMING AVE KINGSTON PA 18704-3727 717-283-0524	OTO	BUTT, MD, HAMEED A 668 N CHURCH ST STE 104 HAZLETON PA 18201-3188 717-458-5607	* TS	CLERICO, MD, DEAN M RR 2 BOX 522 TUNKHANNOCK PA 18657-9634 215-662-6971	OTO	DEBONIS, MD, CHARLES S 972 WYOMING AVE FORTY FORT PA 18704-3937 717-288-2436	IM
WHITSON, MD, DAVID W 2150 W WASHINGTON ST ALLENTOWN PA 18104-4037 610-432-3633	FP	BEDNAREK, MD, THOMAS F 273 IREM RD DALLAS PA 18612-9180 717-829-8111	DR	BYRON, MD, THOMAS W 35 WILINDEN ST WILKES BARRE PA 18702 717-826-1555	ORS	CLIMACO, MD, RAFAEL V 540 PIERCE ST KINGSTON PA 18704 717-288-7451	FP	DECKER, MD, GARY R 107 LOOMIS ST WILKES BARRE PA 18702-4637 717-822-6036	ID
WIDGE, MD, TOERUNA S 97 FREDRICKSVILLE RD MERTZTOWN PA 19539-9761 610-402-8810	AN	BENOIT, DO, RICHARD A 221 BLUEBERRY HILL RD SHAVERTOWN PA 18708-9515	IM	CAGGIANO, MD, JAMES F 1730 E BROAD ST HAZLETON PA 18201-5652 717-455-9589	PD	COAR, MD, GEORGE R 9 W MAIN ST PLYMOUTH PA 18651 717-779-7737	OPH	DECKER, MD, PETER G 166 HANOVER ST STE 301 WILKES BARRE PA 18702-3545 717-823-0505	IM
WILKES, MD, DAWN C 1988 MYLINDA LN ALLENTOWN PA 18104-1224	* FP	BENOVITZ, MD, BURTON S 425 TIOGA AVE KINGSTON PA 18704-5624 717-288-6616	OBG	CAIN, DO, JACQUELINE F 114 HONEY POT ST NANTICOKE PA 18634-1541 717-288-6627	IM	COHEN, MD, THOMAS 812 SHOEMAKER AVE WEST WYOMING PA 18644-1120 717-693-4020	FP	DEODIA, MD, CHAMPAK 90 PINWOOD DR LAFLIN PA 18702-7249	R
WILKINS, MD, BYRON D 2436 W HAMILTON ST ALLENTOWN PA 18104-6234	CRS	BENYO, MD, PHILIP J RD 2 BOX 1232 DRUMS PA 18222-9433 717-788-8730	IM	CAUSE, MD, CRESCENZO G 445 WYOMING AVE KINGSTON PA 18704-3601 717-288-3601	U	COLLINI, MD, FRANCIS J UPPER DEMUNDS RD DALLAS PA 18612-9766 717-674-6525	PS	DEGENNARO, MD, PATRICK J WILKES BARRE GENERAL WILKES BARRE PA 18764-0001 717-829-8111	R
WILSON, MD, RICHARD C 2200 W HAMILTON ST ALLENTOWN PA 18104-6329 610-433-7481	IM	BERLEY, MD, BENJAMIN S 28 PIERCE ST KINGSTON PA 18704-4634 717-288-0385	IM					DEHANTY, MD, THOMAS J 250 PIERCE ST STE 211 KINGSTON PA 18704-5149 717-283-1107	PUD
YANG, MD, WEN-SHIONG 1251 S CEDAR CREST BLVD ALLENTOWN PA 18103-6205 610-402-8810	AN								
YANOFF, MD, DAVID B 246 N 6TH ST LEIGHTON PA 18235-1310 610-377-2224	* ORS								
YEISLEY, MD, GEARY L 1240 S CEDAR CREST BLVD ALLENTOWN PA 18103 610-770-1350	TS								

DELLA ROSA JR, MD, JOHN J 8 CHURCH ST STE 110 WILKES BARRE PA 18765 717-822-9644	N	FREEDMAN, MD, LOUIS J 534 WYOMING AVE KINGSTON PA 18704-3727 717-288-4566	OBG	HABER, MD, ARTHUR S 20 N LAUREL ST HAZLETON PA 18201-5919 717-455-3608	R	KATLIC, MD, MARK R 250 PIERCE ST KINGSTON PA 18704 717-821-1100	* TS	LEASE, MD, JOHN R 1710 E BROAD ST HAZLETON PA 18201-5695 717-454-1114	* ORS
DENARO, MD, ANTHONY T 149 DANA ST WILKES BARRE PA 18702-4825 717-829-7500	P	FREIFELD, MD, MARTIN L NESBITT MEDICAL ARTS BLDG KINGSTON PA 18704-3709 717-288-4800	* OBG	HANLON, MD, THOMAS W 140 FAIRWOOD BLVD MOUNTAINTOP PA 18707-1829 717-829-8111	AN	KEELER, DO, VIRGINIA E M 111 SOUTH MOUNTAIN BLVD MOUNTAIN TOP PA 18707 717-474-9300	FP	LEE, MD, K I B 1730 E BROAD ST HAZLETON PA 18201-5652 717-455-3656	OBG
DERCK, DO, DENNIS D RR 3 BOX 3192 BERWICK PA 18603-9501 717-288-7451	FP	FRIEND, MD, ARTHUR 2107 SW 22ND CT BOYNTON BEACH FL 33426-6531 FURNER, DO, CARL L 20 N LAUREL ST STE 2A HAZLETON PA 18201-5994 717-459-1485	IM	HAZZETT, MD, JANE 710 SUSQUEHANNA AVE WYOMING PA 18644-1929 HAZZETT, MD, WILLIAM H P O BOX 1927 KINGSTON PA 18704 717-693-1110	OBG	KENNEDY, MD, JOHN N 39 LASALLE AVE SHAVERTOWN PA 18708-9763 717-675-3419	IM	LEHMAN, MD, CLINTON J 8 CHURCH ST WILKES-BARRE PA 18711-3508 717-822-3078	* IM
DERQJAS, MD, JUAN J 200 S RIVER ST WILKES BARRE PA 18705-1143 717-821-1100	CDS	GAIA, MD, JUAN D 451 3RD AVE KINGSTON PA 18704-5802 717-283-0528	DR	HEINTZ, MD, JAMES J 35 W LINDEN ST WILKES BARRE PA 18702-2619 717-826-1555	ORS	KERR, MD, ROBERT M 204 S FRANKLIN ST WILKES BARRE PA 18701-1101 KERRIGAN, DO, PATRICK J HART MEDICAL CENTER WILKES BARRE PA 18702-4646 717-822-5800	* GP	LENTINI, MD, J CHARLES 270 S RIVER ST PLAINS PA 18705-1191 717-822-8961	FP
DESAI, MD, PRAMTHESHKUMAR RR 1 BOX 382 DALTON PA 18414 717-824-3521	IM	GALASSO, MD, GWENDOLYN M 120 PARSONAGE ST PITTSBURG PA 18640-2130 717-298-2121	FP	HERNANDEZ, MD, WILBERT E 1172 SCOTT ST WILKES BARRE PA 18705-3722 HINDI, MD, MUSA A 601-605 WYOMING AVE KINGSTON PA 18704 717-288-7405	AN	KERSTEEN, DUANE E 130 S FRANKLIN ST WILKES BARRE PA 18701-1101 717-823-0917	* EXEC	LISS, MD, ARTHUR 12 GLENN RIDDLE LN DALLAS PA 18612-9195 717-824-3521	R
DESSON, MD, EDGAR L 16964 FRESHWIND CIR JUPITER FL 33477 717-455-3608	DR	GALASSO III, DO, JAMES W 6 VALLEY VIEW DR SWOYERSVILLE PA 18704-1815 717-288-7451	* FP	HOLLERAN, MD, BERNARD L 308 W 8TH ST WEST WYOMING PA 18644-1612 717-693-1879	OPH	KHOUDARY, MD, RAYMOND 480 PIERCE ST STE 209 KINGSTON PA 18704 717-288-8401	* AI	LITCHMAN, MD, JOSEPH F 468 NORTHAMPTON ST EDWARDSVILLE PA 18704-4565 717-288-8890	FP
DIAMOND, DO, MARY E 540 PIERCE ST KINGSTON PA 18704 717-288-7451	FP	GALLAGHER, MD, HENRY G 35 LAKE ST DALLAS PA 18612-1022 717-675-5905	GP	HOPKINS, MD, TIM B 1525 FIRST ST #3-202 CORONADO CA 92118 619-435-7694	* IM	KIM, MD, HYUNG-BAE 8 CHURCH ST APT 414 WILKES BARRE PA 18702 717-823-1169	OBG	LITCHMAN, MD, MAUREEN R 540 PIERCE ST KINGSTON PA 18704-5751 LIVENGOD, MD, MARGARET A PO BOX 11 BEAR CREEK PA 18602-0011	* FP
DIGIOVANNI, MD, VINCENT J 250 PIERCE ST STE 307 KINGSTON PA 18704-5149 717-288-9950	* N	GANDHI, MD, HARSH 1740 E BROAD ST HAZLETON PA 18201-5622 717-459-2901	ON	HOTTENSTEIN, MD, WILLIAM D 468 NORTHAMPTON ST EDWARDSVILLE PA 18704 717-288-8890	US	KINKEAD, MD, KEVIN P 10 SEVEN IRON CT MOUNTAIN TOP PA 18707-9067 KISTLER, MD, DAVID W 175 S WILKES BARRE BLVD WILKES BARRE PA 18702 717-829-2621	AN	LOBITZ, MD, STANLEY A 155 E BENNETT ST KINGSTON PA 18704-4940 717-283-5611	GPM
DITTMAN, MD, THOMAS H 20 N LAUREL ST STE 2A HAZLETON PA 18201-5994 717-459-1485	PUD	GAUDIO, MD, JOHN C 425 TIOGA AVE KINGSTON PA 18704-5624 717-288-6543	PD	HOWANITZ, MD, EMIL P 8 W MARKET ST STE 917 WILKES BARRE PA 18701-1892 717-824-4379	IM	KLEIN, MD, JOSEPH M 1211 GULF OF MEXICO DR APT 20 LONGBOAT KEY FL 34228-3606 KLEM, MD, ALBERT J 194 E DORRANCE ST KINGSTON PA 18704-5204 717-827-7583	FP	LOFTUS, MD, JOSEPH A 10 UNION ST WILKES BARRE PA 18705-3919 717-822-2094	FP
DOSTAL, MD, JULIE A 540 PIERCE ST KINGSTON PA 18704-5751 717-288-7451	* FP	GAZEK, MD, FRANCISCO A 20 N LAUREL ST STE 2A HAZLETON PA 18201-5919 717-459-1485	CD	HUDOCK JR, MD, GEORGE E 51 E VALLEY VIEW DR COURTDALE PA 18704-1101 717-826-3474	PTH	KOENIG, MD, JOHANN A PHYSICIANS CLINICAL LAB HAZLETON PA 18201 717-454-6301	PTH	LOMBARD, MD, MICHAEL F 155 E BENNETT ST KINGSTON PA 18704-4940 717-283-5611	* GP
DRAPIEWSKI, MD, JOHN F 40 TILBURY AVE NANTICOKE PA 18634-1125 717-735-0513	PTH	GAZOWSKI, MD, THOMAS E 82 DIVISION ST KINGSTON PA 18704-2734 717-288-2767	US	HUGHES, MD, PAUL J 540 PIERCE ST KINGSTON PA 18704-5751 717-288-7451	* FP	KOLESSAR, MD, DAVID J 1000 E MOUNTAIN DR WILKES BARRE PA 18711-3751 717-825-1093	ORS	LOPEZ, MD, AGAPITO PO BOX 1128 KINGSTON PA 18704 717-288-7405	IM
DUFFY, MD, TERENCE F 451 MAIN ST CONYNGHAM PA 18219 717-788-1090	PM	GIBBONS, MD, ROBERT J 850 DONALD ROSS DR PINEHURST NC 28374-8862 GIORDANO, MD, NICHOLAS D 200 2ND AVE KINGSTON PA 18704-5722 717-288-6663	GS	HUSAIN, MD, ZAHID ALLIED MED ARTS BLDG WILKES BARRE PA 18702-6830 717-824-7117	RHU	KONECKY, MD, M LOUIS 33 FOREST RD MOUNTAIN TOP PA 18707-1318 717-474-5804	OS	LOPEZ, MD, GAMALIEL S 804 SUMMIT POINTE DR SCRANTON PA 18508-1048 717-824-3521	FP
DURKIN, DO, JANE E BOX M DALLAS PA 18612-0288 717-675-2111	FP	GITLIN, MD, PAUL J 62 DALLAS S C STE 304 DALLAS PA 18612 717-829-5131	* CHP	ICHTER, MD, JOSEPH T 350 LONGMEADOW RD SHAVERTOWN PA 18708-9535 ILOWITE, DO, ROBERT 20 N LAUREL ST STE 2D HAZLETON PA 18201 717-459-0005	PD	KOPEN, MD, DAN F 534 WYOMING AVE KINGSTON PA 18704-3727 717-283-2323	OS	LOTTICK, MD, EDWARD A 789 WYOMING AVE KINGSTON PA 18704-3833 717-288-7506	* FP
ELLIS IV, MD, JOHN H 225 S RIVER ST PLAINS PA 18705-1123 717-823-1111	* CD	GLICINI, MD, ROBERT L 10 E MOUNTAIN DR WILKES BARRE PA 18702-7905 717-821-2338	GS	IMBRIGLIA SR, MD, JOSEPH E 2 FRANKLIN TOWN BLVD APT 803 PHILADELPHIA PA 19103-1221 717-625-6796	D	KOSEK, DO, GUNNAR F 41 S SHERMAN ST WILKES BARRE PA 18702-5912 717-288-7451	AN	LOVE, MD, DIANE A STERLING AND MACHELL AVES DALLAS PA 18612-0288 717-675-2111	FP
ENGLISH, MD, RICHARD B 440 PIERCE ST KINGSTON PA 18704-5518 717-288-6627	GER	GONSKY, DO, MARK A 1524 SANS SOUCI PKY WILKES BARRE PA 18702-2028 717-825-3441	* GP	IMBROGNO, MD, MICHAEL S 11 GALLAGHER DR PLAINS PA 18705-1146 717-822-7070	PD	KOTCH, MD, MICHAEL J 128 W WASHINGTON STREET NANTICOKE PA 18634 717-735-3300	GP	LUCCINO, MD, DAVID B 200 S RIVER ST WILKES BARRE PA 18705-1143 717-821-1100	TS
FARHI, MD, FARIDEH T 816 CHESTNUT ST FREELAND PA 18224-1308 717-636-1556	GP	GOULD, MD, SAM C PO BOX 2069 HAZLETON PA 18201-0721 717-454-9611	* P	JACOB, MD, EMMANUEL E 202 SPRUCEWOOD DR WILKES BARRE PA 18702-7243 717-822-9514	PM	KOVACS, DO, JAMES E 1459 WYOMING AVE FORTY FORT PA 18704-4221 717-288-8310	FP	MACKALL, MD, SAMUEL J 4423 E MAINMAST CT FT MYERS FL 33919-4746 MACZUGA, MD, CYNTHIA FREELAND HEALTH CENTER FREELAND PA 18224 717-636-1556	NS
FARRELL, MD, DOROTHY A 468 NORTHAMPTON ST EDWARDSVILLE PA 18704-4565 717-288-9309	N	GRAHAM, DO, E JOAN WILKES BARRE GENERAL HOSP WILKES BARRE PA 18764-0001 717-820-2980	NM	JACOBS, MD, IRVIN MACHELL AND STERLING AVE DALLAS PA 18612 717-675-2111	FP	KRAMER, MD, ARNOLD 468 NORTHAMPTON ST EDWARDSVILLE PA 18704-4565 717-288-1188	PD	MAGIDENKO, MD, LEONID 45 SARATOGA CT WILKES BARRE PA 18702-7839 MAJIDIC, DO, JAMES P 480 SCOTT ST WILKES BARRE PA 18702-5511 717-825-8061	IM
FASCIANA, MD, GUY M CORNER FOOTE AND ADAMS AVE DURYEA PA 18642 717-655-9090	IM	GREULICK, MD, JOAN E 199 LAKE ST DALLAS PA 18612 717-675-7955	PD	JANERICH, MD, ALBERT D 765 SUTTON RD SHAVERTOWN PA 18708-9550 717-696-4914	PM	KRYWICKI, MD, WILLIAM J GEISINGER MEDICAL GROUP WILKES BARRE PA 18702 717-825-1093	ORS	MAKADIA, MD, ASHOK P 4 BLUEBIRD CT WILKES BARRE PA 18706-3001 MALACARI, MD, DOMINIC V 240 S WELLES ST WILKES BARRE PA 18702-5005	IM
FEINSTEIN, MD, PETER A 35 W LINDEN ST WILKES BARRE PA 18702-2619 717-826-1555	ORS	GRIESMER, MD, PAUL D 425 TIOGA AVE KINGSTON PA 18704-5624 717-288-6616	OBG	JANG, MD, JANG-HUEI HAZLETON NATL BANK BLDG HAZLETON PA 18201-6397 717-459-5503	OTO	KUCHEMBA, MD, LEONARD A 171 STANTON ST WILKES BARRE PA 18702 717-823-6731	IM	MANCIA, MD, BONITA M 676 WYOMING AVE KINGSTON PA 18704-3857 717-288-6521	OBG
FELLERMAN, MD, HERBERT 35 W LINDEN ST STE 307 WILKES BARRE PA 18702-2619 717-829-0503	IM	GROBLEWSKI, MD, EDWARD A 349 PIERCE ST KINGSTON PA 18704-5128 717-288-4424	FP	JULIUS, MD, ERNEST L 3135 BLYTHEBURN RD MOUNTAIN TOP PA 18707-9150 KADIS, MD, MILTON H 210 BUTLER ST KINGSTON PA 18704-5214 717-824-8971	FP	KURELLO, MD, PHILLIP J PO BOX C LEHMAN PA 18627 717-675-4545	FP	MANGANILO, MD, CHARLES M 1099 S TOWNSHIP BLVD PITTSBURG PA 18640-3247 717-654-0571	* FP
FERRARO, MD, MICHAEL M 425 TIOGA AVE KINGSTON PA 18704-5624 717-288-6616	OBG	GROSSMAN, MD, IRA C 470 WYOMING AVE KINGSTON PA 18704-3603 717-288-4551	U	KAFRISSEN, MD, STEVEN R 149 DANA ST WILKES BARRE PA 18702-4825 717-829-7900	GP	KURZWEIL, MD, STEVEN J 1010 E MOUNTAIN DR WILKES BARRE PA 18702-7905 717-829-1221	U	MANRIQUE, MD, JOSE V 166 HANOVER ST WILKES BARRE PA 18702-3543 717-826-6875	CD
FIELDS, MD, DAVID R 500 DEERHILL RD SHAVERTOWN PA 18708-9510 717-821-2700	* GER	GUNDERSON, MD, ROBERT L 20 N LAUREL ST STE 1B HAZLETON PA 18201-5919 717-455-1980	* ORS	KAMEEN, MD, ANTHONY J FAIRVIEW HEIGHTS MOUNTAIN TOP PA 18707-1405 KAO, MD, YU SONG 166 HANOVER ST WILKES BARRE PA 18702-3543 717-829-6644	P	LABBATE, MD, VICTOR A ALLIED MEDICAL ARTS BLDG WILKES BARRE PA 18708 717-824-7117	RHU	MARCELLA, MD, STEPHEN W 540 PIERCE ST KINGSTON PA 18704-5751 717-288-7451	* PD
FILLER, MD, JOSEPH J 25 HIGHWOODS RD WYOMING PA 18644-9323 717-820-2279	AN	GUNSTER, MD, GERALD D 425 TIOGA AVE KINGSTON PA 18704-5624 717-288-6616	OBG	LANDAU, MD, LEO W 11 GALLAGHER DR PLAINS PA 18705-1146 717-822-7070	OPH	LARSSON, MD, ERNST O RD 2 BOX 853 DRUMS PA 18222	PD	MARTIN, DO, LAURA M 679 CAREY AVE WILKES BARRE PA 18702-1447 717-824-7246	FP
FIORILLI, DO, ROBERT L 1010 E MOUNTAIN DR STE 306 WILKES BARRE PA 18702-7905 717-829-1221	U	GUTTERMAN, MD, PAUL 1740 E BROAD ST HAZLETON PA 18201-5622 717-455-9587	NS						

MARTINO, MD, JAMES V 2 E BROAD ST STE 409 HAZELTON PA 18201 717-459-0414	PUD	ORLANDO, MD, JOSEPH D 1099 S TOWNSHIP BLVD PITTSSTON PA 18640-3247 717-654-1287	DR	PUMA, MD, SAMUEL J 44 W BENNETT ST KINGSTON PA 18704-3989 717-287-4139	GS	SAMII, MD, ABDOL H 20 REYNOLDS ST KINGSTON PA 18704-4725 717-287-0285	N	SLUHOCKI, DO, MARK 104 TIFFANY DR WILLIAMSPORT PA 17701-9622	FP
MARTYAK, MD, NICHOLAS A 1740 E BROAD ST HAZELTON PA 18201-5622 717-455-9531	PD	OUANO, MD, ROMEO C 425 W DIAMOND AVE HAZELTON PA 18201-5021 717-455-3608	DR	PUTPRUSH, MD, JOSEPH R 575 N RIVER ST WILKES BARRE PA 18764 717-820-2219	PTH	SANDS, MD, JEFFREY J 56 W LINDEN ST WILKES BARRE PA 18702-2628 717-823-8896	NEP	SMITH, MD, GARY M PO BOX 1948 KINGSTON PA 18704-0948 717-675-8700	FP
MATSKO, MD, MICHAEL E RR 4 BOX 362J TAMAQUA PA 18252-9781 717-688-2548	GP	OWENS, MD, DAVID E 141 BUTLER ST KINGSTON PA 18704-5211 717-283-9063	FP	QUERCI, DO, JOHN C 1825 WYOMING AVE EXETER PA 18643-1444 717-693-3515	*IM	SARAS, MD, PETER L 36 W WALNUT ST HAZELTON PA 18201-6411 717-454-9981	IM	SMITH JR, MD, H ALEX 390 PIERCE ST KINGSTON PA 18704-5502 717-283-2430	*ORS
MC FARLAND, MD, JAMES J 189 RIVER ST FORTY FORT PA 18704-5038	OTO	PACURARIU, MD, RADU I 920 WYOMING AVE STE 103 FORTY FORT PA 18602 717-288-6115	OPH	RACHAKONDA, MD, NARASIMHA S 171 SPRINGFIELD AVE BALA CYNWYD PA 19004-1909	*P	SATYAM, MD, BHAGYALAKSHMI D JOHN HEINZ INSTITUTE WILKES BARRE PA 18702-6830 717-826-3871	PM	SOKACH, DO, MARY ELIZABETH 204 LACOE ST WEST PITTSSTON PA 18643-2408 717-288-7451	FP
MC LAUGHLIN JR, DO, WILLIAM M 82 S WASHINGTON ST WILKES BARRE PA 18701-3029 717-825-7344	OPH	PADEN, MD, DRUE R 175 S WILKES BARRE BLVD WILKES BARRE PA 18702 717-829-2621	FP	RACHO, MD, GEORGE J PO BOX 486 HAZELTON PA 18201-0486 717-455-8581	OTO	SAVAGE, MD, DONALD J 390 PIERCE ST KINGSTON PA 18704-5502 717-283-2233	OPH	SOLOMON, MD, CYNTHIA A 679 CAREY AVE WILKES BARRE PA 18702-1447 717-824-7246	IM
MENDELSSOHN, MD, SAUL 56 W LINDEN ST WILKES BARRE PA 18702-2628 717-823-8896	NEP	PAGANO, MD, TRINA M PO BOX 633 GREENSBURG PA 15601 717-288-8889	OBG	RAKLEWICZ, MD, MICHAEL C 390 PIERCE ST KINGSTON PA 18704-5502 717-288-3535	ORS	SAVAGE, MD, PETER J 28 CENTER AVE PLYMOUTH PA 18651-2215 717-779-2778	GP	SPRING, MD, DEBORAH A 540 PIERCE ST KINGSTON PA 18704-5751 717-288-7451	*FP
MENIO, MD, JOHN N 32 W MAIN ST PLYMOUTH PA 18651-3022 717-779-5331	FP	PANZER, MD, GLENN M 24 MAIN ST LUZERNE PA 18709-1212 717-287-3131	*FP	REICH, MD, SYLVIA R 171 WYOMING AVE WYOMING PA 18644-1708	GP	SCHAEERS, MD, GEORGE F CENTER CITY MED COMPLEX HAZELTON PA 18201-5919 717-455-5551	OBG	STANKOSKI, MD, JOHN A 500 SCOTT ST WILKES BARRE PA 18702 717-825-1008	IM
MICHELSTEIN, MD, RICHARD D 610 WYOMING AVE KINGSTON PA 18704-3702 717-288-5441	GE	PATEL, MD, ASIT P 167 HAVERFORD DR LAFLIN PA 18702-7254 717-820-2279	AN	REISER, MD, HARVEY J 161 KIMBERLY LN TRUCKSVILLE PA 18708-1839 717-283-2233	OPH	SCHWOWITZ, MD, ALBERT 35 W LINDEN ST STE 220B WILKES BARRE PA 18702-2619 717-823-3089	GS	STEGURA, MD, BARNEY A 630 S HANOVER ST NANTICOKE PA 18634-2706 717-735-0234	OPH
MILLER, MD, G GEOFFREY 601-605 WYOMING AVE KINGSTON PA 18704 717-288-7405	OPH	PATEL, MD, KIRAN K 57 EAGLE CT WILKES BARRE PA 18706-3002 717-825-1008	IM	RICHTERMAN, MD, RONALD L 184 RESERVOIR RD DALLAS PA 18612 717-829-8111	DR	SCHWOWITZ, MD, MARK F 35 W LINDEN ST WILKES BARRE PA 18702-2619 717-823-3089	GS	STERNLIEB, MD, SANFORD B 35 W LINDEN ST STE 210 WILKES BARRE PA 18702-2619 717-822-3456	ORS
MITCHELL, MD, ARTHUR B 167 S MAPLE AVE KINGSTON PA 18704-3310 717-288-0284	FP	PATEL, MD, SATISH D WILKES BARRE GENERAL WILKES BARRE PA 18764-0001 717-829-8111	DR	RIDILLA, DO, JOSEPH J 299 UNION ST LUZERNE PA 18709-1411	GS	SCHMIDT, MD, ARNOLD P 55 SPRUCE ST MOUNTAIN TOP PA 18707-1401	PTH	STISH JR, MD, ANTHONY G 600 PENN LN WEST HAZLETON PA 18201-1514 717-455-3866	GP
MOHAN, MD, CHANDRA 1730 E BROAD ST HAZELTON PA 18201-5652 717-454-2467	CD	PEGUERO, MD, O ALBERTO 851 MCNAIR ST HAZELTON PA 18201-2275 717-459-5611	GS	RITZ, MD, GEORGE MUSCULOSKELETAL INSTITUTE WILKES BARRE PA 18702 717-824-2225	CD	SCHREINER, MD, GLENWOOD R 30 W BROAD ST WEST HAZLETON PA 18201-3822	GP	STRANG, MD, DAVID J 1111 E END BLVD WILKES BARRE PA 18702-7935 717-788-3078	O
MOKYCHIC, MD, WALTER E 42 N PIONEER AVE SHAVERSTOWN PA 18708-1321	*GP	PELCZAR, MD, EUGENE W 171 STANTON ST WILKES BARRE PA 18702-4705 717-823-7691	GP	RIVERA, MD, MARIA-JOSEFINA 1310 MAIN ST DARBY PA 19023-1217 610-237-4000	*ORS	SCHULMAN, MD, NORMAN WILKES-BARRE GEN HOSP WILKES-BARRE PA 18707 717-829-8111	RO	STREET, MD, THOMAS F 4 MEMORIAL DR PINEHURST NC 28374-8707	GS
MOORE, MD, DAVID H 440 PIERCE ST KINGSTON PA 18704-5518 717-283-0655	GE	PENUGONDA, MD, DWARAKI B 166 HANOVER ST WILKES BARRE PA 18702-3543 717-823-8184	PO	ROBERTSON, DO, LISA E RR 1 BOX 743 JERMYN PA 18433-9754 717-288-7451	IM	SCINICO, MD, MARK W 26 GRACE DR PLAINS PA 18705-3501 717-822-8831	*IM	STUCCIO, MD, DOMINICK A 16 CAREY LN PITTSSTON PA 18640-3224 717-829-1221	U
MORROW, MD, LINDA C 676 WYOMING AVE KINGSTON PA 18704-3857 717-288-6521	OBG	PENUGONDA, MD, HARAGOPAL S 35 W LINDEN ST STE 240 WILKES BARRE PA 18702-2689 717-826-1111	U	ROBINSON, MD, JOSEPH 47 PIERCE ST KINGSTON PA 18704-4696 717-288-1359	FP	SCOTT, MD, OURELLE T 610 WYOMING AVE KINGSTON PA 18704-3702 717-288-5441	IM	STUCCIO, MD, JOSEPH J 21 FORDHAM RD WILKES BARRE PA 18702-7312	U
MYERS, MD, CHARLES E 2340 MOUNTAIN RD LARKSVILLE PA 18651-4113	IM	PERLMUTTER, MD, MARK N 675 E 16TH ST BERWICK PA 18603-2315 717-759-5531	*HS	RODA, MD, PAUL I 1740 E BROAD ST HAZELTON PA 18201-5622 717-459-2901	PD	SCOTT, MD, OURELLE T 610 WYOMING AVE KINGSTON PA 18704-3702 717-288-5441	NS	SZUSTAK, DO, JOSEPH J 87 N GOODWIN AVE KINGSTON PA 18704-5101 717-288-8890	IM
MYERS, MD, FREDERICK B 540 GIBSON AVE KINGSTON PA 18704-5215 717-824-8971	IM	PETERS JR, MD, ROBERT H 1221 WYOMING AVE FORTY FORT PA 18704-4101 717-696-1480	GP	RODRIGO, MD, CONCEPCION V 1333 E BROAD ST HAZELTON PA 18201-5603 717-459-5378	ON	SEDMOR, DO, DAVID J THOMAS P SAXTON PAVILION EDWARDSVILLE PA 18704 717-283-3599	CD	TAGGART, MD, GEORGE W 2 EAST BROAD STREET HAZELTON PA 18201-6530 717-455-1531	*OPH
NAKKACHE, MD, VICTOR B 136 S FRANKLIN ST WILKES BARRE PA 18701-1121 717-822-6966	NS	PILAREK, MD, VALENTINE F 128 WEST WASHINGTON ST NANTICOKE PA 18634 717-735-3300	GP	RODRIGUEZ, MD, ALFONSO 56-58 W LINDEN ST WILKES BARRE PA 18702-2628 717-823-8896	IM	SELVARAYAN, MD, PHILIP T 173 WILSON DR HAZELTON PA 18201-6842 717-455-8639	OR	TAGGART, MD, NINA M 2 E BROAD ST HAZELTON PA 18201-6530 717-455-1531	OPH
NAUSS, MD, THOMAS J RR 3 BOX 3204 MOSCOW PA 18444-9426	PS	PISZCZEK, MD, JOSEPH E 72 E MAIN ST PLYMOUTH PA 18651-3017 717-779-5312	IM	ROJAS, MD, JULIO R 1720 E BROAD ST HAZELTON PA 18201-5667 717-455-3391	NEP	SGARLAT, MD, JOSEPH R 109 JAMES ST KINGSTON PA 18704-5217 717-288-1442	FP	TAGGART, MD, TINA S 10 VALLEY PK SUGARLOAF PA 18249 717-788-0673	OPH
NELSON, MD, JAMES E RR 1 BOX 205A HAZELTON PA 18201-9720 717-455-1111	OBG	PIZANO, MD, LOUIS R 330 E 39TH ST APT 35G NEW YORK NY 10016 212-661-2689	GS	ROSENWEIG, MD, WILLIAM 11087 HIGHLAND CIR BOCA RATON FL 33428-2717	*OPH	SHAFER, MD, EDWARD A 219 N SPRAGUE AVE KINGSTON PA 18704-3506 717-826-5875	DR	TALATI, MD, DINESHKUMAR C 272 PIERCE ST STE 110 KINGSTON PA 18704-5141 717-288-2119	PUD
NIEZGODA, MD, PAUL E PIERCE MED BLDG KINGSTON PA 18704-5518 717-283-0655	GE	POLASHENSKI, DO, EDWARD S 128 W 14TH ST HAZELTON PA 18201-3266 717-455-7677	IM	ROSTOCK, MD, ROBERT A 50 ROOSEVELT TER WILKES BARRE PA 18702 717-348-7200	D	SHAH, MD, EVELYN M RR 1 BOX 301 FALLS PA 18615 717-388-6151	IM	TEDESCO, DO, J MICHAEL 534 WYOMING AVE KINGSTON PA 18704-3727 717-288-4568	OBG
NORK, MD, EDWARD P 317-B N MAPLE AVE KINGSTON PA 18704-3316	OPH	POLIDORA, MD, FRANK C 1710 E BROAD ST HAZELTON PA 18201-5695 717-455-3270	ORS	ROTHCHILD, MD, JOHN A 56-58 W LINDEN ST WILKES BARRE PA 18702-2628 717-823-8896	R	SHAH, MD, NARESH K R 601 HAMPTON RD SHAVERSTOWN PA 18708 717-283-7525	DR	TEITELBAUM, MD, CARL 13 SUMMIT VIEW DR MOUNTAIN TOP PA 18707-1112 717-474-6955	OS
NOTHSTEIN, DO, GARY D 129 BUTERNUT RD SHAVERSTOWN PA 18708 717-675-2111	GP	POTORSKI, MD, ROBERT D J 166 HANOVER ST WILKES BARRE PA 18702-3543 717-826-6875	OS	RUDUSKY, MD, BASIL M BICENTENNIAL BLDG WILKES BARRE PA 18701-1702 717-824-7115	NEP	SHERWOOD, MD, JOHN W 55 NEW ALEXANDER ST WILKES BARRE PA 18702-2101 717-825-4349	OPH	TREVEN, DO, JOHN M 23 CIRCLE DR DALLAS PA 18612 717-283-7628	FP
NOVROSKI, DO, HENRY C 540 PIERCE ST KINGSTON PA 18704-5751 717-288-7451	FP	PRASAD, MD, SHISHIR C 1099 S TOWNSHIP BLVD PITTSSTON PA 18640-3247 717-655-9300	CD	RUMBAUGH, MD, MARSHALL U 455 WYOMING AVE KINGSTON PA 18704-3619 717-288-3601	*CD	SHOFF, MD, FAROOK K 166 HANOVER ST WILKES BARRE PA 18702-3543 717-826-6875	FP	TURANIAN, MD, RICHARD J OR/BNV ASSOC OF KINGSTON KINGSTON PA 18704-5624 717-288-6616	FP
OBRIEN III, MD, FRANK D 150 MUNDY ST WILKES BARRE PA 18702-6830 717-824-4591	ORS	PRAWOZIK, MD, LEONADIA T 20 N LAUREL ST STE 2A HAZELTON PA 18201-5919 717-459-1485	IM	SAIDMAN, MD, BRUCE H 382 PIERCE ST KINGSTON PA 18704-5527 717-288-7231	*ON	SHYNN, MD, TAE I WILKES BARRE GEN WILKES BARRE PA 18764-0001 717-820-2750	CD	TURANIAN, MD, RICHARD J OR/BNV ASSOC OF KINGSTON KINGSTON PA 18704-5624 717-288-6616	OBG
ODONNELL, MD, GEORGE J 272 S RIVER ST WILKES BARRE PA 18702-2409 717-822-4810	PD	PUFFENBERGER, MD, MARK W 27 MAIN ST DALLAS PA 18612-1603 717-675-8377	FP	SAIDMAN, MD, LESTER M SAXTON PAVILION EDWARDSVILLE PA 18704-4565 717-288-8890	FP	SIDARI, MD, JUDE F 235 W CHESTNUT ST HAZELTON PA 18201-6230 717-454-9981	IM	TURANIAN, MD, RICHARD J OR/BNV ASSOC OF KINGSTON KINGSTON PA 18704-5624 717-288-6616	OBG
OH, MD, YONG W PO BOX 459 DRUMS PA 18222-0459 717-788-1291	AN	PUGLIESE, MD, JOSEPH F 601-605 WYOMING AVE KINGSTON PA 18704 717-288-7451	OPH	SALAZAR, MD, PEDRO A 605 ARTS BLDG HAZELTON PA 18201-3188 717-455-7796	U	SILVERSTEIN, MD, DANIEL K 100 WYOMING AVE KINGSTON PA 18704-3702 717-288-5441	CD	TURANIAN, MD, RICHARD J OR/BNV ASSOC OF KINGSTON KINGSTON PA 18704-5624 717-288-6616	OBG

LUZERNE—LYCOMING

UDOSHI, MD, MALLAPA B 166 HANOVER ST WILKES BARRE PA 18702-3543 717-826-6875	IM	ZEVENY JR, MD, DENNIS J 166 HANOVER ST STE 202 WILKES BARRE PA 18702-3544 717-823-1333	* GS	CABLE, MD, HAROLD F 1100 GRAMPAN BLVD WILLIAMSPORT PA 17701-1995 717-328-8171	DR	FISSEL, MD, GEORGE E PO BOX 175 PINEHURST NC 28374-0175	R	HENDERSON, MD, K WAYNE 1205 GRAMPAN BLVD WILLIAMSPORT PA 17701-1968 717-325-8132	IM
UMALI, MD, IDONA C 542 E KEIFER AVE HAZLETON PA 18201-7722 717-459-4490	AN	ZITARELLI, MD, JOSEPH A 20 N LAUREL ST STE GD HAZLETON PA 18201 ZUCKER, MD, DAVID B 29 KINGSWOOD DR DALLAS PA 18612-1403 717-820-2279	GS	CALCE, MD, JOHN V 1100 GRAMPAN BLVD WILLIAMSPORT PA 17701-1909 717-326-8175	NM	FORD, MD, LLOYD R 1103 THOMPSON ST JERSEY SHORE PA 17740-1730 FORD, MD, WILLIAM T PO BOX 0169	GP	HERRINGTON, MD, PAMELA J 699 HASTINGS ST S WILLIAMSPORT PA 17701-7606 717-327-1335	FP
USHINSKI, MD, STANLEY C 480 PIERCE ST STE 209 KINGSTON PA 18704-5512 717-288-8401	* PDA			CALDER JR, MD, JOSEPH R 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-321-2811	CD	EAGLES MERE PA 17731-0169 FORKER, MD, THOMAS S 166 KENDALL AVE JERSEY SHORE PA 17740-1716 717-326-8111	D	HEYMAN, MD, DAVID C ANESTHESIA ASSOC OF WLLMSPT WILLIAMSPORT PA 17701-3109 717-322-7092	AN
VACHANI, MD, VINUBHAI M 33 EAGLE CT WILKES BARRE PA 18706-3043	IM	ABDEL-MESSEIH, MD, ADEL A 1100 GRAMPAN RD WILLIAMSPORT PA 17701 717-322-7127	ON	CALLEMBERGER, MD, GEORGE J RR 1 BOX 207 HUGHESVILLE PA 17737-9741	EM		EM	HILL, MD, DANIEL E WILLIAMSPORT HOSP WILLIAMSPORT PA 17701 717-321-2321	* CLP
VEGLIA, MD, ANTHONY P 30 LAKEVIEW TRAIL SUGARLOAF PA 18249-1043 717-454-5554	* IM	AHMED, MD, GALAL M 1 WHITE PINE DR MONTROUSVILLE PA 17754-9302	PTH	CAMPANA, MD, JOSEPH F 151 E 3RD ST WILLIAMSPORT PA 17701-6622 717-323-7187	* OTO	FRANCE, MD, ROBERT O 1805 CAMPBELL ST WILLIAMSPORT PA 17701-1758 717-322-1161	R	HIPPLE, MD, RANDALL F 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-323-3671	GYN
VEGLIA, MD, KATHLEEN S 30 LAKEVIEW TRL SUGARLOAF PA 18249-1043 717-454-5222	* D	AMBROSE, MD, DAVID N 699 RURAL AVE WILLIAMSPORT PA 17701-3250 717-321-2340	FP	CAMPANA, MD, LOUIS F 107 6TH ST WILLIAMSPORT PA 17701-5018 717-326-9569	GYN	FRIES, MD, GENE T RR 6 BOX 102 WILLIAMSPORT PA 17701-9542	PTH	HOFSTROM, MD, GLEN T 145 SHAFFER ST WILLIAMSPORT PA 17701-6727 717-322-2447	FP
VENIT, MD, BETHANY A 881 N CHURCH ST HAZLETON PA 18201-1837 717-455-8557	PD	AMSLER JR, MD, FRED R 416 RIVER AVE STE 208 WILLIAMSPORT PA 17701-3723	ORS	CAREY, DO, PATRICK J 699 RURAL AVE STE 101 WILLIAMSPORT PA 17701-3250 717-322-3640	* GS	FUNK JR, MD, F COLEMAN 1201 GRAMPAN WILLIAMSPORT PA 17701-1968 717-326-8261	* FP	HONG, MD, SOO W 699 RURAL AVE WILLIAMSPORT PA 17701-3250 717-323-7000	OTO
VILLACRUSIS, MD, OSCAR C 400 3RD AVE STE 101 KINGSTON PA 18704-5816 717-283-1594	P	ANDERSON, MD, ELIZABETH E 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-322-3141	* FP	CHANG, MD, MONA P 1205 GRAMPAN BLVD WILLIAMSPORT PA 17701-1968 717-326-4118	ORS	GANDY, DO, DANIEL R 1201 GRAMPAN BLVD WILLIAMSPORT PA 17701-1900 717-326-8080	* NEP	HULL III, MD, DONALD F 1901 WALNUT BLVD ASHTABULA OH 44004-2820 216-992-4850	EM
VOUTSINAS, MD, LOUISA V 668 N CHURCH ST STE 209 HAZLETON PA 18201-3189 717-454-6264	OBG	ANGLE, MD, WILLIAM D 432 WYNDOHAM CT WILLIAMSPORT PA 17701-3932	OPH	CICcarelli, MD, LEE M 138 W 4TH ST WILLIAMSPORT PA 17701-6105 717-327-9480	FP	GEHRON JR, MD, WILLIAM H 747 ARCH ST WILLIAMSPORT PA 17701-5659	U	JENNINGS, MD, DAVID T 1510 ELLIOTT STREET WILLIAMSPORT PA 17701-2626	OPH
WASNICK, MD, WILLIAM 22 LEE PARK AVE WILKES BARRE PA 18702-4014 717-822-3994	GP	ANTONETTI, MD, THOMAS B 2107 W 4TH ST WILLIAMSPORT PA 17701-4343 717-322-0400	FP	CIPOLLA, MD, CHARLES F 300 ACADEMY ST WILLIAMSPORT PA 17701-5205 717-322-7210	* IM	GEOG, MD, FAROUK M 113 W HILLS DR WILLIAMSPORT PA 17701-1336 717-322-2072	* OBG	JONES, MD, MICHAEL W 2034 LYCOMING CREEK RD WILLIAMSPORT PA 17701-1243 717-322-3100	FP
WEAVER, DO, GLENN E 50 TAMANINI DR WYOMING PA 18644-9372 717-288-1411	AN	BALDYS, MD, JAMES S 699 HASTINGS ST S WILLIAMSPORT PA 17701-7606 717-327-1335	FP	COFFMAN, MD, KAOHLIN M RR 4 BOX 322 MONTROUSVILLE PA 17754-9437	GS	GINTER JR, MD, GEORGE C HC 64 BOX 625 TROUT RUN PA 17771-9803	AN	JONES JR, MD, JOHN H 699 RURAL AVE WILLIAMSPORT PA 17701-3250 717-326-4007	* GS
WEINMAN, MD, HERBERT M 222 HILLSIDE NEWBERRY DALLAS PA 18612 717-313-3676	FP	BALLENTINE, MD, GEORGE N RR 3 MUNCY PA 17756-9803	OBG	COLLINS, MD, LEONARD R 777 RURAL AVE 6TH FL WILLIAMSPORT PA 17701-3109 717-323-3671	EM	GLASER, MD, KENNETH I 802 CAMPBELL ST WILLIAMSPORT PA 17701 717-321-0501	RO	JUDSON, MD, WILLIAM W 904 W 4TH ST WILLIAMSPORT PA 17701-5804 717-326-6515	IM
WEINTRAUB, MD, HARVEY RR 1 BOX 351-A HARVEYS LAKE PA 18618-9768 717-823-2155	CHP	BARTLOW, MD, WILLIAM P RR 3 MUNCY PA 17756-9803 717-546-8255	FP	CONWAY, MD, CYRIL F 1300 WOODMONT AVE WILLIAMSPORT PA 17701-2052 717-322-7861	OBG	GLUNK, MD, DANIEL J 818 GRAMPAN BLVD WILLIAMSPORT PA 17701-1826 717-321-2284	* IM	KAAR, MD, RICHARD C 643 UPPER MARKET ST MILTON PA 17847-2531 717-742-9591	GP
WEISS, MD, WILLIAM B 375 PIERCE ST KINGSTON PA 18704-5528 717-288-1449	* PUD	BASTIAN, MD, JAMES R 985 SAINT DAVIDS RD WILLIAMSPORT PA 17701-4065 712-326-9161	OPH	COOPER, MD, KENNETH L 230 DUNBAR RD WILLIAMSPORT PA 17701-1831	EM	GO, MD, ALFONZO H L 1249 CRESTFIELD DR WILLIAMSPORT PA 17701-9306 717-248-5411	AN	KARP, MD, ERIC A WILLIAMSPORT REGIONAL ONC WILLIAMSPORT PA 17701-3120 717-321-0501	RO
WENNER, MD, ROBERT B 54 CALBETH PLACE HAZLETON PA 18201 717-454-8327	FP	BECKER, DO, JOHN C 1100 GRAMPAN BLVD WILLIAMSPORT PA 17701-1909	DR	COZINE, MD, RICHARD A 1705 WARREN AVE WILLIAMSPORT PA 17701-2664 717-323-6105	OBG	GOODENOW, MD, ELIZABETH L 7 S MAIN ST MUNCY PA 17756-1306 717-546-3045	OBG	KEATING, MD, EDWARD C 777 RURAL AVENUE WILLIAMSPORT PA 17701-3109 717-321-2831	CD
WISDO, DO, JAMES J 131 SPRUCE ST MOUNTAIN TOP PA 18717-1323 717-288-7451	FP	BECKLEY, MD, ROBERT F 46 INDIAN TRL SANFORD NC 27330-8384	R	DILLMAN, MD, NICHOLAS J DIVINE PROVIDENCE HOSP WILLIAMSPORT PA 17701-1995 717-326-8861	OPH	GOULD, MD, MARY JEAN 777 RURAL AVE WILLIAMSPORT PA 17701-3191	R	KEENAN JR, MD, WILLIAM F 699 RURAL AVE WILLIAMSPORT PA 17701-3250 717-321-2345	FP
WISE, MD, RICHARD J GENERAL DELIVERY CONYNGHAM PA 18219-9999 717-788-3544	GP	BEDNARZ, MD, WALLACE W 1527 HARDING AVE WILLIAMSPORT PA 17701-2637	R	DISIMONE, MD, RONALD E 1811 CAMPBELL ST WILLIAMSPORT PA 17701-1758	PTH	GOULDIN, MD, JUDITH A WILLIAMSPORT HOSP WILLIAMSPORT PA 17701-3109 717-321-2400	NM	KIM, MD, IL G MEDICAL ARTS BUILDING HUGHESVILLE PA 17737-9801 717-544-2186	GS
WISNIEWSKI, MD, PETER M 444 WILDFLOWER DR WILKES BARRE PA 18702-7916	OBG	BELLES, MD, TERRY A 145 SHAFFER ST WILLIAMSPORT PA 17701-6727 717-326-2447	FP	DONATO, DO, ROBERT A 810 VALLAMONT DR WILLIAMSPORT PA 17701-3053 717-323-3671	* GS	GOURAS, MD, WILLIAM M 699 RURAL AVE WILLIAMSPORT PA 17701 717-326-4000	GS	KOLB, MD, AARON J 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-321-2000	FP
WITT, MD, PAUL J 59 E CAREY ST PLAINS PA 18705-2007 717-823-7643	FP	BELTZ, MD, WILLIAM R 699 RURAL AVE WILLIAMSPORT PA 17701-3250 717-326-4007	FP	DURRWACHTER, MD, KENNETH R PARKVIEW CENTER MONTROUSVILLE PA 17754-1001 717-368-2002	US	GREENE, MD, DONALD H WALSON ARMY HOSP ORTHO CLINIC FORT DIX NJ 08840	FP	KRIZAR, MD, STEPHEN L 699 RURAL AVE WILLIAMSPORT PA 17701-3232 717-321-2345	FP
WOLANIN, MD, JANUSZ 233 S PROSPECT ST NANTICOKE PA 18634-2443 717-735-0102	FP	BERGER, MD, GARY W 430 S MAIN ST HUGHESVILLE PA 17737-1618 717-584-5161	FP	DURRWACHTER, MD, ROBERT J 501 W 4TH ST WILLIAMSPORT PA 17701-6022 717-323-2012	GP	HAACK, MD, SUSAN M 1205 GRAMPAN BOULEVARD WILLIAMSPORT PA 17701-1968 717-326-8595	OBG	LALLI, MD, JOANNE M RR 3 BOX 447 WILLIAMSPORT PA 17701-8913 717-326-2595	* IM
WOLK, MD, STEPHEN M CARDIOLOGY ASSOCIATES HAZLETON PA 18201-5690 717-454-2467	CD	BLOIS, MD, GLENN T 1705 WARREN AVE WILLIAMSPORT PA 17701-2664 717-326-8090	* U	ECKER JR, MD, HERBERT A 420 W 4TH ST WILLIAMSPORT PA 17701-6002 717-322-4779	PS	HAMM, MD, WILLIAM G 2440 BLAIR ST WILLIAMSPORT PA 17701-4010	EM	LAMADE, MD, CHARLES D 777 RURAL AVE 6TH FLR WILLIAMSPORT PA 17701-3109 717-323-3671	OBG
WROBLEWSKI, MD, GENIEVEVA A 15 WINDSOR DR DALLAS PA 18612-1409 717-824-3444	* IM	BLOM, MD, BOHEN M F 2846 HAAS LN MONTROUSVILLE PA 17754-9539 717-284-3481	PTH	ECKER SR, MD, HERBERT A 115 RODERICK RD WILLIAMSPORT PA 17701-1848	PS	HAMOY, MD, ALICE G 116 KERR AVE JERSEY SHORE PA 17740-1751 717-398-1991	IM	LANTHELME, MD, BRUCE E 1205 GRAMPAN BLVD WILLIAMSPORT PA 17701 717-326-4118	* FP
YAGER JR, DO, ROBERT G 298 BIRCH DR APT 2 LAFAYETTE HILLS PA 19444-2119	P	BLOM, MD, JOHANNES 1100 GRAMPAN BLVD WILLIAMSPORT PA 17754-9539 717-326-8470	ND	EISTER, MD, RONALD N 1001 1ST AVE WILLIAMSPORT PA 17701-3007 717-737-4531	FP	HARDAWAY, MD, ALFRED E 610 W DEWEY ST RIDGWAY PA 15853-9748 814-776-5576	GS	LAPP, MD, FREDERICK C 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-321-2000	EM
YAMULLA, MD, ROBERT S 128 W 14TH ST HAZLETON PA 18201-3266 717-455-7677	IM	BOZIC, MD, ALBERT F 609 ORCHARD PL WILLIAMSPORT PA 17701-1827 717-322-1335	OPH	ENGLISH, MD, JOSEPH G RR 2 BOX 142A BENTON PA 17814-9402 717-321-2174	EM	HARTZ, MD, LEO M RR 6 BOX 235 MUNCY PA 17756-9112 717-546-8255	* FP	LARSON JR, MD, THEODORE S 1200 CAMPBELL ST WILLIAMSPORT PA 17701-3040 717-321-2181	R
YAMULLA, MD, STANLEY J RR BOX 114 SUGARLOAF PA 18249 717-455-5864	GS	BRAUNEGG JR, MD, PAUL W 1208 CRESTFIELD DR WILLIAMSPORT PA 17701-9306 717-321-3054	AN	ESAA, MD, DURRIYA S 904 CAMPBELL ST STE 105 WILLIAMSPORT PA 17701-1842 717-322-9948	OPH	HAYES, MD, WARREN H 1120 N SHORE DR NE APT 203 ST PETERSBURG FL 33701-1449	FP	LEATHERS, MD, DONALD J 386 FACTORY RD COGAN STATION PA 17728-9370 717-321-2321	ID
YOO, MD, YOUNG-KUL 668 N CHURCH ST STE 203 HAZLETON PA 18201-3188 717-454-1400	* GE	BRESTICKER, MD, DAVID H 928 2ND AVE WILLIAMSPORT PA 17701-3015	FP	ESAA, MD, SHABBIIR A 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-322-1161	DR	HEERE, MD, BARBARA A SUITE 201 WILLIAMSPORT PA 17701-5804 717-326-6515	IM	LEBER, MD, PAUL E 1419 RITCHIEY ST WILLIAMSPORT PA 17701-2640 717-326-8806	FP
YOUNG, MD, MYUNG S 238 W CHESTNUT ST HAZLETON PA 18201-6265 717-454-1401	CD	BURKS, MD, JOHN M 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-321-2801	CD	FINN, MD, DAVID R 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-322-7090	PUD	HEILMANN, MD, TIMOTHY M 699 RURAL AVE WILLIAMSPORT PA 17701-9303	FP	LEWIS, DO, KATHLEEN C R D 1 BOX 287 WILLIAMSPORT PA 17701-9328 717-323-1900	FP
YOUNG, DO, STEVEN M 159A OVERBROOK ROAD DALLAS PA 18612 717-823-8896	NEP	BUTKIEWICZ, MD, BERNARD L 1505 RITCHIEY ST WILLIAMSPORT PA 17701-2642 717-326-8171	DR	FINN, MD, MARTHA J B 904 CAMPBELL ST WILLIAMSPORT PA 17701-3154 717-326-0312	* NEP	HEISLER, MD, DAVID B 2444 VIEW POINT RD MONTROUSVILLE PA 17754	AN	LIDDELL, MD, ALBERT G 1705 WARREN AVE WILLIAMSPORT PA 17701-2664 717-326-2712	ORS
ZAMAN, MD, RUBINA A 11 GALLAGHER DR PLAINS PA 18705 717-822-7070	PD	BYLER, MD, PHILIP R 1205 GRAMPAN BLVD WILLIAMSPORT PA 17701-1968 717-326-4118	FP						

LIGHTMAN, MD, DAVID A 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-321-0880	OPH	NIELSEN, MD, R CRAIG 736 HIGH ST WILLIAMSPORT PA 17701-3136 717-326-6586	FP	ROSENBAUM, MD, JOEL N WILLIAMSPORT HOSP WILLIAMSPORT PA 17701-3109 717-321-2618	* PM	TEGTMAYER, MD, TODD A 699 RURAL AVE WILLIAMSPORT PA 17701 717-321-2345	FP	YARTZ, DO, FRANK C LYCOMING OB/GYN ASSOC WILLIAMSPORT PA 17701-3109 717-323-3671	GYN
LIPSON, MD, STEPHEN D 1705 WARREN AVE WILLIAMSPORT PA 17701-2664 717-326-8090	* U	NIX, MD, COLLIER B RR 2 MONTGOMERY PA 17754-9802 717-368-2807	FP	RUTKOSKI, MD, PAMELA H 43 SOUTH MAIN ST MONTGOMERY PA 17752-1120 717-547-2273	FP	THOMAS, MD, RALPH E 777 RURAL AVE WILLIAMSPORT PA 17701 717-322-7092	AN	YASUI, MD, ROBERT S 2049 WINDFIELD DR WILLIAMSPORT PA 17701 717-326-5878	GS
LONGENBACH, MD, ERIC W RR 5 BOX 220 MONTGOMERY PA 17754-9716 717-326-8621	FP	OLENGINSKI, MD, THOMAS P 904 CAMPBELL ST WILLIAMSPORT PA 17701-3154 717-321-2211	RHU	SCHOPFER, MD, RALPH E 2650 HAAS LN MONTGOMERY PA 17754-9539	AN	TIGNOR, MD, RICHARD F 699 RURAL AVE WILLIAMSPORT PA 17701-3250 717-323-3674	* OPH	YEALY, MD, W HOLMES RR 4 BOX 610 MUNCY PA 17756-8754	DR
LOPATOFKY, MD, DAVID J RR 5 BOX 163 WILLIAMSPORT PA 17701-9660 717-326-2447	FP	OLINSKY, MD, STUART M 425 MARKET ST WILLIAMSPORT PA 17701-6345 717-322-0990	N	SCHRAACK, DO, SAMUEL E 701 NORTHWAY RD WILLIAMSPORT PA 17701 717-322-4422	FP	TOBIAS, MD, RICHARD B 1615 RIVERSIDE DR WILLIAMSPORT PA 17701-7040 717-323-2009	GER	YOON, MD, CHAN 1100 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1909 717-326-8171	R
LUBBE, MD, WILLEM J 1100 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1995 717-326-8167	PTH	PAGANA, MD, TIMOTHY J 699 RURAL AVE WILLIAMSPORT PA 17701-3250 717-326-4007	* ON	SCHWARTZ, MD, SHELDON M 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-321-2328	PTH	TOBIASZ, MD, CHRISTOPHER 1205 GRAMPIAN BLVD STE 2C WILLIAMSPORT PA 17701-1971 717-326-8265	* CD	MCKEAN	
LUKAS, MD, RAYMOND A RR 2 BOX 540 MONTGOMERY PA 17754-9645 717-321-3054	AN	PAGANA II, MD, CHARLES C 699 RURAL AVE WILLIAMSPORT PA 17701 717-321-2345	FP	SCHWEIKLE, MD, MARY R 1201 GRAMPIAN BLVD STE 2A WILLIAMSPORT PA 17701-1968 717-326-7066	GE	TODHUNTER, MD, WILLIAM J 699 RURAL AVE #108 WILLIAMSPORT PA 17701-3250 717-326-4007	* GS	AKHTAR, MD, M JAVED 199 PLEASANT ST STE 34 BRADFORD PA 16701-1080 814-362-5503	OTO
MAHONEY, BONITA C 668 5TH AVE WILLIAMSPORT PA 17701-4750	EXEC	PARK, MD, YOUNG W 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-321-2616	* PM	SERWINT, MD, MICHAEL S 1100 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1909 717-326-8470	* ON	TOMACK, MD, LAWRENCE S DIVINE PROVIDENCE HOSP WILLIAMSPORT PA 17701-1995 717-326-8847	PM	ANDERSON, DO, GARY L 2 THOMPSON PARK KANE PA 16735-1334 814-837-9661	PUD
MANCHESTER, MD, GEORGE A RR 2 BOX 149A LINDEN PA 17744-9534	FP	PATEL, MD, HARSHAD R 1100 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1909 717-326-8171	R	SHAFIOUE, MD, MOHAMMAD 410 LOCUST ST WILLIAMSPORT PA 17701-4912 717-326-3333	CD	TRAUTWEIN, MD, ROBERT C 1201 GRAMPIAN BLVD WILLIAMSPORT PA 17701 717-326-8265	CD	ARETZ, MD, THOMAS E 116 CONGRESS ST APT 33 BRADFORD PA 16701-2286 215-787-9276	R
MANNING, MD, HARRY L 919 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1904	N	PATEL, MD, RAJ J 116 KERR AVE JERSEY SHORE PA 17740-1751 717-398-1800	IM	SHANAGHAN, DO, KEVIN J 5 CORNELL DR HANOVER PA 17331-9766 717-546-4201	FP	TUFFAFA, MD, HANI J 904 CAMPBELL STREET WILLIAMSPORT PA 17701-3154 717-323-5352	* NS	ARTHUR, MD, JAMES B 49 NOOKSIDE LN BRADFORD PA 16701-2762 814-362-4654	OPH
MARIANO JR, MD, TOMAS A PO BOX 5107 JERSEY SHORE PA 17740-0707	GS	PECK, MD, WILLIAM J 2255 ROOSEVELT AVE WILLIAMSPORT PA 17701-1435 717-321-2290	MC	SHANER, DO, THOMAS N 172 N SECOND ST HUGHESVILLE PA 17737-1504 717-271-6211	IM	UPDEGROVE, MD, ROBERT A 240 DUNBAR RD WILLIAMSPORT PA 17701-1831 717-326-8360	OTO	BAZZOUI, MD, WIDAD 199 PLEASANT ST STE 16 BRADFORD PA 16701-1078 814-362-6535	P
MC CAULEY, MD, WILLIAM C 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-321-2841	PUD	PEPPERMAN, MD, LARUE E 807 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1825	EM	SHATZ, MD, RICHARD N 425 MARKET ST WILLIAMSPORT PA 17701-6345 717-326-1969	PS	VANDERLIN, MD, ROBERT L 777 RURAL AVE 7TH FLR WILLIAMSPORT PA 17701-3109 717-326-1719	CD	BENTZ, MD, CHARLES R COMMUNITY HOSP KANE PA 16735-1372 814-837-8585	* EM
MC CLAIN, DO, JAMES B 1400 HARDING AVE WILLIAMSPORT PA 17701-2636 717-321-1000	AN	PFEIL, MD, RUSSELL W 264 BROAD ST MONTGOMERY PA 17754-2204	GP	SHAW, MD, GORDON A WILLIAMSPORT HOSP WILLIAMSPORT PA 17701 717-321-2500	DR	VASUDEVAN, MD, RAGHAVAN 1705 WARREN AVE WILLIAMSPORT PA 17701 717-322-4601	* CD	BHAYANI, MD, SHABIR A 195 PLEASANT ST BRADFORD PA 16701-1081 814-368-1020	ORS
MC CLOSKEY, DO, TIMOTHY J 204 CURTIN ST WILLIAMSPORT PA 17701-7262 717-322-2314	PDA	PICCUA, MD, MICHAEL J 699 RURAL AVE WILLIAMSPORT PA 17701 717-322-2551	D	SHEARER, MD, DONALD E 217 BROAD ST MONTGOMERY PA 17754-2203 717-368-8188	GP	VERZELLA, MD, JEFFREY N 112 W HILLS DR WILLIAMSPORT PA 17701-1337 717-321-2339	FP	BOWMAN JR, MD, DOUGLAS F PO BOX 457 SMETHPORT PA 16749-0457 814-887-5395	GP
MEHTA, MD, PANKAJ 1205 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1968 717-323-1391	* OBG	POLIS, MD, MARK J 1705 WARREN AVE WILLIAMSPORT PA 17701-2664 717-326-8090	* U	SHENBERGER, MD, KEITH N 904 CAMPBELL ST WILLIAMSPORT PA 17701-3154 717-321-2211	RHU	WADE, MD, FRANKLIN G 1305 CAMPBELL ST WILLIAMSPORT PA 17701-3074	GS	CAMAS, MD, JOHN M 125 MAIN ST BRADFORD PA 16701-2025 814-368-7125	GS
MELLENCAMP, MD, ERIC J 4396 BLOOMINGGROVE RD WILLIAMSPORT PA 17701-9778 717-322-1161	DR	POPHAL, MD, MAHLON J 1495 PRINCETON AVE WILLIAMSPORT PA 17701-1369	PTH	SHOEMAKER, MD, MARGRIT M 818 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1826 717-321-2244	END	WAGNER, MD, W JOHN 531 BROAD ST MONTGOMERY PA 17754-2316 717-368-2235	GP	COUSINS, DO, TODD B 4 SANFORD ST BRADFORD PA 16701-1339 814-362-8674	AN
MIGLIORE, MD, JOSEPH J PO BOX 40 DURHAM NH 03824-0040 717-321-2000	EM	POULIS, MD, DEMETRI T 699 RURAL AVE WILLIAMSPORT PA 17701-3250 717-326-4007	* GS	SILBERG, MD, ROBERT D 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-322-7042	AN	WALTER, MD, RICHARD D 1100 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1909 717-326-8171	DR	DEE, MD, CECILIO C BRADFORD HOSP BRADFORD PA 16701-1036 814-368-4143	PTH
MILLER, MD, EARL R 900 MARKET ST S WILLIAMSPORT PA 17701-3414	OS	POULLIOTT JR, MD, JEROME W 60 CHURCH ST SAINT MARYS PA 15857-1016 814-834-6723	GS	SMITH, MD, THOMAS C 1251 RURAL AVE WILLIAMSPORT PA 17701-1697	IM	WASILEWSKI JR, MD, CHARLES L 1201 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1900 717-326-7059	D	DEFORNO, MD, DONALD J BOX 2392 BRADFORD PA 16701-5392 814-362-9762	* ORS
MILLS, MD, BETTY JO A WILLIAMSPORT HOSP AND MED CTR WILLIAMSPORT PA 17701-3109 717-321-2400	NM	POWERS JR, MD, FRANCIS M 1100 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1909 717-326-8203	TR	SOMERS, MD, WILLIAM R 777 RURAL AVE 3RD FLR SOUTH WILLIAMSPORT PA 17701-3109 717-322-2567	GE	WAY JR, DO, JAMES F RR 5 BOX 220 MONTGOMERY PA 17754-9716 717-368-8600	FP	ELBASHI, MD, ABDELAZIZ A R FRLEY ST KANE PA 16735 814-837-8585	GS
MINTZER, DO, HARRY D 125 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1811 717-326-8181	* AN	PURCELL JR, MD, ROBERT E 777 RURAL AVE 3RD FLR SOUTH WILLIAMSPORT PA 17701-3109 717-322-2567	GE	SOUNDARARAJAN, MD, RANGANATHA 904 CAMPBELL ST WILLIAMSPORT PA 17701-3154 717-322-5975	U	WEBER, MD, STEPHEN F 904 CAMPBELL ST STE 204 WILLIAMSPORT PA 17701 717-321-2181	ID	GRAHAM, MD, NATHANIEL L 300 HOOKER-FULTON BUILDING BRADFORD PA 16701 814-368-7125	GS
MIRZA, MD, MOHAMMAD R 410 LOCUST ST WILLIAMSPORT PA 17701-4912 717-326-3333	CD	RACKISH, MD, MARK A WEST BRANCH ORTHOPAEDICS WILLIAMSPORT PA 17701-3251 717-322-3640	ORS	SPEICINGER, MD, JAMES P 1205 GRAMPIAN BLVD STE 1A WILLIAMSPORT PA 17701-1971 717-326-8595	OBG	WENDEL, MD, MICHAEL J 37 VALLEY HEIGHTS DR WILLIAMSPORT PA 17701-8807 717-326-8171	DR	GUENTER, MD, FRITZ E 109 W WILLOW STREET SMETHPORT PA 16749-1533	ABS
MONTAGUE, MD, JAMES W 1251 RURAL AVE WILLIAMSPORT PA 17701-1697 717-327-8142	FP	RAJJOUB, MD, ROWDAN K 904 CAMPBELL ST WILLIAMSPORT PA 17701-3154 717-326-2035	NS	SPPERBER, MD, DAVID E 777 RURAL AVE WILLIAMSPORT PA 17701-3109 717-321-0880	OPH	WETSTONE, MD, JEFFREY B 699 RURAL AVE WILLIAMSPORT PA 17701-3250 717-321-2340	FP	HAMIDI, MD, JAFAR A 199 PLEASANT ST STE 21 BRADFORD PA 16701-1079 814-362-4687	OBG
MORENO, MD, MANUEL V 2010 BENTLEY DRIVE WILLIAMSPORT PA 17701-1958	AN	RANNELS, MD, HERMAN W 9 MAIN STREET ROWENNA MARIETTA PA 15747-9513	OS	SPINNEY, MD, CARMEN E PO BOX A AVIS PA 17721-0130 717-398-4809	* IM	WILLIAMSON, MD, NEIL J RR 4 BOX 106B JERSEY SHORE PA 17740-9214	FP	HERBERT, MD, ANITA J PO BOX 177 BRADFORD PA 16701-0177 814-368-2000	IM
MOSER, MD, EDWARD N 26930 WEDGEWOOD DR APT 306 BONITA SPRINGS FL 33923	GS	RATKE, MD, HENRY V 831 HEPBURN ST WILLIAMSPORT PA 17701-5010	GP	STABLER, MD, CRAIG L 699 RURAL AVE STE 101 WILLIAMSPORT PA 17701-3251 717-322-3640	ORS	WINTER II, MD, JOHN C 17 LINDA LANE WILLIAMSPORT PA 17701-9611	A	HORSLEY, MD, ROSS A 13 UPLAND TER ALLEGANY NY 14706-1128 814-368-4143	DR
MURPHY, MD, EDITH L 2609 WALDMAN DR WILLIAMSPORT PA 17701-2945	GER	REIS, MD, PAUL B 217 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1813	TS	STONE, MD, WALKER H 949 WESTMINSTER DR WILLIAMSPORT PA 17701-3909 717-327-1930	GS	WITTHOFF JR, MD, ELMER M 990 THOMPSON ST JERSEY SHORE PA 17740-1727 717-398-1021	FP	IBANEZ, MD, MELCHISEDEC 35 HEMLOCK AVE KANE PA 16735-1612 814-837-7511	GS
NAGPAL, MD, NARESH C 10 SHADY LANE MUNCY PA 17756-1310 717-546-6702	GS	RIGALIZARDI, MD, RENE R 215 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1813 717-326-8654	* AN	STRALEY, MD, RICHARD K 1705 WARREN AVE WILLIAMSPORT PA 17701-2654 717-323-5000	* FP	WOLFE, MD, DANIEL E 800 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1826 717-321-2500	R	JAMIL, MD, OAZI A MEDICAL ARTS BUILDING BRADFORD PA 16701 814-362-6911	US
NARDONE, MD, DONALD T 1804 CAMPBELL ST WILLIAMSPORT PA 17701-1716 717-321-2555	* CD	ROBINSON JR, MD, WARREN L 1100 GRAMPIAN BLVD WILLIAMSPORT PA 17701-1909 717-326-8470	* ON	STRYKER, MD, ALLAN K 425 MARKET ST WILLIAMSPORT PA 17701-6345 717-326-1969	ORS	WOLFSON, MD, STEVEN J 777 RURAL AVE 3RD FLR SOUTH WILLIAMSPORT PA 17701-3109 717-322-2567	GE	JUNG, MD, TINIUNG 199 PLEASANT ST BRADFORD PA 16701-1098 814-368-5080	OBG
NELSON, MD, PHILIP K 4930 WINDSOR PK SARASOTA FL 34235-2609	OBG	ROCKOFF, MD, STEVEN D 904 CAMPBELL ST WILLIAMSPORT PA 17701-9302 717-322-5975	U	SWARTZ, MD, STAN H 24 COUNTRY RD LEWISBURG PA 17837-8896 717-546-4201	PS	WOROBEC, MD, RUSSELL N 1705 WARREN AVE WILLIAMSPORT PA 17701-2664 717-323-0000	ORS	KIRSCH, MD, PAUL B 1223 E MAIN ST BRADFORD PA 16701-3223 814-368-5402	IM
NESSBITT, MD, ALEXANDER R 1201 GRAMPIAN BLVD STE 3B WILLIAMSPORT PA 17701-1900 717-326-8040	FP	RODGERS, MD, CHARLES J 1434 KELLER AVE WILLIAMSPORT PA 17701-2718	GP		FP	WYSHOCK, MD, EDWARD G 1100 GRAMPIAN RD WILLIAMSPORT PA 17701-1995 717-326-8470	HEM	LAROCHE, MD, ROGER R 199 PLEASANT AVE STE 12 BRADFORD PA 16701-1078 814-362-2287	P

MCKEAN—MERCER—MIFFLIN/JUNIATA

MARRERO, MD, LUIS B SENECA BLDG BRADFORD PA 16701 814-362-9804	* GE	CHATHA, MD, IFTIKHAR A KERRWOOD PLACE HERMITAGE PA 16148-4602 412-981-7003	FP	HIMES, DO, RAND S 647 N BROAD ST EXT GROVE CITY PA 16127-9761 412-458-7737	* OBG	OGUNRO, MD, CHARLES O PO BOX 588 GREENVILLE PA 16125-0588 412-588-4600	* P	STYPULA, MD, RICHARD W 89 ELM AVE SHARON PA 16146-2338 412-981-1940	PD
NAYAK, MD, NARAYAN P MEDICAL ARTS BLDG BRADFORD PA 16701-1098 814-368-5615	PD	CICUTO, DO, ROBERT A 2213 SHENANGO VALLEY FWY HERMITAGE PA 16148-2544 412-346-1234	FP	HOLT, MD, ALLEN H 300 FORKER BLVD SHARON PA 16146-3609 412-981-6732	R	PAXSON, DO, STEPHEN G 198 SCOTT RD JAMESTOWN PA 16134-9330 412-588-8884	PM	SYBING, MD, EUGENIO A 675 N BROAD STREET EXT GROVE CITY PA 16127-9737 412-588-5550	ORS
OCAMPO, MD, RENATO G 11 S TIONESTA AVE KANE PA 16735-1242 814-837-6202	GS	COCCO, MD, ALEX M HILLCREST MEDICA CENTER GROVE CITY PA 16127-9306 412-458-0770	* GS	HOYT, DO, BERNARD S 400 W BUTLER ST MERCER PA 16137-1031 412-662-3530	GS	PERFETT, MD, ALFRED A 2400 HIGHLAND RD HERMITAGE PA 16148-2868 412-981-4434	OBG	SYBING, MD, MELITA M 625 N BROAD STREET EXT GROVE CITY PA 16127-9741 412-588-5550	A
OSBORNE, MD, DAVID P RR 1 BACK ACRES BOX 158 SMETHPORT PA 16749	GS	COHEN, MD, DONALD L SHARON REGIONAL HEALTH SYSTEM SHARON PA 16146-3328 412-983-3950	PTH	HOYT, DO, DAVID G 400 W BUTLER ST MERCER PA 16137-1031 412-662-3530	GP	POKORNEY, MD, DALE R 2501 SHENANGO VALLEY FWY HERMITAGE PA 16148-2536 412-983-1820	D	TAN, MD, ISABEL G 675 N BROAD STREET GROVE CITY PA 16127 412-588-5550	R
PRADHAN, MD, ANIL G 199 PLEASANT ST BRADFORD PA 16701-1098 814-362-7461	PD	CONLIN, MD, EDWARD F 486 FORKER BLVD SHARON PA 16146-3630	IM	JONES, MD, TOM B 110 N MAIN ST GREENVILLE PA 16125-1726 412-588-2100	DR	POMERANTZ, DO, JEFFREY D 2000 MEMORIAL DR FARRELL PA 16121-1397 412-981-8070	FP	THOMAS, MD, WILLIAM E 37 HADLEY RD GREENVILLE PA 16125-1239 412-588-1800	OBG
SANKARI, MD, MUHAMMED A PO BOX 735 125 MAIN STREET BRADFORD PA 16701-0735 814-362-7484	GS	CONNELLY, MD, MICHAEL E 902 LINDEN STREET SHARON PA 16146-3449	CRS	JOSEPH, MD, ALFRED J 2151 SHENANGO VALLEY FWY HERMITAGE PA 16148-2586 412-981-5613	* IM	QUAGLIO, MD, NANNETTE D 719 E STATE ST SHARON PA 16146-3327	OPH	TRACHTMAN, MD, WILLIAM M 490 N KERRWOOD DR STE 202 HERMITAGE PA 16148 412-342-5922	PM
SAQUIN, MD, RAINOLD C THE COMMUNITY HOSP KANE PA 16735-1620 814-837-8585	PTH	CRAGO, MD, H ROBERT 2213 SHENANGO VALLEY FWY HERMITAGE PA 16148-2544 412-981-2394	GS	JURENOVICH, DO, MICHAEL J 160 MAIN ST GREENVILLE PA 16125-2173 412-588-1860	* ORS	RAISCH, MD, FREDERICK J 529 N KEEL RIDGE RD SHARON PA 16148-3153	PTH	UBERTI, MD, ANTHONY F 2173 HAZEN RD HERMITAGE PA 16148-4401	FP
SARAJEDINI, MD, HOSSAIN 195 PLEASANT STREET BRADFORD PA 16701-2770 814-368-1700	U	D'AMORE, MD, DAVID L PO BOX 269 BROOKFIELD OH 44403-0269 216-448-7800	IM	KALIK, DO, JOSEPH R 3410 5TH AVE YOUNGSTOWN OH 44505-1906 412-347-5507	* FP	RAU, MD, RAMNATH S 2213 SHENANGO VALLEY FWY HERMITAGE PA 16148-2544 412-981-5721	IM	UBERTI, DO, FREDERICK G 2000 GREEN ST FARRELL PA 16121-1307 412-981-3070	* IM
SICHER, MD, BRUNO P 133 BIDDLE ST KANE PA 16735-1303 814-837-6610	FP	DALONI, MD, PETER M MEDICAL ARTS BUILDING SHARON PA 16146-3354 412-983-1611	* U	KERRY, MD, ROY E 17 6TH AVE GREENVILLE PA 16125-1237 412-588-2600	OTO	RAUCH, MD, DOUGLAS 2151 SHENANGO VALLEY FWY HERMITAGE PA 16148-2586 412-981-5440	OBG	VALENA, MD, ELENA V 4589 ANGUS RD POLK CITY FL 33868-9551	IM
SILVERSTONE, MD, LESLIE B 2031 HARBOUR LINKS DR LONGBOAT KEY FL 34228-4137	PD	DAVILA, MD, RAMON A 45 VILLAGE PARK DR GROVE CITY PA 16127	ORS	KO, MD, YIH-SONG 675 N BROAD ST EXT GROVE CITY PA 16127-9741 412-458-7220	FP	RAYNAK, MD, FRANK R 110 N MAIN ST GREENVILLE PA 16125-1726	R	VALLABH, MD, SAGAR V 2501 SHENANGO VALLEY FWY HERMITAGE PA 16148-2536 412-983-0223	* GE
TIECHE, MD, STEVEN C 119 JACKSON AVE BRADFORD PA 16701-1311	AN	DE MEIRA, MD, ELIO D 41 HADLEY RD GREENVILLE PA 16125-1239 412-588-0880	NS	KRAFFT, MD, RUDOLPH M 480 N KERRWOOD HERMITAGE PA 16148 412-981-0825	FP	RIGGALL, MD, STEVEN C 490-N KERRWOOD DR STE 203 HERMITAGE PA 16142 412-983-5528	* CHP	VERMEIRE, MD, DAVID A 2151 SHENANGO VALLEY FWY HERMITAGE PA 16148-2586 412-342-6200	ORS
VACCAARO, MD, PETER 195 PLEASANT ST BRADFORD PA 16701 814-368-1000	IM	DILLON, MD, STEPHEN V 28 WOODLAND DR PITTSBURGH PA 15228-1714 412-458-7870	GS	LIM, MD, LOURDES T 675 N BROAD ST EXT GROVE CITY PA 16127-9713 412-458-5550	OBG	ROTH, DO, MICHAEL A 1636 W RIDGE AVE SHARPSVILLE PA 16150-1069 412-962-7868	* GP	VOGAN, MD, WILLIAM R 355 VOGAN DRIVE MERCER PA 16137-9105	OS
WEBER, DO, STUART A 36 PARKWAY LN BRADFORD PA 16701-2770 814-362-8596	AN	DONAN, MD, ANDERSON W 524 WOODLAND AVE GROVE CITY PA 16127-1826	FP	LIMKAKENG, MD, ALEXANDER D 625 N BROAD ST EXT GROVE CITY PA 16127-9713 412-458-5550	U	ROTHMAN, MD, DAVID L PO BOX 347 GROVE CITY PA 16127-0347 412-458-5730	* VS	WANG, MD, SHEN-CHI SHARON REGIONAL HLTH SYSTEM SHARON PA 16146 412-983-3950	PTH
WEINTRAUB, MD, RUSSELL PO BOX 797 BRADFORD PA 16701-0797 814-368-1000	IM	DOUGHERTY, MD, MARY C 923 HIGHLAND RD SHARON PA 16146-3442 412-981-5613	* IM	LUCHETTE, MD, ALBERT A PO BOX 298 BROOKFIELD OH 44403-0298	GS	SACHDEVA, MD, RAVINDRA K 2213 SHENANGO VALLEY FWY HERMITAGE PA 16148-2544 412-981-0630	GS	WASSIL, MD, JOHN G 190 BENTLEY SHARON PA 16146-3702 412-346-6507	GP
ZINELIS, MD, STYLIANOS A 1223 E MAIN ST BRADFORD PA 16701 814-368-5402	IM	DOWELL, MD, PAUL J 90 SHENAGO ST GREENVILLE PA 16125-2060 412-588-4240	IM	MADURA, MD, JOSEPH R 706 HAMILTON AVE FARRELL PA 16121-1910 412-347-2241	GP	SAKKAL, MD, SAAD 10 MEADOW LN GREENVILLE PA 16125-1205 412-588-1200	* END	WASSIL JR, MD, JOHN G 912 E STATE ST SHARON PA 16146-3336 412-346-6507	OTO
MERCER									
ABDUL-MALAK, MD, MICHAEL E 2627 ROMAR DR HERMITAGE PA 16148-2895 412-342-6600	OBG	DUFFY, MD, CHERYL A 2501 SHENANGO VALLEY FWY HERMITAGE PA 16148-2536 412-981-0454	PD	MAIDEN, MD, PHILLIP G 1961 SHENAGO VLY FWY HERMITAGE PA 16148-2501 412-983-1191	* CHP	SANDERSON, MD, VINCENT A 955 FOREST LN SHARPSVILLE PA 16150-1724 412-346-4104	US	WEE, MD, ENG C 514 E PINE STREET GROVE CITY PA 16127-1924 412-458-7725	OPH
ALLEN, MD, ROBERT W MEDICAL ARTS BUILDING SHARON PA 16146 412-981-6732	R	DUNDORE JR, MD, WILLIAM C 647 N BROAD ST EXT GROVE CITY PA 16127-9761 412-458-7737	* OBG	MARTSOLF, MD, ROBERT H 197 SILVER ST SHARON PA 16146 412-347-6604	FP	SANTIAGO, MD, JOSE W 32 JEFFERSON AVE MED ART BLDG SHARON PA 16146-3342 412-981-2773	* P	WEINER, MD, ROBERT A 655 BRIARWOOD RD HERMITAGE PA 16148-3818	AN
ARMOUR, DO, THOMAS F 2000 MEMORIAL DR FARRELL PA 16121-1397 412-981-8070	FP	FALK, MD, EDWARD C 32 JEFFERSON AVE SHARON PA 16146-3354 412-346-6033	GS	MC ELREE, MD, JAMES C 98 CLINTON ST GREENVILLE PA 16125-2067 412-588-4360	OPH	SAWARDEKAR, MD, ARUN S 635 W MAIN ST GROVE CITY PA 16127-1156 412-458-8044	PD	WESSNER-DUNLAP, DO, SUSAN L 2033 W GROVE DR GIBSONIA PA 15044-6059 412-346-6100	GS
BAKER, MD, ROBERT H 1 GREENVILLE ORTHOPEDIC CTR GREENVILLE PA 16125-1210 412-588-7250	ORS	FELDER, MD, MITCHELL S 87 STAMBAUGH AVE STE 2 SHARON PA 16146-2754 412-346-0858	N	MC ELREE JR, MD, FRANK E 106 WOODSHIRE RD GREENVILLE PA 16125-1227	EM	SCULLIN III, MD, JOHN P 1 GREENVILLE ORTHOPEDIC CTR GREENVILLE PA 16125-1210 412-588-7250	ORS	WILSON, DO, FREDERICK R PO BOX 114 SLIPPERY ROCK PA 16057-0114 412-794-2592	* IM
BALING, MD, LARRY E 2151 SHENANGO VALLEY FREEWAY HERMITAGE PA 16148-2586 412-981-5613	* IM	FERGUSON, DO, STEVEN W 428 S MAIN ST GREENVILLE PA 16125-1748 412-588-9600	* IM	MEHTA, MD, SUNIL K PINE MEDICAL CENTER GROVE CITY PA 16127 412-458-7101	IM	SEGARRA, MD, SERGIO 740 E STATE ST SHARON PA 16146-3328 412-983-3911	EM	WOLFORD, DO, MICHAEL G 2000 MEMORIAL DR FARRELL PA 16121-1397 412-981-8070	IM
BANIEWICZ JR, MD, FRANK J 103 N MAIN ST GREENVILLE PA 16125-1779 412-588-3292	OM	FILE, MD, JAMES C LINDEN AND LAKE STS STONEBORO PA 16153 412-376-2060	GP	MENZIES JR, MD, WILLIAM C GROVE CITY HOSPITAL GROVE CITY PA 16127-1708 412-458-9540	FP	SHAFER, MD, LAWRENCE A 2501 SHENANGO VALLEY FWY HERMITAGE PA 16148-2536 412-981-0454	* PD	WOODINGS, MD, SAMUEL G 89 ELM AVE SHARON PA 16146-2338 412-347-7749	* FP
BAXLEY, MD, MICHAEL N 1146 RODO PL HERMITAGE PA 16148-4412 412-983-3822	OM	FLAMBERG, MD, IRA W 950 FOREST LN SHARPSVILLE PA 16150-1725	AN	MESSINA, DO, MICHAEL P 132 BUHL BLVD SHARON PA 16146-3708 412-981-1940	PD	SHAH, MD, ROSY 320 REXFORD DR APT 13 HERMITAGE PA 16148-2616 412-342-4052	PD	WORKS, MD, KIRK L 41 HADLEY RD GREENVILLE PA 16125-1239 412-588-8089	GE
BEH, MD, WALTER P 81 N MAIN ST GREENVILLE PA 16125-1781 412-588-1444	* U	GARRIOTT, MD, JOHN C 108 MEDICAL ARTS BLDG SHARON PA 16146-3346 412-981-6732	DR	MILLER, MD, JOHN L 204 LYNNWOOD DR GREENVILLE PA 16125-1312	DR	SHETTY, MD, NANDALIKE S 740 E STATE ST SHARON PA 16146-3328 412-983-3911	AN	YANICKO JR, MD, DANIEL R 3135 HIGHLAND RD STE A HERMITAGE PA 16148-4503 412-342-6606	ORS
BOLOTIN, MD, JOSEPH H 196 JONATHAN PLACE HERMITAGE PA 16148-1770	IM	GONZALEZ, MD, LORENZO 1290 FOXWOOD DR HERMITAGE PA 16148-3164	* CHP	MOON, MD, SANGUI 157 BLAZING STAR DR BUTLER PA 16001-3969 412-458-5442	* PTH	SMART, MD, PAUL E 310 REXFORD DR APT 8 HERMITAGE PA 16148-2617 412-981-6732	R	YARBORO, MD, THEODORE L 755 DIVISION ST SHARON PA 16146-2530 412-346-4124	FP
BREVETTA, MD, RICHARD J 719 E STATE ST SHARON PA 16146-3327 412-981-6640	OPH	GREENBURG, MD, MORREN J 195 JONATHAN PL HERMITAGE PA 16148-1769 412-347-5030	FP	MOONDA, MD, GULAMHUSAIN 2151 SHENANGO VALLEY FWY HERMITAGE PA 16148-2586 412-981-3336	U	SOTUS, MD, PETER C GREENVILLE REGIONAL HOSP GREENVILLE PA 16125 412-589-6201	PTH	ABBOTT JR, DO, HARLAN E PO BOX 995 BELLEVILLE PA 17004-0995 717-935-2108	GP
BROWN, MD, MATTHEW G MEDICAL ARTS BLDG SHARON PA 16146-3354 412-342-0660	FP	HAM, MD, TONG H 197 SILVER ST SHARON PA 17148 412-342-4052	FP	MORELLI, DO, JOSEPH T 25 LINDEN ST STONEBORO PA 16153 412-376-3175	FP	STEELE, MD, JOHN F 160 MAIN ST GREENVILLE PA 16125-2173 412-588-1860	* ORS	ACOSTA, MD, JOSE R 27 SANDY LN STE 140 LEWISTOWN PA 17044-1318 717-242-2711	PUO
BROWN, MD, WILLIAM E 1260 E STATE ST SHARON PA 16146-3242 412-981-2535	* OTO	HARRER JR, MD, WILLIAM J 1109 HIGHLAND RD SHARON PA 16146-3612	EM	MORRIS, DO, MATILDA J 2000 MEMORIAL DR FARRELL PA 16121-1356 412-981-8070	GP	STEINFELD, MD, RICHARD I 1126 E STATE ST SHARON PA 16146-3338 412-981-8622	IM	ALDINGER II, MD, DAVID L PO BOX 28 MCALISTERVILLE PA 17049-0028 717-463-2121	FP
BUTCHKO, MD, ANDREW W 1499 MCDOWELL ST SHARON PA 16146-3812	IM	HAWKINS, MD, ROGER A 110 N MAIN ST GREENVILLE PA 16125-1726 412-588-2100	PTH	MUELLER, MD, HENRY M 266 CLINTON STREET GREENVILLE PA 16125-1801 412-588-7454	OBG	STITT, MD, DONALD G 42 COLUMBIA AVE GREENVILLE PA 16125-1830	* PD	ALLENDER, MD, M PATRICK 300 HIGHLAND AVE LEWISTOWN PA 17044-1164 717-242-4200	PD
CHANDLER, MD, BRUCE R 322 STATE ST GROVE CITY PA 16127-1629 412-458-5442	* AN	HERBERT, DO, WILLIAM J 3910 E STATE ST HERMITAGE PA 16148-3405 412-981-1911	FP	NAMEY, MD, JOHN T 1405 ROEMER BLVD FARRELL PA 16121-1749 412-342-2977	GP	STOUDT, MD, K DONALD 89 ELM AVE SHARON PA 16146-2338	GP		

BASOM, MD, DONALD E LEWISTOWN HOSP LEWISTOWN PA 17044-1207 717-242-1719	EM	NANCOLLAS, MD, PAUL H GEISINGER MEDICAL GROUP LEWISTOWN PA 17044-1171 717-242-4200	OPH	BHAGAT, MD, RAJESH G 292 E BROWN ST EAST STROUDSBURG PA 18301-3006 BHATT, MD, DRUPAD 296 E BROWN ST EAST STROUDSBURG PA 18301-3006 717-424-2830	AI	GULICK, MD, THOMAS H 175 E BROWN ST EAST STROUDSBURG PA 18301-3098 GUPTA, MD, GIRIWARLAL 144 E BROWN ST EAST STROUDSBURG PA 18301-2922 717-421-1136	U	MIRAGLIA, MD, RICHARD J VILLAGE PARK MEDICAL CTR POCONO LAKE PA 18347 717-646-3810	* FP
BRAMHAKULAM, MD, PAUL M 130 HIGHLAND AVE LEWISTOWN PA 17044-1331 717-242-1174	PD	PAI, MD, NARENDRA M 2413 N FRONT ST HARRISBURG PA 17110-1110 PAI, MD, SUJATA M 911 WESTMINSTER DR WILLIAMSPORT PA 17701 717-322-4138	AN	BURRY, MD, WILLIAM C PO BOX 605 MOUNTAINHOME PA 18342-0605 717-595-7293	GP	HALPERIN, MD, MEYER A RR 2 BOX 2006 EAST STROUDSBURG PA 18301-9623 HAYNICK, MD, PETER PO BOX 959 STROUDSBURG PA 18360-0959	AN	MOHYUDDIN, MD, MOIZ 419 KING ST E STROUDSBURG PA 18301 717-424-8300	PD
BROWN JR, MD, JOSEPH S 14 S WAYNE ST LEWISTOWN PA 17044-2187 717-248-9626	IM	PARKER, MD, ANDREW J WOODSIDE LANE SOUTH HILL LEWISTOWN PA 17044 PARMAR, MD, RASIK B 9 KRISTI LN LEWISTOWN PA 17044-9709 717-242-6330	CD	CASALE, MD, PETER J 175 E BROWN ST STE 201B EAST STROUDSBURG PA 18301-3098 717-421-7292	* NEP	HELMICK, MD, NATHANIEL D 206 E BROWN ST E STROUDSBURG PA 18301-3006 717-421-4000	R	MOYER, MD, JAMES E 175 E BROWN ST STE 201-A EAST STROUDSBURG PA 18301-3098 717-424-2100	U
CARTER, MD, RICARDO T D D 29 SOMAR DR LEWISTOWN PA 17044-9238 717-242-3760	* ON	COHEN, MD, MILTON H 2110 CACTUS CT STE 1 WALNUT CREEK CA 94595-2523 COX, MD, LAURIE A HC 67 BOX 6-A MIFFLIN PA 17058 717-436-8986	GP	CERRA, MD, CARMINE J AIRPORT RD EAST STROUDSBURG PA 18301-8600 717-421-4000	ORS	HOFMANN, MD, KURT P RD 5 BOX 5186-B E STROUDSBURG PA 18301-9805 HSIA, MD, RAYMOND W 239 E BROWN ST EAST STROUDSBURG PA 18301-3005	* GS	PACIOTTI, MD, SAMUEL M RR 5 BOX 5187A EAST STROUDSBURG PA 18301-9251 610-954-4000	AN
CUSTER, MD, CHRISTOPHER C 3RD ST AND HIGHLAND AVE LEWISTOWN PA 17044 717-242-2381	FP	PEARSON, MD, THOMAS O 300 HIGHLAND AVE LEWISTOWN PA 17044-1164 717-242-4200	IM	CHAUDHRY, MD, MOHAMMAD A 239 E BROWN ST EAST STROUDSBURG PA 18301-3005 717-421-3872	PTH	HUNSICKER, MD, LLEWELLYN W 24 3 FP GARDEN ROAD EAST STROUDSBURG PA 18301 JORDAN, MD, CLAUD G 87 OLD HOLLOW ROAD SHORT HILLS NJ 07078-2146	GE	PAGLIA, MD, JOHN A 175 E BROWN ST EAST STROUDSBURG PA 18301-3098 717-421-7020	ORS
DELVECCHIO JR, MD, LEONARD M 19 VALLEY RD LEWISTOWN PA 17044-2634 717-242-2703	DR	QUINN, DO, PHILIP L PO BOX 487 REEDSVILLE PA 17084-0487 717-667-2478	GP	CHABRIA, MD, MAHESH D RR 5 BOX 5167 EAST STROUDSBURG PA 18301-9208 717-424-1102	N	JORDAN, MD, WILLIAM P 175 E BROWN ST EAST STROUDSBURG PA 18301-3098 717-421-8948	* GS	PASCAL, MD, HAROLD J 233 E BROWN ST EAST STROUDSBURG PA 18301-3005 717-424-8752	GS
DETHOMAS, MD, RONALD S 13 PEACE DR LEWISTOWN PA 17044-9401 717-242-2455	ORS	RECALL, MD, CARLOS M 455 SUMMIT DR LEWISTOWN PA 17044-1251 717-486-9694	OTO	CONAHAN JR, MD, JOSEPH B 1 VETERANS PL STROUDSBURG PA 18360-2418 717-421-8842	OPH	KAPCALA, DO, JAN S 200 E BROWN ST EAST STROUDSBURG PA 18301-3000 717-424-5180	ORS	PAUL, MD, BORIS RR 5 BOX 5187A EAST STROUDSBURG PA 18301-9101 717-421-5997	R
DEVITA, MD, DENNIS M 305 4TH ST LEWISTOWN PA 17044-1316 717-242-0367	* ORS	SCHMITT, MD, JOHN E 300 HIGHLAND AVE LEWISTOWN PA 17044-1171 717-242-4200	OTO	COOPER, MD, COLLEEN A RR 7 BOX 7492 STROUDSBURG PA 18360-8895 717-476-6700	PD	KAUDERER JR, MD, JOHN G 239 E BROWN ST EAST STROUDSBURG PA 18301-3005 717-421-3872	IM	PEARSON, MD, JUNE A 729 SARAH ST STROUDSBURG PA 18360-2121 717-421-5548	US
DEVITA, MD, MICHAEL L 61 CHESTNUT ST LEWISTOWN PA 17044-2217 DIXON, MD, ROBERT E 539 LINDBERGH WAY LEWISTOWN PA 17044-2524 DODD, MD, STEPHEN I 1 MAIN ST MIFFLIN PA 17058 717-436-8283	FP	SEAMAN, MD, DAVID E 300 HIGHLAND AVE LEWISTOWN PAA 17044-1171 717-242-4200	RHU	COVINGTON, MD, DARELL T 175 E BROWN ST EAST STROUDSBURG PA 18301-3098 717-421-8968	* CRS	KENNEDY, MD, RICHARD P 206 E BROWN ST EAST STROUDSBURG PA 18301-3006 717-421-4000	DR	PLUSKIN, MD, MARK 239 E BROWN ST EAST STROUDSBURG PA 18325-0050 717-421-0204	ORS
EVERHART, MD, CHARLES W 27 SANDY LN BLDG 270 LEWISTOWN PA 17044-1320 717-242-2531	GE	SHAH, MD, MUKTA K LEWISTOWN HOSP ANESTH DEP LEWISTOWN PA 17044 717-242-7186	* AN	DALAL, MD, UMESH I 175 E BROWN ST STE 201B EAST STROUDSBURG PA 18301-3098 717-421-7292	* NEP	KERRIGAN, MD, JAMES J NEUROLOGY ASSOCIATES E STROUDSBURG PA 18301-9208 717-424-1102	N	PRIMIANO, MD, GEORGE A 200 E BROWN ST EAST STROUDSBURG PA 18301-3000 717-424-5180	IM
FLEISHMAN, MD, MARTIN J 27 SANDY LN LEWISTOWN PA 17044-1310 717-242-2525	GS	SPEASE, DO, CARL R 10 STRAWBERRY LANE LEWISTOWN PA 17044-2629 THOME, DO, DONALD H RR 1 BOX 934 RICHFIELD PA 17086-9625 717-436-5091	PTH	DEQUEVEDO, MD, ROBERT F 175 E BROWN ST EAST STROUDSBURG PA 18301-3098 717-421-3401	AN	KESSELING JR, MD, WILLIAM T 175 E BROWN ST EAST STROUDSBURG PA 18301-3098 717-421-8526	IM	RACCIATO, MD, PETER J 239 E BROWN ST EAST STROUDSBURG PA 18301-3005 717-421-4222	OPH
FOWLER, MD, ERIC K GEISINGER MEDICAL GROUP LEWISTOWN PA 17044-1171 717-242-4247	* FP	FALANGA, MD, NATALE J 100 EAGLESMERE CIR EAST STROUDSBURG PA 18301-3144 717-421-5111	PD	DIXON, MD, ARTHUR S RR 7 BOX 7492 STROUDSBURG PA 18360-8781 717-476-6700	PD	KIM, DO, JAMES B RR 4 BOX 4007 STROUDSBURG PA 18360-9101 717-420-0111	PM	RYAN, MD, WILLIAM F 100 EAGLESMERE CIR EAST STROUDSBURG PA 18301-3144 717-421-5111	ON
GORDON, MD, ALAN D 27 SANDY LN LEWISTOWN PA 17044-1310 717-242-2514	OPH	VAKHARIA, MD, PRATIBHA V 14 TAYLOR PARK TOWNHOUSE REEDSVILLE PA 17084-9739 717-248-9550	PD	DRAPOS, MD, FRANK J 200 E BROWN ST EAST STROUDSBURG PA 18301-3000 717-424-5180	ORS	KITCHEN II, MD, JAMES G THE MOHICAN POCONO LAKE PA 18347-9729 KLEIN, MD, LAWRENCE RR 5 BOX 5187A EAST STROUDSBURG PA 18301-9101 717-421-5997	FP	RYLKO, MD, PATRICIA 239 E BROWN ST E STROUDSBURG PA 18301-3005 717-421-3872	CD
GUISE, MD, LYNN G 4 INDUSTRIAL PARK RD MIFFLINTOWN PA 17059-9536 717-436-8283	GP	VAKHARIA, MD, VIJAY H 14 TAYLOR PARK TOWNHOUSES REEDSVILLE PA 17084-9739 717-248-9550	AN	DUNNING, MD, E RUTH 1117 KIRKLAND VILLAGE CIR BETHLEHEM PA 18017-4757 FALANGA, MD, NATALE J 100 EAGLESMERE CIR EAST STROUDSBURG PA 18301-3144 717-421-5111	GP	KLEIN, MD, LAWRENCE RR 5 BOX 5187A EAST STROUDSBURG PA 18301-9101 717-421-5997	VS	SAMET, MD, SHERWOOD L 175 E BROWN ST EAST STROUDSBURG PA 18301-3098 717-421-3908	* GYN
IBERICO, MD, MARIANO M 27 SANDY LN STE 140 LEWISTOWN PA 17044-1318 717-242-3572	IM	VALDIVIA, MD, DUILIO E 215 POPLAR RD LEWISTOWN PA 17044-2608 717-242-2594	ON	FINCH, MD, ALBERTA M RR 5 BOX 5106 STROUDSBURG PA 18360-8925 FORRY, CANDY K 206 E BROWN ST EAST STROUDSBURG PA 18301-3006 717-412-4000	FP	LOVECCCHIO, MD, FRANCIS A 206 E BROWN ST EAST STROUDSBURG PA 18301-3000 717-424-5180	ORS	SCHECTER, MD, BENJAMIN C 763 MILFORD RD EAST STROUDSBURG PA 18301-1307 717-420-9777	GS
KANE, DO, PATRICK A 100A STINE DR LEWISTOWN PA 17044 717-242-1436	FP	VOLPE, MD, ROCCO J 27 SANDY LN STE 270 LEWISTOWN PA 17044-1310 717-242-2531	GE	FOSTER, MD, IAN S PO BOX 257 DEL WATER GAP PA 18327-0257 717-421-3900	EXEC	LYNCH, DO, CHRISTOPHER B 739 MILFORD RD E STROUDSBURG PA 18301-1307 717-476-6700	PD	SEGRAVE-DALY, MD, STEPHEN L 175 E BROWN ST EAST STROUDSBURG PA 18301-3098 717-421-3401	OBG
KOLONICH, MD, KIMBERLY A 16 NORTH BROWN ST LEWISTOWN PA 17044-1733 717-248-9653	FP	WEST, MD, ROBERT B 27 SANDY LN LEWISTOWN PA 17044-1310 717-242-2741	ORS	FRANCESSANGELI JR, MD, VINCENT 175 E BROWN ST EAST STROUDSBURG PA 18301-3098 717-421-8526	IM	MALIK, MD, HUSSAIN G 296 E BROWN ST EAST STROUDSBURG PA 18301-3006 717-424-2830	* OTO	SIMONS, MD, WILLIAM M 617 W SUN HILL RD MANHEIM PA 17545-9101 SOLOMON, MD, DANIEL J RR 4 BOX 4116A STROUDSBURG PA 18360-9133	AN
KORINCHAK, MD, JEROME L RR 4 BOX 65-2-C LEWISTOWN PA 17044-9315 717-242-2784	FP	WOOTEN, MD, SALLY M 27 SANDY LN STE 140 LEWISTOWN PA 17044-2325 717-242-2711	IM	FRIED, DO, GORDON W 52 OLDE MILL RUN RD STROUDSBURG PA 18360 717-424-9952	CD	MATTEI, MD, DENNIS M EAST BROWN MEDICAL ASSOC EAST STROUDSBURG PA 18310-3144 717-421-5111	IM	TATU, MD, WILLIAM F POCONO MEDICAL CENTER EAST STROUDSBURG PA 18360-8883 717-421-4000	DR
MALHOTRA, MD, RAJESHWAR P 18 N MAIN ST LEWISTOWN PA 17044-1745 717-248-2631	OBG	XANTHOPoulos, DO, JAMES E 100A STINE DR LEWISTOWN PA 17044-1389 717-242-1436	GP	FROESCHLE, MD, JAMES E PO BOX 69 SWIFTWATER PA 18370-0069 717-839-4282	PD	MAXWELL, DO, STEVEN J 111 LILAC DR EAST STROUDSBURG PA 18301-8710 717-421-8196	AN	TAYLOR, MD, JAMES A 480 BEACON HL RD EAST STROUDSBURG PA 18301-9553 717-424-2710	* P
MALHOTRA, MD, SHASHPAL 18 N MAIN ST LEWISTOWN PA 17044-1745 717-248-2631	OBG	BAIR, MD, JEFFREY F 36 GLENBROOK DR STROUDSBURG PA 18360 BAIRD, MD, ROBERT M 144 E BROWN ST EAST STROUDSBURG PA 18301-2922 717-421-5551	IM	FUSCO, MD, FRANK RR 5 BOX 5459 SAYLORSBURG PA 18353-9211 717-421-3900	FP	MENIO, MD, GREGORY J 300 E BROWN ST E STROUDSBURG PA 18301-3007 717-476-2101	ORS	TIEFF, DO, MICHAEL W RR 1 BOX 509 CRESCO PA 18326-9619 717-421-4000	R
MANGANARO, MD, KIMBERLY J 300 HIGHLAND AVE LEWISTOWN PA 17044-1164 717-242-4200	FP	BARNES, MD, FREDERICK J 175 E BROWN ST STE 205 EAST STROUDSBURG PA 18301-3098 717-421-7020	ORS	GOLDNER, DO, JONATHAN A 175 E BROWN ST EAST STROUDSBURG PA 18301-3098 717-421-8526	IM	MENZA, MD, ANTHONY G RTE 209 GILBERT PA 18331 717-992-2087	GP	TOVEY, MD, JAMES E E STROUDSBURG ORTHO GRP EAST STROUDSBURG PA 18301-3098 717-421-7020	ORS
MARTHUSE, MD, STEPHEN J 273 CORNFIELD CIRCLE LEWISTOWN PA 17044-9750 717-248-3844	GP	BERMAN, MD, ELI 239 E BROWN ST EAST STROUDSBURG PA 18301-3005 717-421-3782	CD	GORTYCH-BARNES, MD, VIRGINIA A 715 SCOTT ST STROUDSBURG PA 18360-2206 GREENBERG, MD, MICHAEL J 23 E BROWN ST EAST STROUDSBURG PA 18301-3005 717-476-3488	EM	MESCHNEVITZ, MD, CARLTON K CONNAUGHT LABS RTE 611 SWIFTWATER PA 18370-0187 717-839-4549	* PH	VAHANVATY, MD, RAMLAH M 419 KING ST E STROUDSBURG PA 18301 717-424-8300	PD
MC CLAIN, MD, CHARLES B WOODSIDE LANE SOUTH HILLS LEWISTOWN PA 17044 MEHTA, MD, YOGIN P 110 FARM LN LEWISTOWN PA 17044-2627 717-242-0859	U	BHAGAT, MD, PRAGNA R 316 ALBERT ST STROUDSBURG PA 18360-9122	AN			MICHIE, MD, ALEXANDER J 231 E ARCH ST ALLEN TOWN PA 18104-3849 610-439-1141	U	VAZQUEZ-ARAN, MD, ANNETTE PO BOX 427 KRESGEVILLE PA 18333-0427 610-681-6933	RS

MONROE—MONTGOMERY

VEGARI, MD, MATT M 233 E LANCASTER AVE STE 305 ARDMORE PA 19003 717-424-1103	N	AMADIO, MD, JULIO J 9 MEADOWS LN HAVERFORD PA 19041-1123 610-525-0748	CD	BANMILLER, MD, JAMES D 1437 DEKALB ST STE 101 NORRISTOWN PA 19401-3405 610-279-5621	OBG	BENEDICT, MD, CATHERINE R 1915 HUNTINGDON RD HUNTINGDON VLY PA 19006-4301 215-955-6351	PTH	BOXER, MD, ARTHUR D 931 HOLLOW RD RADNOR PA 19087-2807 610-825-7227	P
VIGLIONE, MD, JOSEPH P 25 N 8TH ST STROUDSBURG PA 18360-1717 717-421-1460	FP	AMSTER, DO, NORMAN H 251 W DEKALB PIKE APT C805 KING OF PRUSSIA PA 19406-2465 610-337-8147	AN	BANNER, MD, RICHARD N 503 HAVERFORD CT ARDMORE PA 19003-1734 610-645-2000	AN	BENNER, MD, PRISCILLA J PO BOX 216 PENNSBURG PA 18073-0216 215-679-8071	IM	BRACKIN, MD, PHILLIP S 805 EVANS ROAD GWYNEDD VALLEY PA 19437 215-785-9200	R
VILLANYI, MD, PAMELA J 5 KIWANIS ST EAST STROUDSBURG PA 18301-2315 717-421-3900	FP	ANDERSEN, MD, EDWIN 933 N CHARLOTTE ST POTTSTOWN PA 19464-3974 610-323-9052	IM	BARAN, MD, ERNEST M 466 GERMANTOWN PIKE LAFAYETTE HILL PA 19444-1805 610-834-6000	PM	BENNETT, MD, JOHN A 1020 INDIAN CREEK RD WYNNWOOD PA 19096-3407 610-642-6649	IM	BRADFORD, MD, PAUL L VALLEY STREAM APTS A101 LANSDALE PA 19446-1043 BRADLEY, DO, JOSEPH J 712 VALLEY GLEN RD ELKINS PARK PA 19127	GP
VILLANYI, MD, STEPHEN T 5 KIWANIS ST EAST STROUDSBURG PA 18301-2315	AN	ANDERSEN, MD, JOHN M 933 N CHARLOTTE ST POTTSTOWN PA 19464-3974 610-323-9052	FP	BARD, MD, JOSEPH L 600 WAYLAND RD PLYMOUTH MTNG PA 19462-2120 610-828-4351	FP	BENNETT, MD, JOHN T 1330 POWELL ST STE 510 NORRISTOWN PA 19401-3352 610-275-6946	* OBG	BRAY, MD, JOSHUA C 213 MAIN STREET GREEN LANE PA 18054-0098 215-234-4575	FP
WALLEN, MD, ROBERT C 18 SPRUCE PARK STROUDSBURG PA 18360-8793 717-424-7390	CD	ANDERSON, MD, ARLO C 1660 WILLIAMS WAY NORRISTOWN PA 19403-3372	ORS	BARG, MD, RONALD B 122 BROOME LN MERION STATION PA 19066-1702 610-668-9999	IM	BENNETT, MD, MARK A 2922 ARCH RD NORRISTOWN PA 19401-2264	AN	BRECKENRIDGE, MD, JOHN W ABINGTON MEMORIAL HOSP ABINGTON PA 19001 215-576-2050	DR
WEBER, MD, OTTO R RR 5 BOX 5106 STROUDSBURG PA 18360-8925 717-421-5388	OBG	ANDERSON, MD, PENNY R 618 WILLOW GROVE AVE GLENIDE PA 19038-2022	IM	BARI, MD, MERLE M 944 MERION SQUARE RD GLADWYNE PA 19035-1510 610-649-5001	D	BENZ, MD, ROBERT L NEPH ASSOC STE 130 LANKEAU WYNNWOOD PA 19096 610-649-1175	IM	BREST, MD, NORMAN A 301 S 8TH STREET PHILADELPHIA PA 19106-4014 215-829-0636	OBG
WEISS, MD, CARL B RR 1 BOX 170 CRESCO PA 18326-9801 717-421-8842	OPH	ANDREWS III, MD, WILLARD G 1235 OLD YORK ROAD ABINGTON PA 19001 215-517-1122	ON	BARR, MD, HARRY J 274 GREAT SPRINGS RD BRYN MAWR PA 19010-1704 215-762-8719	R	BERCHEN, MD, TOBI M 404 E WELSH RD AMBLER PA 19002	PD	BROOCKER, DO, BERNHARD L 2000 W VALLEY FORGE CIR #935 KING OF PRUSSIA PA 19406-1119	* FP
WESTHEIM, MD, ALAN I 239 E BROWN ST EAST STROUDSBURG PA 18301-3005 717-421-3872	D	ANDRIES, MD, RAYMOND M 1817 HALLOWELL RD NORRISTOWN PA 19401-2535	GP	BARRER, MD, STEVEN J 1584 OLD YORK RD ABINGTON PA 19001-1709 215-677-8145	* NS	BERGELSON, MD, VICTOR D 507 AUBURN AVE WYNDMOOR PA 19118-2406 215-291-3645	R	BROOKS, MD, RONALD J 980 JOLLY ROAD BLUE BELL PA 19422 610-265-2240	IM
YASWINSKI JR, MD, PETER T 175 E BROWN ST EAST STROUDSBURG PA 18301-3098 717-421-3401	* OBG	ANGSTADT JR, MD, PAUL N MONTGOMERY HOSP NORRISTOWN PA 19401 610-270-2050	R	BARTLE JR, MD, HARVEY 74 PASTURE LN APT 224 BRYN MAWR PA 19010-1766 610-525-4454	* P	BERK, MD, HENRY M CORNER BERGAN RD ORELAND PA 19075-2540 215-233-3600	FP	BROWN, MD, GEORGE L 3001 LITITZ PIKE LANCASTER PA 17606	D
ZAMBRANO, MD, CARLOS H 144 E BROWN ST EAST STROUDSBURG PA 18301 717-421-1136	N	ANIGATI, MD, JUAN C PO BOX 244 ABINGTON PA 19001 215-576-2338	AN	BARTLETT JR, MD, FREDERICK H 1245 HIGHLAND AVE ABINGTON PA 19001-3714 215-886-2288	OBG	BERKOW, MD, ROBERT MERCH RESEARCH LAB WEST POINT PA 19486 610-397-2340	IM	BROWN, MD, WILLIAM E 107 GLENVIEW AVE WYNCOTE PA 19095-1307	GP
* MONTGOMERY									
AARONSON, MD, HERBERT G 17 W NORTON DR CHURCHVILLE PA 18966-1117 215-956-1322	P	ANTHONY, MD, JOHN A 1133 E HIGH ST POTTSTOWN PA 19464-4968 610-326-0205	GP	BATUNKY, MD, SAW 4010 JOSHUA RD LAFAYETTE HILL PA 19444-1412 215-233-6200	PM	BERLIN, MD, ROGER G WHITEHALL-ROBIN MADISON NJ 07940	GE	BROWN JR, MD, M EVANS DEPT REHAB MEDICINE MARTINSBURG WV 25401 304-263-0011	IM
ABBRESCIA, DO, KELLY L ALBERT EINSTEIN MEDICAL CTR PHILADELPHIA PA 19141-3098 215-456-7890	EM	ANTONUCCI, MD, DONNA L 301 FLORAL VALE BLVD YARDLEY PA 19067-5525 215-579-9933	PD	BAVER, MD, GEORGE A FRONT AND DOTS STS PENNSBURG PA 18073	* GP	BERMAN, MD, GAIL O 58 ALLENDALE ROAD WYNNWOOD PA 19096-3645 215-663-1188	CD	BUCH, MD, DAVID L 306 WYNCOTE RD JENKINTOWN PA 19046-3121 215-471-2823	* P
ABDEL, DO, HANY F 2405 NORRINGTON DRIVE NORRISTOWN PA 19403-5133 610-526-3000	IM	ARANO, MD, LEONARDO V 232 LENAER PA 19454-2311 215-855-9501	IM	BAYUK, MD, JULIAN M 248 COPPER BEECH DR BLUE BELL PA 19422-2821	U	BERNSTEIN, MD, GUY T 245 S BRYN MAWR AVE BRYN MAWR PA 19010-2221 610-525-2515	U	BUCK, MD, RUTH E 338 DRESHERTOWN RD FT WASHINGTON PA 19034-3009	R
ABRAMS, MD, JONATHAN T 262 VALLEY FARGE LOOKOUT PLC RADNOR PA 19087-4683 215-762-7962	AN	ARMSTRONG, MD, THOMAS A 331 N YORK RD HATBORO PA 19040-2033 215-672-0777	OPH	BEARDWOOD, MD, DONALD M 1245 HIGHLAND AVE ABINGTON PA 19001-3714 215-884-5744	END	BINGAMAN, DO, BETH ANN 859 OLD LANCASTER AVE # 9A BRYN MAWR PA 19010-3227 610-520-9320	FP	BUCKWALTER, MD, RICHARD A WELSH RD AT IVERNESS DR HORSHAM PA 19044 215-659-1113	* GP
ADAMS, MD, DAVID J 27 S BRYN MAWR AVE BRYN MAWR PA 19010-3406 610-527-1762	ORS	ARNOLD, DO, WAYNE V 15 PRESIDENTIAL BLVD STE 100 BALA CYNWYD PA 19004-1006 610-667-2746	* CD	BEBB, MD, DONALD R 600 MERIDIAN STREET EXT GROTON, CT 06340	US	BINNICK, MD, STEVEN A 531 W GERMANTOWN PIKE PLYMOUTH MTNG PA 19462 610-828-0400	* D	BUERK, MD, MINERVA S QUADRANGLE 4207 HAVERFORD PA 19041-1061	D
ADELMAN, MD, PHILIP A 616 MANOR RD PENN VALLEY PA 19072-1617 610-527-3366	N	ASH, MD, S RUSSELL 740 HIGH STREET POTTSTOWN PA 19464	US	BECERRA-CABAL, MD, LUIS I GENERAL DELIVERY RANCHO SANTA FE CA 92067-9999 619-532-7275	N	BISHOP, MD, ROBERT P MERCK & CO INC WEST POINT PA 19486 215-652-5735	OM	BUONOCORE, MD, BONNITA K 2009 SPRING VALLEY RD LANSDALE PA 19446-5113 215-885-6800	IM
AHMED, MD, SHAKIL 1987B AMBASSADOR ST PHILADELPHIA PA 19115 215-576-2000	IM	ASSARSON, MD, ERIK D BRYN MAWR HOSP BRYN MAWR PA 19010 610-526-3370	RO	BECK, DO, JONATHAN E 1006 HAWTHORNE LN FT WASHINGTON PA 19034-1735 215-855-9501	FP	BLUESTEIN, MD, HAZEL M 1330 POWELL ST NORRISTOWN PA 19401-3353 610-277-0964	FP	BURKE, MD, M SUSAN 915 CEDAR GROVE ROAD WYNNWOOD PA 19096-1629 610-645-2636	GPM
AINSWORTH, MD, ANN M BRYN MAWR HOSP DEPT OF PATH BRYN MAWR PA 19010-3555 610-526-3555	PTH	ATKINS, MD, ROBERT F 1050 WELLINGTON RD JENKINTOWN PA 19046-3833 215-576-2336	AN	BEERS, MD, MARK H MERCK & CO WEST POINT PA 19486-0004 610-397-2345	GER	BLUMSTEIN, MD, CHARLES G BENSON E APT 210 JENKINTOWN PA 19046-2895 215-884-7400	A	BURKE, MD, MARY D 241 BRYDON RD WYNNWOOD PA 19096-3306 215-487-3070	ON
ALBERT, MD, LAWRENCE 454 ROCKLAND ROAD MERION STATION PA 19066-1363 215-728-2169	EM	ATKINSON, MD, NOLAN N 600 E CATHEDRAL RD APT 1-303 PHILADELPHIA PA 19128-1932	FP	BEHAR, MD, DAVID 700 HAGY FORD RD PENN VALLEY PA 19072-1348 215-842-4457	P	BOELLNER-KAHN, MD, ALICIA A 48 WHITE PINE CT LAFAYETTE HILL PA 19444-2514 610-825-3500	PD	BURNETT, DO, CARL D 555 GLASGOW ST STOWE PA 19464-6557 610-323-4510	FP
ALBERTSON, MD, RICHARD P LANKENAU HOSP-STE 416 WYNNWOOD PA 19096 610-645-2141	AN	AURITT, MD, WILLIAM A 40 W EVERGREEN AVE PHILADELPHIA PA 19118-3315 215-247-2292	A	BEHR, MD, EDITH D M 1590 MEDICAL DR STE A POTTSTOWN PA 19464 610-326-8400	GS	BOLMANN, MD, ANDREW R 2195 E HIGH ST POTTSTOWN PA 19464-3235 610-323-6077	P	BUYERS, MD, ROBERT A PO BOX 205 GWYNEDD VLY PA 19437	* GS
ALDEN, MD, JAMES C STE 205 SPRING HOUSE PA 19477-1011 215-643-2119	* IM	AXELROD, MD, LAWRENCE S 305 VICTORIA DR MONTGOMERYVILLE PA 18936-9705 215-393-7906	FP	BELASCO, MD, ROBERT N 1330 POWELL ST NORRISTOWN PA 19401-3353 610-272-3253	CD	BOMZE, MD, JEFFREY P 104 WOODSIDE ROAD #B-105 HAVERFORD PA 19041-1833 610-525-3335	PD	BYRON, MD, HAROLD J 322 W JOHNSON HWY NORRISTOWN PA 19401-1960 610-277-5600	* P
ALDEN, MD, MARK E 111 S 11TH ST PHILADELPHIA PA 19107-5084 215-955-6527	RO	BADOLATO, MD, DAVID J 1244 FORT WASHINGTON AVE FT WASHINGTON PA 19034-1743 215-646-1686	FP	BELBER, MD, ARTHUR D 1330 POWELL ST STE 301 NORRISTOWN PA 19401-3350 610-272-3253	CD	BOND, MD, JEFFREY B 2501 LANKEAU MEDICAL BLDG STE 154 WYNNWOOD PA 19041 610-649-9800	FP	CAIN, MD, JAMES P 67 KING ST POTTSTOWN PA 19464 610-327-8701	FP
ALDERFER, MD, J TODD 105 CAMBRIDGE CT PALMYRA PA 17078-9359 215-762-2001	IM	BAILER, DO, ALAN S PO BOX 230 CHELTENHAM PA 19012-0230 215-228-4400	IM	BELICENA, MD, MARICAR G 2501 MARYLAND RD WILLOW GROVE PA 19090-1850 215-576-2000	IM	BONNER JR, MD, FRANCIS J 553 COUNTY LINE RD RADNOR PA 19087-3718 610-000-0000	PM	CAMP, MD, ANTHONY M 170 N HENDERSON RD STE 206 KNG OF PRUSSIA PA 19406-2123 610-337-3350	FP
ALGAZY, MD, KENNETH M 304 CONSHOHOCKEN STATE RD NARBERTH PA 19072-1343 215-612-5250	HEM	BAILEY JR, MD, ROBERT S 912 E WILLOW GROVE AVE WYNDMOOR PA 19038-7987 215-836-1290	* OPH	BELL, MD, H CRAIG 2153 HIGHLAND AVE ABINGTON PA 19001-3310 215-886-4000	P	BONONI, MD, PAULA A 500 OLD YORK RD STE 203 JENKINTOWN PA 19046-2852 215-886-8017	IM	CANALS, MD, JOAQUIN 117 S SCHUYLKILL AVE NORRISTOWN PA 19403-3143 CARELLA, MD, RICHARD J BRYN MAWR HOSP BRYN MAWR PA 19010-3143 610-526-3370	P
ALPERN, DO, JEFFREY B 1035 LEOPARD RD RYDAL PA 19046-2411 215-762-4444	CDS	BAKER, MD, COURTNEY F 956 TENNIS AVE AMBLER PA 19002-2311	P	BELLUS, MD, JOHN J HIGH STREET & FIRESTONE BLVD POTTSTOWN PA 19464 610-327-7117	OPH	BORDEN, DO, STANLEY J 1474 WELSH RD HUNTINGDON VLY PA 19006-5832 215-423-1560	OPH	CARLON, MD, ELWIN S 960 CROSS LANE BLUE BELL PA 19422-1574	OBG
ALPERT, MD, NORMAN P 149 GYPSY RD KING OF PRUSSIA PA 19406-3720 215-563-1400	IM	BALISTOCKY, MD, MARVIN H 491 ALLENDALE RD KING OF PRUSSIA PA 19406-1426 610-265-8132	OPH	BELMONT, MD, JONATHAN B 124 DEKALB PIKE NORTH WALES PA 19454-1803 215-699-7600	OPH	BOTHWELL, MD, WILLIAM N 23 BARK HOLLOW LN HORSHAM PA 19044-1969 215-368-1122	GS	CARSON, MD, GREGORY B 1590 MEDICAL DRIVE POTTSTOWN PA 19464 610-326-8400	GS
ALTMAN, MD, BRIAN D 2344 PHILMONT AVE HUNTINGDON VLY PA 19006-6228 610-825-7222	OPH	BALLARD, MD, IAN M 529 COUNTY LINE RD RADNOR PA 19087-3718 610-688-3512	IM	BENDER, MD, JOSEPH 1544 DEKALB ST NORRISTOWN PA 19401-3425 610-279-7696	IM	BOWEN JR, MD, THALES 255 KENT RD WYNNWOOD PA 19096-1820	AN	CARSON, MD, JOHN S 825 GREAT SPRINGS RD ROSEMONT PA 19010-1719	AN
ALTMAN, MD, SIDNEY I 8224 FOREST AVENUE ELKINS PARK PA 19117-2444	P	BALLS, MD, KENT F 945 HAVERFORD ROAD BRYN MAWR PA 19010-3295 610-525-8035	END						

CARSON, MD, TERESA C 1340-4 DEKALB ST NORRISTOWN PA 19401-3404 610-272-4550	PD	CLADER, MD, STANLEY C 449 S ITHAN AVE ROSEMONT PA 19010-1226	OBG	CRITS, MD, HARRY J 777 GERMANTOWN PIKE LAFAYETTE HILL PA 19444-1620 610-275-9818	IM	DESAI, MD, SHIVRAJ J 1501 MT PLEASANT AVE VILLANOVA PA 19085-2112 610-275-7220	PUD	EHRlich, MD, LEONARD D US HEALTHCARE BLUE BELL PA 19422 215-997-9377	GE
CARTY JR, MD, JAMES B BRYN MAWR MEDICAL BUILDING BRYN MAWR PA 19010 610-527-0990	OPH	CLARK, MD, FRANCIS J OPHTHALMOLOGY ASSOCIATES HATBORO PA 19040-2033 215-672-0777	OPH	CRIVARO, MD, MICHAEL A 71 OAKER DR NEWTOWN PA 18940-1164 215-947-9272	GS	DEVENNEY, MD, JOHN E 9501 WHEELPUMP LN PHILADELPHIA PA 19118-2627 610-270-2273	NM	EINHORN, MD, KENNETH H 1245 HIGHLAND AVE STE 502 ABINGTON PA 19001-3714 215-886-1482	OTO
CASELLA, MD, SALVATORE R 1650 HUNTINGDON PIKE MEADOWBROOK PA 19046-8094 215-947-6690	AI	CLASSEN, MD, CHARLES H 310 COUNTRYVIEW DR BRYN MAWR PA 19010-2035 610-525-0560	PD	CULP, MD, BRUCE R PO BOX 1278 LANSDALE PA 19446-0727	FP	DEVINE, MD, JEAN K 600 GAWAIN RD PLYMOUTH MTNG PA 19462-2108	PD	EISENBERG, MD, FLOYD P 3 SHALIMAR LN MAPLE GLEN PA 19002-3054	ID
CASTELLI JR, DO, JOSEPH L 170 N HENDERSON RD STE 204 KING OF PRUSSIA PA 19406-2123 610-265-0184	OBG	CLEAVER, MD, DOROTHY M 182 LEVEL RD COLLEGEVILLE PA 19426-3316	P	CURRAN, MD, MARILYN R 1124 INDIAN CRK RD WYNNEWOOD PA 19096-3409 610-642-3255	P	DEVINE, MD, MICHAEL F 100 CHURCH RD ARDMORE PA 19003-2316 610-649-6481	* IM	ELDAIEF, MD, DAISY S 900 WHARTON CIRCLE GWYNEDD VALLEY PA 19437-0285 610-272-4550	PD
CAUTILLI, MD, GEORGE P 32 HALS DR LANGHORNE PA 19053-1520 215-725-8500	ORS	CLEMENT, MD, GORDON S 15 W WOOD ST NORRISTOWN PA 19401-3300 610-272-3030	GP	CURTIN, MD, ANDREW J LANKENAU HOSP WYNNEWOOD PA 19096-3498 610-645-2802	R	DEVINEY, MD, JOHN P 1519 MEDICAL DR POTTSTOWN PA 19464-3224 610-326-8005	IM	ELLIS, MD, DAVID M 240 MERION RD MERION STATION PA 19066-1751 610-664-3211	CHP
CAUTILLI, MD, RICHARD A 7922 BUSTLETON AVE PHILADELPHIA PA 19152-3321 215-725-8500	ORS	CLEMENTS, MD, WILLIAM W 517 TORY HILL RD DEVON PA 19333-1236	FP	CUSTER, MD, DIANE E 450 BETHLEHEM PIKE FT WASHINGTON PA 19034	P	DEWEER-AVILES, MD, ANN M 602 S BETHLEHEM PIKE AMBLER PA 19002-5800 215-643-7771	PD	ELLISON, MD, NORIG 332 ARDMORE AVE ARDMORE PA 19003-1012 215-662-3782	AN
CAVANAUGH, MD, MICHAEL F 1401 BETHLEHEM PK FLOURTOWN PA 19031 215-233-1001	* ORS	CLOSKEY, MD, GREGORY M BRYN MAWR HOSP BRYN MAWR PA 19010 610-525-8110	NEP	CUTLER, MD, CHARLES 1411 POWELL ST NORRISTOWN PA 19401-3356 610-279-8300	* IM	DI RISO, MD, DARRYL J CHESTMONT NEUROSURGICAL INC PAOLI PA 19301 610-647-1881	NS	ELLISON JR, MD, RICHARD T 669 PINETREE RD JENKINTOWN PA 19046-2229	PD
CAVOTO, MD, FRANCIS V 704 FITZWATERWATER RD GLENSIDE PA 19038-1306 215-884-2187	U	CLYMAN, MD, BYRON 1329 DEKALB ST NORRISTOWN PA 19401-3403 610-272-8841	D	CZUBAROFF, MD, VALENTINE B VILLANOVA PA 19085 610-527-4366	P	DI SALVO, MD, MARIA 4031 CENTER AVE LAFAYETTE HILL PA 19444-1425	PD	EMPER, MD, WILLIAM D 27 S BRYN MAWR AVE BRYN MAWR PA 19010-3406 610-527-1762	ORS
CHANG, MD, CLAYTON W 933 N CHARLOTTE ST POTTSTOWN PA 19464-3974 610-323-6566	IM	COATS, MD, THOMAS D 1115 CUMBERLAND RD ABINGTON PA 19001 215-928-3000	OPH	DALY, MD, CHRISTOPHER X 29 S ROBERTS RD ROSEMONT PA 19010-1351 610-526-3581	EM	DIAMOND, MD, B FRANKLIN 1245 HIGHLAND AVE ABINGTON PA 19001-3714 215-886-7000	FP	ERHARD, MD, DANIEL T 492 EASTON WY HERSHEYS MILL WEST CHESTER PA 19380	CD
CHANNICK, MD, STEVEN A HORSHAM MEDICAL ASSOC MAPLE GLEN PA 19002-2942 610-646-0642	IM	COCHRAN, MD, WILLIAM C 124 SUMMIT AVE JENKINTOWN PA 19046-3136	GS	DAMJANOV, MD, NEVENA 129 EDGEWOOD RD ARDMORE PA 19003-2507 215-662-3910	* HEM	DIENER, MD, IAN L 310 CONESTOGA RD WAYNE PA 19087-4701 610-525-8450	FP	ESKIN, MD, DAVID J MEDICAL PLAZA BUILDING 222 ABINGTON PA 19001 215-517-1039	CD
CHAPIS, MD, GREGORY J 265 CONTINENTAL DR POTTSTOWN PA 19464-1607	PM	COGEN, MD, FREDERICK C 1650 HUNTINGDON PIKE STE 101 MEADOWBROOK PA 19046-8095 215-947-6690	AI	DANNY, DO, MADELINE A 6807 SPRUCE MILL DR YARDLEY PA 19067 610-688-8240	* IM	DIGIACOMO JR, MD, PHILIP J 1330 POWELL ST NORRISTOWN PA 19401-3350 610-277-2635	GE	ESKREIS, MD, BEVERLY D 840 COUNTY LINE RD BRYN MAWR PA 19010-2501 610-527-1510	* D
CHAPIS, MD, NICHOLAS J 1597 MEDICAL DR POTTSTOWN PA 19464-3246 610-326-6732	OBG	COHEN, MD, DAVID E 227 ALMUR LN WYNNEWOOD PA 19096-1712 215-590-1881	AN	DANOFF, MD, DAVID M 842 MOUNT PLEASANT RD BRYN MAWR PA 19010-1824	DR	DILLON, MD, RICHARD S BRYN MAWR MEDICAL BLDG NORTH BRYN MAWR PA 19010 610-527-1604	DIA	EVANGELISTA, MD, SIMPLICIO E BRYN MAWR HOSP BRYN MAWR PA 19010-3143 610-526-3453	DR
CHARLES, MD, ROBERT S 1235 OLD YORK RD STE 210 ABINGTON PA 19001 215-887-3242	U	COHEN, MD, SAMUEL F 21024 VALLEY FORGE CIRCLE KING OF PRUSSIA PA 19406	GP	DAS, MD, ANURAG K TRI COUNTY UROLOGICAL ASSOC POTTSTOWN PA 19464 610-323-5550	U	DITTMAR, MD, NYRA M 2132 KEITH RD ABINGTON PA 19001-2510	IM	EVANS, MD, HAYDEN O 317 OAKTREE COURT FREDERICK PA 19435-0548 610-326-6041	GP
CHASE, MD, JEFFREY S 295 WYNDMOOR CIR HUNTINGDON VLY PA 19006-7975 215-576-7100	OBG	COLA, DO, CAROL D 933 N CHARLOTTE ST POTTSTOWN PA 19464 610-327-1220	D	DASCHER JR, MD, JOHN J 1010 PHEASANT MEADOW RD BLUE BELL PA 19422-1565	DR	DOHERTY JR, MD, HENRY J LANKENAU ANES ASSOC WYNNEWOOD PA 19096 610-645-2141	AN	EVANS, MD, JOHN B RED ROWEN LN PLYMOUTH MTNG PA 19462 215-825-3500	PD
CHATZINOFF, MD, MARTIN 1138 N BETHLEHEM PK LOWER GWYNEDD PA 19002-1418 215-885-8787	GE	COLCHER, MD, IRVING S 2795 EGYPT RD AUDUBON PA 19403-2254 610-666-7078	PD	DAVIS, MD, CAROLINE K 736 PROVIDENCE RD MALVERN PA 19355-3402 610-525-4966	AN	DOLSKY, MD, RICHARD L 191 PRESIDENTIAL BLVD APT 105 BALA CYNWYD PA 19004-1208 610-667-3341	PS	EWING, MD, CHARLES H RYDAL PARK RYDAL PA 19046 215-885-6800	FP
CHECCIO, MD, LEONARD M 805 GALER DR NEWTOWN SQUARE PA 19073-3502 610-526-3581	EM	COLCHER, MD, ROBERT E 1033 E GERMANTOWN PIKE NORRISTOWN PA 19403-2311 610-539-8500	GS	DAVIS, MD, EDWARD W 137 ORCHARD CT BLUE BELL PA 19422-2834	GP	DOMERACKI, MD, FRANK R 223 POLO DR NORTH WALES PA 19454-4245 215-221-4200	DR	FAIRFIELD, MD, JAMES C LANSDALE MEDICAL GROUP LANSDALE PA 19446-0508 215-855-9501	D
CHECK, MD, JEROME H 7447 OLD YORK RD MELROSE PARK PA 19126-1832 215-635-6621	END	COLETTA, MD, ANTHONY V BRYN MAWR MED BLDG N STE 306 BRYN MAWR PA 19010 610-527-1185	GS	DAY, MD, H JAMES 1124 SHAW DR FT WASHINGTON PA 19034-1727 215-443-8625	* HEM	DONAHUE, MD, JOHN R 1603 E HIGH ST POTTSTOWN PA 19464-5061 610-327-2400	* ORS	FALCO, MD, FRANK J E 4596-A VALLEY PARKWAY SMYRNA GA 30082	PM
CHEIKIN, MD, MICHAEL I 112 GRANDVIEW RD ARDMORE PA 19003-3113 610-649-8544	PM	COOPER, MD, MURRAY S 2300 COMPUTER AVE BLDG E-25 WILLOW GROVE PA 19090 215-659-8080	OBG	DE PILLIS, MD, VINCENT J BRYN MAWR HOSP BRYN MAWR PA 19010-3143 610-526-3553	PTH	DONNER, MD, WILLIAM T 314 WELLINGTON TER JENKINTOWN PA 19046-3832 215-576-7474	P	FALK, MD, ARTHUR E 8880 S OCEAN DRIVE #301 JENSEN BEACH FL 34957	OBG
CHERNYK, DO, ZENIA A 101 SMITH RD SCHWENKSVILLE PA 19473 215-663-9006	NEP	CORKILL JR, MD, ERIC A 1280 ARGYLE ROAD BERWYN PA 19312-2052	OBG	DE RIVAS, MD, CARMELA F 700 JOSEPH DR WAYNE PA 19087-1021 610-783-5025	P	DORFMAN, MD, ALAN M 510 WEST AVE JENKINTOWN PA 19046-0699 215-884-8419	OPH	FALKER, MD, JOHN M 1648 HUNTINGDON PIKE MEADOWBROOK PA 19046-8001 215-947-3000	DR
CHESNICK, MD, STEVEN R 306 W LOGAN ST NORRISTOWN PA 19401-2973 610-275-6153	OTO	COOK, MD, JAMES H 425 CARLTON AVE WYNCOTE PA 19095-2015	IM	DEAROLF III, MD, WALTER W 7500 CENTRAL AVE STE 108 PHILADELPHIA PA 19111-2432 215-745-4050	ORS	DORNSTEIN, MD, PERRY I 7703 SEMINOLE AVE PHILADELPHIA PA 19126-1425 215-685-8550	IM	FANG, MD, JOHN Y 834 CHESTNUT STREET APT 1523 PHILADELPHIA PA 19107-5147	N
CHINTA, MD, JYOTHI 171 SPRINGFIELD AVE BALA CYNWYD PA 19004-1909 610-874-2501	PM	COOPER, MD, HENRY D 229 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1331	DIA	DEFRANCISCO, MD, MARY E 5001 FRANKFORD AVE PHILADELPHIA PA 19124-2619 215-288-5000	OPH	DRISCOLL, MD, GENEVRA Z 1333 HAGY FORD RD NARBERTH PA 19072-1104 610-667-4289	P	FARANO, MD, PETER J HOLY REDEEMER HOSP MEADOWBROOK PA 19046-8094 215-938-3655	GS
CHO, MD, CHO ABINGTON MEMORIAL HOSP ABINGTON PA 19001 215-596-2000	IM	CORRATO, MD, ROBERT R ABINGTON MEMORIAL HOSP ABINGTON PA 19001-3788 215-576-2000	* IM	DEGLIN, MD, EDWARD A 780 PERRIWINKLE LN WYNNEWOOD PA 19096-1653 610-667-4289	OBG	DUMARAN, MD, DELFA G 308 HUNTINGDON PIKE JENKINTOWN PA 19046 215-663-8880	IM	FARB, MD, STANLEY N 306 W LOGAN ST NORRISTOWN PA 19401-2973 610-275-6153	OTO
CHOI, MD, TOHSHIK 3020 OLD ARCH RD NORRISTOWN PA 19401-2266	* GP	CORRIGAN, MD, DOMINIC F 2300 COMPUTER AVENUE WILLOW GROVE PA 19090 215-884-5600	END	DEIN, MD, ROBERT A 1030 E LANCASTER AVE ROSEMONT PA 19010-1451 610-525-3225	CD	DUNN, MD, LINDA K 320 MELROSE AVE MERION STATION PA 19066-1717 215-572-5270	* MFM	FAYNBERG, MD, NORA 814 BEVERLY RD JENKINTOWN PA 19046-3304	GP
CHRISTENSEN, DO, G CHRIS 1245 HIGHLAND AVE STE 504 ABINGTON PA 18749 215-576-6161	PUD	COTLER, MD, MARC D 35 E WYNNEWOOD RD WYNNEWOOD PA 19096-1917 610-513-3884	AI	DELAVERE, MD, MICHAEL A 830 OLD LANCASTER RD BRYN MAWR PA 19010-3118 610-527-0990	CD	DURKIN, MD, MARTIN J 1650 HUNTINGDON PIKE STE 223 MEADOWBROOK PA 19046-8801 215-947-6230	P	FEE, MD, EUGENE A 821 MANCILL MILL RD KING OF PRUSSIA PA 19406-1101 610-327-2007	PD
CHRISTIANSEN, MD, KJELL H 1541 FARMERS LN GLEN MILLS PA 19342-1903	TS	COZEN, MD, BENNETT H 1125 DUNDIE DR DRESHER PA 19025-1615 215-576-1776	IM	DENT, MD, THOMAS L 1245 HIGHLAND AVE STE 604 ABINGTON PA 19001-3714 215-576-7464	DR	DUSZAK JR, MD, RICHARD L 4313 BROOKVIEW PL ELKINS PARK PA 19027-2811 215-662-4034	DR	FEIN, DO, HOWARD K 922 FAYETTE ST CONSHOHOCKEN PA 19428-1565 610-825-3464	GP
CHRISTY, MD, PATRICK T 225 SCOTDALE RD APT A-311 LANSWORTH PA 19050-2364	OBG	COZZARELLI, MD, JAMES D S BROAD ST AND ALLENTOWN RD LANSDALE PA 19446-5374 215-855-9501	GS	DERSTINE, MD, RALPH L PO BOX 227 HARLEYSVILLE PA 19438-0227 215-256-8040	GS	DYMAN, MD, JAMES E S BROAD ST AND ALLENTOWN RD LANSDALE PA 19446-5374 215-855-8501	GS	FELL, DO, SCOTT D 2803 STANBRIDGE ST APT B409 NORRISTOWN PA 19401-1629 215-456-6336	EM
CHUA, MD, CHONG V 1600 E HIGH ST POTTSTOWN PA 19464-5008 610-327-7186	AN	CRAPARO, MD, FRANK J 1200 OLD YORK RD STE 111R ABINGTON PA 19001-3788 215-572-5270	* MFM	DESAI, MD, ANSUYA M 682 DODDS LANE GLADWYNE PA 19035-1515 610-265-0184	FP	EBERLE, MD, ROBERT L 900 VALLEY RD APT 403D MELROSE PARK PA 19126-1301 1087 SPARROW RD JENKINTOWN PA 19046-3913	AN	FENN, MD, PATRICIA A 933 HAVERFORD RD BRYN MAWR PA 19010-3819 610-525-4463	RHU
CHUNG, MD, HACK R 273 WOODCOCK LN AMBLER PA 19002-5415 215-641-5300	* P	CRAVETZ, MD, HOWARD 5TH AND FORD STS BRIDGEPORT PA 19405 610-279-4977	PD	DESHAY, MD, ROBERT L 900 VALLEY RD APT 403D MELROSE PARK PA 19126-1301 1087 SPARROW RD JENKINTOWN PA 19046-3913	OBG	ECKER, MD, ANDREW M 660 FIRST AVENUE SUITE 870 KING OF PRUSSIA PA 19406 610-265-2240	PM	FINE, MD, ROBERT 1619 KINGS MILL ROAD GWYNEDD VALLEY PA 19437 610-645-2288	EM

MONTGOMERY

FINGERUT, MD, JERALD C 1330 POWELL ST STE 310 NORRISTOWN PA 19401 610-277-2635	GE	FRIEDMAN, MD, PAUL A DUPONT MERCK CO WILMINGTON DE 19880-0400 302-695-7008	* IM	GOLDMAN, MD, WILLIAM J 855 LEWIS LN AMBLER PA 19002-5118 610-254-4991	US	GROSSMAN, MD, SHEILA S 7740 MORGAN LN LAVEROCK PA 19118-1234 215-885-4733	FP	HENDRICKSON, MD, CLIFFORD D 144 STINE DRIVE COLLEGEVILLE PA 19426-2670 610-688-6767	US
FINGO, MD, ALBERT J 300 BEACH RD APT 208 TEQUESTA FL 33458 407-746-5333	FP	FROST, MD, ALBERT G 15 W WOOD ST NORRISTOWN PA 19401-3300 610-272-3030	CRS	GOLDSCHMIDT, MD, HERBERT 6201 BALA CYNWYD PLZ BALA CYNWYD PA 19004 610-664-3300	D	GRUBEN, DO, MICHAEL J PO BOX 2441 BALA-CYNWYD PA 19004-6441 215-707-2000	US	HENNESSEY, MD, JOSEPH F 2284 STAHL RD HUNTINGDON VLY PA 19006-6524 215-947-5656	* PD
FINK, MD, JACK W 2303 N BROAD ST COLMAR PA 18915-9786 215-997-8969	GYN	FUGARO, DO, ANTHONY J LANKENAU MED BLDG STE 416 WYNNWOOD PA 19096 610-645-2141	AN	GOLDSTEIN, MD, PHILIP D 1511 GLEN DR MAPLE GLEN PA 19002-3106 215-938-7264	PD	GUARNALDA-CASTRO, MD, NEMESIA G 3960 N 8TH ST PHILADELPHIA PA 19140-3208 215-225-3151	P	HERLING, MD, PATTI J 1625 MORGAN DR AMBLER PA 19002-2418 610-278-8475	* DR
FISHER, MD, NORMAN J 197 E MILL RD HATBORO PA 19040-4009	FP	FURGIUELE, MD, FRANCIS P 725 SKIPPACK PIKE STE 3A1 BLUE BELL PA 19422 215-542-0500	OPH	GOOD, MD, ROBERT P 830 OLD LANCASTER RD BLDG 300 BRYN MAWR PA 19010-3118 610-527-6800	ORS	GULATI, MD, AMAR N 1651 MARKLEY ST NORRISTOWN PA 19401-2900 610-277-3202	* R	HESS, MD, IVAN W 69 N BORO LINE RD COLLEGEVILLE PA 19426-2801 HOCKFIELD, MD, HAL S 1245 HIGHLAND AVE ABINGTON PA 19002 215-886-4950	GP
FISHER, MD, ROBERT M 447 GREAT SPRINGS RD BRYN MAWR PA 19010-1715 610-525-4547	FP	GABRIEL, MD, VERONICA 6017 W VALLEY GREEN RD FLOURTOWN PA 19031-1214 215-248-5600	FP	GOODMAN, MD, CARL R 231 LINDEN DR ELKINS PARK PA 19027 610-270-2041	PM	GUTHRIE, MD, WILLIAM J 1591 MEDICAL DR POTTSTOWN PA 19464-9228 610-323-8005	IM	HOESSLY, MD, MICHEL C PAOLI MEMORIAL HOSP PAOLI PA 19301 610-647-8885	IM
FITZGERALD, DO, JOHN J 760 JOHNS LN AMBLER PA 19002-2616 610-279-6621	OBG	GAFFIELD, MD, JAMES 1521 SCROPE RD RYDAL PA 19046-1220	GS	GOODMAN, MD, DAVID A 1200 OLD YORK RD ABINGTON PA 19001-3788 215-576-2336	AN	GUTTMANN, MD, HARVEY 1245 HIGHLAND AVE STE 101 ABINGTON PA 19001-3714 215-887-9690	GE	HOFFMAN, MD, CARL J 2901 COTTMAN AVE PHILADELPHIA PA 19149-1404 215-624-2919	ON
FLEISCHER, MD, DEBORAH E 1591 MEDICAL DR POTTSTOWN PA 19464-9228 215-955-7546	GE	GALASSI JR, MD, JOSEPH W 2709 ASPEN CIR BLUE BELL PA 19422-3401 215-662-3719	AN	GOODMAN, MD, SANFORD M BEAVER HILL S APT F-6 JENKINTOWN PA 19046-2642	FP	GUVER, MD, SAMUEL 934 BLUE ROCK LN BLUE BELL PA 19422-2002	* GS	HOFFMAN, MD, JAMES P 104 E MAIN ST LANSDALE PA 19446-2519	P
FLICKINGER, MD, HAVILAND 1200 YORK RD ABINGTON PA 19001-4706 215-575-2336	AN	GALELLA, MD, NANCY M 308 HEMLOCK DR HATBORO PA 19040-1630 215-657-8430	OBG	GOODRICH, DO, BRENDA A 101 S BRYN MAWR AVE STE 120 BRYN MAWR PA 19010 610-526-3400	FP	HADRA, MD, ELLINOR S 3500 W CHESTER PIKE APT E313 NEWTOWN SQUARE PA 19073-4101	FP	HOFFMAN, MD, RON 8101 WASHINGTON LANE WYNNCOTE PA 19095 215-887-9750	PD
FORMAN, MD, STANLEY O 222 UPLAND RD MERION STATION PA 19066-1822 610-275-9340	A	GALINSKY, MD, DAVID E 3900 CITY AVE STE D-103 PHILADELPHIA PA 19131 215-879-8786	IM	GOODYEAR, MD, JAMES A 2100 N BROAD ST LANSDALE PA 19446 215-368-1122	GS	HAGARTY, MD, JOHN J 501 N BETHLEHEM PIKE APT C4 AMBLER PA 19002-2518	PTH	HOFFMANN, MD, DONALD E 193 EASTON RD HORSHAM PA 19044-3101 215-675-1781	OBG
FORNACE, DO, ALBERT J 601 BRIAR LN NORRISTOWN PA 19401-1701	CD	GALLAGHER, MD, DORIS B 317 AUBREY RD WYNNWOOD PA 19096-1812	AN	GOPPELT, MD, JOHN W 369 EXETER RD HAVERFORD PA 19041-1084 610-649-2047	FP	HALE, MD, ROBERT G 4004 FAIRWAY RD LAFAYETTE HILL PA 19444-1304	FP	HOFMAN, MD, WALTER I 707 S BOWMAN AVE MERION STATION PA 19066-1432 215-487-4394	PTH
FORTUNATO, MD, LUCIO 872 MEADOWBROOK DRIVE HUNTINGDON VLY PA 19006-6943 215-728-3095	GS	GANIME, MD, PETER D 322 W JOHNSON HWY NORRISTOWN PA 19401-1960 610-277-5600	P	GORDON, MD, GARY V 320 LANKENAU MED BLDG WYNNWOOD PA 19096-3427 610-896-8400	RHU	HALL, MD, NEAL E 815 N MOUNT PLEASANT RD PHILADELPHIA PA 19119-3303	OPH	HOGAN, MD, MICHAEL 532 PRIMROSE LN WYNNWOOD PA 19096-1648 610-649-8085	GP
FOSTER, MD, SYLVIA L 1021 W UPSAL ST PHILADELPHIA PA 19119-3716 215-842-4225	* P	GARBELY, DO, JOSEPH M 1014 MANOA RD WYNNWOOD PA 19096-4032 215-576-4248	IM	GORDON, MD, LEONARD F 1700 GOVERNORS WAY BLUE BELL PA 19422-2555 610-278-8475	DR	HAMMOND III, MD, N LEROY 250 LANKENAU MEDICAL BUILDING WYNNWOOD PA 19096 610-649-3200	ORS	HOLM, MD, WILLIAM W 1026 LONGSPUR RD NORRISTOWN PA 19403-2045 610-649-8085	* PD
FOX, MD, MICHAEL L 45 OAK AVE LANSDOWNE PA 19050-2746 610-668-1330	IM	GATTI, MD, DOMINIC L 142 SOMERSET RD HUNTINGDON VLY PA 19006-6723 215-425-7029	GP	GORDON JR, MD, KENNETH H 1250 UPPER GULPH RD RADNOR PA 19087-2797 610-688-8256	P	HAMPE, MD, WARREN W 1629 BRIAR HL RD GLADWYNE PA 19035-1204 610-642-7835	P	HOLMBERG, MD, DONALD E 193 EASTON RD HORSHAM PA 19044-3101 215-675-1781	GP
FRANK, MD, LEONARD A 1313 DEKALB ST NORRISTOWN PA 19401-3443 610-272-1881	U	GAZDICK, MD, MARY ANNE 1 RED ROWAN LN PLYMOUTH MTNG PA 19462-2135 610-825-3500	PD	GOREN, MD, ELIHU N 1451 DEKALB ST NORRISTOWN PA 19401-3405 610-275-3673	DIA	HANBY JR, MD, W FORWOOD E 2815 LUNDY LN HUNTINGDON VLY PA 19006-5009 215-576-2050	R	HOLTON, EDD, JAMES N 1529 DEKALB ST NORRISTOWN PA 19401-3421 610-277-3690	EXEC
FRANK, MD, MARTIN N ABINGTON CARDIOLOGY ASSOC ABINGTON PA 19001-3714 215-517-1234	CD	GEHMAN, DO, MICHAEL J 1132 MYRTLEWOOD AVE HAVERTOWN PA 19083-5203	US	GOTLIEB, MD, JERRY 214 JEFFREY LN NEWTOWN SQUARE PA 19073-2506 610-272-1881	U	HAND, MD, ROY H BEAVER HILL N STE 914N JENKINTOWN PA 19046 215-887-4130	GS	HONG, MD, KAB S 140 PERRY RD ELKINS PARK PA 19117-1822	* PM
FRANK, MD, PAUL E 331 N YORK RD HATBORO PA 19040-2033 215-672-0777	OPH	GEIGER, MD, LEONARD R BRYN MAWR MEDICAL BLDG S BRYN MAWR PA 19010 610-527-3366	N	GOTTLIEB, MD, JERRY 214 JEFFREY LN NEWTOWN SQUARE PA 19073-2506 610-272-1881	U	HANHAUSEN JR, MD, EDWARD H 418 E LANCASTER AVE WAYNE PA 19087-4310 610-688-4272	OPH	HOOD, MD, KELLY T 1 CHRISTIAN PHILADELPHIA PA 19147-4345 215-664-4433	D
FRANK, DO, RONALD B 2026 N BROAD ST LANSDALE PA 19446-1059 215-368-4434	FP	GERARD-CIMINERA, MD, JUDY L 2780 E COUNTY LINE RD HATBORO PA 19040-2410 215-675-2066	FP	GRAEFFE, MD, ESTELLA F 400 N ITHAN AVE ROSEMONT PA 19010-1625 610-270-2192	RO	HARMON, MD, ELI B 111 PRESIDENTIAL BLVD STE 235 BALA CYNWYD PA 19004 610-667-1498	P	HOPPER, MD, BRUCE D 363 POND VIEW RD DEVON PA 19333-1732 610-925-3225	OBG
FRANK, MD, TOBY L 506 BARBARA CIR MERION STATION PA 19066-1322	D	GERMAN, MD, TERRY M 9150 MARSHALL RD STE 18 PHILADELPHIA PA 19114 215-464-3535	OBG	GRAFF, MD, HAROLD A OMEGA DR STE E66 NEWARK DE 19713 302-731-1900	P	HARMON-WEISS, MD, SANDRA 1739 DEKALB ST NORRISTOWN PA 19401-5416 215-283-6596	FP	HORNER JR, MD, DANIEL W 1637 JARRETTOWN RD DRESHER PA 19025-1221	CD
FRANKEL, MD, ARTHUR M 1245 HIGHLAND AVE ABINGTON PA 19001-3714 215-886-1020	* GS	GERSHENSON, MD, STEPHEN R 41 ANDREW LN LANSDALE PA 19446-1431	PD	GRATCH, MD, MICHAEL J 2400 MARYLAND RD STE 20 WILLOW GROVE PA 19090-1711 215-885-8187	ORS	HARPER, MD, STEVEN G 1245 HIGHLAND AVE STE 204 ABINGTON PA 19001-3714 215-885-4220	CRS	HORWITZ, MD, BRETT R 1401 DEKALB ST NORRISTOWN PA 19462-1220 610-275-9400	* ORS
FRANKEL, MD, LESLIE B 1245 HIGHLAND AVE ABINGTON PA 19001-3714 215-886-1234	OBG	GERSON, MD, ANDREW G 353 LANKENAU MEDICAL BLDG WYNNWOOD PA 19096 610-649-9021	* OBG	GREEN, MD, BARRY P PO BOX 1278 LANSDALE PA 19446-0727 215-855-1054	GP	HARRIS, MD, KEVIN R 727 WELSH RD HUNTINGDON VLY PA 19006-6357 215-947-1223	PD	HOVICK, MD, EDWARD T LANKENAU MED BLDG W STE 130 WYNNWOOD PA 19096 610-649-1175	NEP
FRAZIER, MD, THOMAS G THE FOUNDERS BANK BLDG BRYN MAWR PA 19010 610-520-0700	ON	GILL, MD, ROY A 919 E GERMANTOWN PIKE NORRISTOWN PA 19401 610-279-1500	FP	GREEN, MD, GEORGE R MEDICAL PLAZA BUILDING 222 ABINGTON PA 19001 215-517-1039	* IM	HARRISON, DO, KEITH W BALLY MEDICAL GROUP BALLY PA 19503 610-845-2011	FP	HUNTLEY, MD, ARTHUR C PO BOX 637 VILLANOVA PA 19085-0647 610-270-1461	P
FREEBERG, MD, JOHN R 16 W. MONTGOMERY AVE APT #8 ARDMORE PA 19003-1430 610-645-2141	AN	GILLIS, MD, ANGUS T 5 MARTINS RD NEWTOWN SQUARE PA 19073-1915 610-525-4966	* AN	GREEN, MD, LELAND J LANSDALE MEDICAL GROUP LANSDALE PA 19446 215-855-9501	A	HARRISON JR, MD, JOSEPH 888 GLENBROOK AVE BRYN MAWR PA 19010-2506 610-525-1033	OM	HUNTLEY, MD, ARTHUR C PO BOX 637 VILLANOVA PA 19085-0647 610-270-1461	P
FREEDMAN, MD, LAWRENCE T 12 FARRIER LN BLUE BELL PA 19422-2465 215-635-2642	OBG	GLANZBERG, MD, PAULINE 814 DEKALB ST NORRISTOWN PA 19401-3991 610-272-3008	FP	GREENBAUM, MD, MARVIN H 326 PEMBROKE RD BALA CYNWYD PA 19004-2819 610-667-4066	OPH	HASKIN, MD, MYRA R 1219 W WYNNWOOD RD APT 602 WYNNWOOD PA 19096-2122	PM	HURWITZ, MD, HERMAN 1004 ANNAPOLIS LN CHERRY HILL NJ 08003	PTH
FREEDMAN, MD, DANIEL M A 721 UPSAL RD JENKINTOWN PA 19046-3329 215-884-3568	CHP	GLASER, MD, BARRY L 1521 AMITY RD RYDAL PA 19046-1203 215-887-3990	GS	GREENBERG, MD, BRAM 300 BALA AVE BALA CYNWYD PA 19004-2651 215-652-8607	PD	HAUPT, MD, DONALD N 14 ELLIOT AVE STE 4 BRYN MAWR PA 19010 610-520-1782	* P	HURWITZ, MD, HERMAN 1004 ANNAPOLIS LN CHERRY HILL NJ 08003	PTH
FREID, MD, JEFFREY D 17 TURNER CT LOWER GWYNEDD PA 19002-2042	CD	GLASSNER, MD, MICHAEL J LANKENAU MED BLDG E STE 563 WYNNWOOD PA 19096 610-649-0500	* OBG	GREENBERG, MD, HOWARD E 70 BONSAAL AVE BROOMALL PA 19008-1906	IM	HAUSER, MD, NORMAN 1130 OLD YORK RD ABINGTON PA 19001-3710 215-884-0462	R	HUTCHISON, MD, JAMES C 2073 PARKVIEW AVE ABINGTON PA 19001-1208	CD
FREIMUTH, MD, ERICH J 830 OLD LANCASTER RD BRYN MAWR PA 19010 610-527-8140	* N	GLAUSER, MD, TERRY A 103 N WOODBINE AVE NARBERTH PA 19072-1815 215-662-3920	EM	GREENE, MD, JEFFREY M 233 E LANCASTER AVE ARDMORE PA 19003-2321 610-642-1643	AI	HAYTHORNTHWAITE, MD, B MARY 313 WELLINGTON TER JENKINTOWN PA 19046-3831	PD	HUTTON, MD, LISA J 1047 OLD YORK RD ABINGTON PA 19001 215-886-1240	PD
FREUDENBERG, MD, DORIS T 287 ANDERSON RD KING OF PRUSSIA PA 19406-1940 610-526-3361	* PM	GLUNK, MD, RICHARD P LANKENAU MED BLDG STE 342 WYNNWOOD PA 19096 610-649-9990	PS	GREENE, MD, THOMAS E 635 N BROAD ST LANSDALE PA 19446-2316 215-855-4744	ORS	HECHT, MD, WARREN B POTTSTOWN PROFESSIONAL MALL POTTSTOWN PA 19464-3223 610-326-2820	A	HYATT, MD, GLENN A 233 WESTWIND WAY DRESHER PA 19025-1419 215-646-0165	IM
FRIEDBERG, MD, ANDREA L 408 SPRAGUE RD NARBERTH PA 19072-1126 610-296-3333	OPH	GOLDBERG, MD, LOUIS 2000 W VALLEY FORGE CIR KING OF PRUSSIA PA 19406-1109	OPH	GREENSPAN, MD, HERBERT S 100 WEST AVE APT E JENKINTOWN PA 19046-2665	CHP	HEIDARY, MD, GHODRATALLAH O LANKENAU MED BLDG STE 416 WYNNWOOD PA 19096 610-645-2142	AN	HYKES, MD, JAMES I 218 GRAYS LN HAVERFORD PA 19041-1705 610-642-2616	GP
FRIEDMAN, DO, DAVID S 2026 N BROAD ST LANSDALE PA 19446-1059 215-368-4434	FP	GOLDBERG, DO, RICHARD A 2400 MARYLAND RD WILLOW GROVE PA 19090 215-443-7676	FP	GREENSPON, MD, SAMUEL E 8460 LIMEKILM PIKE WYNNCOTE PA 19095-2601	GP	HELLER, MD, ALVIN G 312 LANKENAU MEDICAL BLDG WYNNWOOD PA 19096 610-649-4282	IM	INNARONE, MD, LORENZ N 1650 HUNTINGTON PIKE STE 318 MEADOWBROOK PA 19046 215-947-6616	GS
		GOLDEN, MD, MANO R 6022 SHEAFF LN FT WASHINGTON PA 19034-1815	U	GROHSMAN, MD, JONATHAN M 217 BARKER RD WYNNCOTE PA 19095-1715 215-576-5090	OPH				

ICKLER, MD, JOHN L 1047 YORK RD ABINGTON PA 19001-4610 215-884-1240	PD	KENNING, MD, JAMES A 958 COUNTY LINE RD BRYN MAWR PA 19010-2502 610-527-2443	NS	KRAVITZ, MD, BERNARD J 1245 HIGHLAND AVE ABINGTON PA 19001-3714 215-886-4950	IM	LIM, MD, JANET C C 500 ARCOLA RD COLLEGEVILLE PA 19426-0107 610-454-8297	IM	MAHOOD, MD, WILLIAM H 1650 HUNTINGDON PK MEADOWBROOK PA 19046 215-947-4228	* GE
IVKER, MD, MORRIS 970 INDIAN CREEK RD JENKINTOWN PA 19046-3935 215-005-1444	R	KENWORTHY JR, MD, HARRY J 1235 YORK ROAD, STE 222 ABINGTON PA 19001-3811 215-517-1039	IM	KRAYNAK, MD, JOSEPH C BROAD ST & ALLENTOWN RD LANSDALE PA 19446 215-855-9501	CD	LIMBERT, MD, LAWRENCE 4303 E CACTUS RD APT 448B PHOENIX AZ 85032	GP	MALASPINA, MD, PAUL J 2309 N GILINGER RD LAFAYETTE HILL PA 19444-2227 610-828-0795	GS
IZES, MD, JOSEPH K SUBURBAN UROLOGICAL PC ABINGTON PA 19001 215-884-7114	U	KERN, MD, FRANK 339 E LANCASTER AVE WYNNWOOD PA 19096-1920 610-649-1911	US	KRCH, MD, MARILYN B 1006 SKYLINE CIRCLE AUDUBON PA 19403-1838	IM	LING, MD, HENRY T 168 SYCAMORE RD HAVERTOWN PA 19083-3508 610-642-6990	IM	MALIT, MD, LEE A LANKENAU MEDICAL SCI STE 416 WYNNWOOD PA 19096 610-645-2093	AN
JACOBS, MD, LAURA F COOPER HOSP UNIV MED CTR CAMDEN NJ 08103 609-342-2550	PM	KERSON, MD, LAWRENCE A THE NEUROLOGY GROUP PC NORRISTOWN PA 19401-3434 610-279-7443	N	KROMASH, MD, MARVIN H 1590 MEDICAL DR POTTSTOWN PA 19464-3247 610-326-4980	PD	LININGER, MD, JOHN R MONTGOMERY HOSP NORRISTOWN PA 19401 610-270-2173	PTH	MALONEY, MD, DONALD W 1235 OLD YORK RD STE 222 ABINGTON PA 19001 215-887-6668	PUD
JACOBSON, MD, KENNETH L 34 WHITEMARSH AVE PHILADELPHIA PA 19118-2230 215-646-0642	FP	KHANDELWAL, MD, MANOJ 362 SPRAGUE RD NARBERTH PA 19072-1124 610-664-6751	CD	KRZEMINSKI, MD, JOSEPH P 17 INDUSTRIAL BLVD PAOLI PA 19301-1607 610-647-1881	NS	LINTGEN, MD, ARTHUR B 500 OLD YORK RD STE 203 JENKINTOWN PA 19046-2852 215-886-2980	IM	MAMBU, MD, JOSEPH F 1400 OLD YORK RD ABINGTON PA 19001-2628 215-885-4430	FP
JAFFE, MD, LOUIS 1210 QUEEN ST POTTSTOWN PA 19464-5832	D	KHELLA, MD, HANI J 909 E GERMANTOWN PIKE NORRISTOWN PA 19401-2452 610-275-3884	FP	KUHNET, MD, PAUL M 1366 TANGLEWOOD DR NORTH WALES PA 19454-3671 610-834-2805	* US	LIPKIN, MD, DAVID E 9 PINETREE PL FT WASHINGTON PA 19034-1631 215-628-2840	IM	MANCANO, MD, LOUIS D MONTGOMERY FAMILY PRAC NORRISTOWN PA 19401-3351 610-277-0964	FP
JIMENEZ-MEDINA, MD, HERNAN J 700 CASTLEWOOD DRIVE DRESHER PA 19025-2014 610-834-6000	P	KILLIAN, MD, DOROTHEA M BOX 1108 APT B221 BLUE BELL PA 19422-0767	IM	KUKORA, MD, JOHN S 1245 HIGHLAND AVE STE 600 ABINGTON PA 19001-3714 215-576-7462	* GS	LIPNACK, DO, ERIC M 420 RIDGE RUN BLUE BELL PA 19422-1220 215-247-1345	PM	MANDELL, MD, DELAINE M 726 MEADOWCREEK CIR LOWER GWYNEDD PA 19002-2074 610-645-2008	DR
JOCHNOWITZ, MD, MICHAEL J 902 N BROAD ST LANSDALE PA 19446-2323 215-368-1950	OBG	KIM, MD, HI S 5438 N LAWRENCE ST PHILADELPHIA PA 19120-2804 215-224-2111	* PD	KULP-HUGUES, MD, DEBORAH A 2103 E HIGH ST POTTSTOWN PA 19464 610-323-5550	U	LIPSHUTZ, MD, HUGH 1544 DEKALB ST NORRISTOWN PA 19401-3425 610-279-7696	CD	MANDLER, MD, JOHN I ABINGTON OFFICE MEDICAL STE G ABINGTON PA 19001 215-884-7114	U
JONES, MD, DANIEL C PO BOX 628 ARDMORE PA 19003-0628	FP	KIMELHEIM, DO, ROBERT A 8815 GERMANTOWN AVE STE 33 PHILADELPHIA PA 19118-2722 215-242-1224	RHU	KURETU, MD, MWAZHUWA L R HAHNEMANN UNIV HOSP PHILADELPHIA PA 19102 215-762-7802	CD	LIPTON, MD, STEVEN E 8211 BROOKSIDE RD ELKINS PARK PA 19117-2403 215-635-2642	OBG	MANIGLIA, MD, RICHARD J 115 ELMWOOD AVE NARBERTH PA 19072-2409 215-762-8055	ID
JOYCE, MD, MICHAEL F 7922 BUSTLETON AVE PHILADELPHIA PA 19152-3321 215-725-8500	ORS	KINGSBURY, MD, ROBERT C 2001 TOWNLINE WAY BLUE BELL PA 19422-3465 215-652-5683	FP	KUREY, MD, PAMELA H 2550 BOND AVE DREXEL HILL PA 19026-1602	OBG	LITT, MD, LAWRENCE M 1801 RUN CREEK ROAD HENDERSON NC 27536	PUD	MANKO, MD, MICHAEL A LANKENAU HOSP STE 114 WYNNWOOD PA 19096-3427 610-645-2008	IM
JUBELIRER, MD, ROBERT A 1245 HIGHLAND AVE STE 600 ABINGTON PA 19001 215-887-3990	GS	KINLAW, MD, W BERNARD 1936 LAMBERT RD JENKINTOWN PA 19046-1545	CD	LABOWSKIE, MD, EUGENE M 1201 CLUB HOUSE RD GLADWYNE PA 19035-1003	FP	LITVIN, MD, HENRY 134 CARDINAL RD JENKINTOWN PA 19046-3907 215-881-5480	P	MANN, MD, ROBERT J 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	IM
JUDD, MD, JAMES D 911 LABURNAM LN WYNCOTE PA 19095-1607 215-675-1516	FP	KIRKPATRICK, MD, DANIEL W 823 RENEL RD NORRISTOWN PA 19401-2413	GP	LAEHUE-MORDY, DO, RHONDA L 368 KING OF PRUSSIA RD WAYNE PA 19087-2167 610-444-6350	GER	LIZZI, MD, LUCIANO 252 CROSS HILL RD WYNNWOOD PA 19096-3125 215-662-3513	P	MANZO, MD, THOMAS L 1329 E HIGH ST POTTSTOWN PA 19464-4949 610-326-4044	* OPH
JULES, MD, ARNOLD J 635 N BROAD ST LANSDALE PA 19446-2316 215-855-4444	ORS	KIRSCHNER, DO, RONALD A 2 BALA CYNWYD PLZ STE 1L-17 BALA-CYNWYD PA 19004 610-667-4080	OTO	LAMBERG, MD, RANDY E PO BOX 737 GWYNEDD VALLEY PA 19437-0737 215-576-2336	AN	LOCKE, MD, HARRY R 1161 WILSON ST POTTSTOWN PA 19464-4465 610-323-7411	ON	MARCH, MD, HERMAN C 214 CEDAR ROAD ELKINS PARK PA 19027 922 ROSE LN	R
JUNKIN, MD, DAVID M 2400 MARYLAND RD STE 20 WILLOW GROVE PA 19090-1711 215-885-1112	ORS	KISTLER, MD, PRISCILLA J 300 MAIN ST E GREENVILLE PA 18041-1343 215-679-9261	IM	LANDER, MD, WILLIAM W 888 GLENBROOK AVE BRYN MAWR PA 19010-2506 610-525-6277	* FP	LONG, MD, KATHLEEN B 500 CRESTVIEW RD WAYNE PA 19087-3814 610-642-9200	PD	MARCINIK, DO, MARGARET E 922 ROSE LN HATFIELD PA 19440-3150	EM
KAHN, MD, BERTRAM 11714 FULHAM STREET SILVER SPRING MD 20902	AI	KISTLER, MD, WILLIAM S 300 MAIN ST E GREENVILLE PA 18041-1343	GP	LATTA, MD, RICHARD A ABINGTON MEMORIAL HOSP ABINGTON PA 19001-3788 215-576-4575	* OBG	LONGACRE, MD, JANE M 1 RED ROWAN LN PLYMOUTH MTNG PA 19462-2117 610-825-3500	PD	MARGARIDA, MD, LEOPOLDO E 2120 BENEZET RD ABINGTON PA 19001-3622	R
KAHN, MD, JOEL A 1108 MOUNTAIN VIEW DR WAYNE PA 19087-5540 215-654-5982	IM	KLATCHKO, MD, BARBARA A 306 BRYN MAWR MED BLDG NORTH BRYN MAWR PA 19010 610-527-1185	GS	LAWLOR, MD, ROBERT J DEVON BLVD DEVON PA 19333 610-687-0715	FP	LONGENECKER, MD, JOSEPH C ABINGTON MEMORIAL HOSP ABINGTON PA 19001 LORRAINE, MD, RICHARD S 176 MAIN ST HARLEYSVILLE PA 19438-2513 215-256-9531	IM	MARTIN, MD, JOHN H BRYN MAWR MEDICAL SPEC ASSOC BRYN MAWR PA 19010-3839 610-525-4463	GP
KANE, MD, JOHN S 1802 JOHNSON RD NORRISTOWN PA 19401-2540	OBG	KOFSKY, MD, PHILLIP M 713 LAKE DRIVE AMBLER PA 19002-5085 610-279-3300	CRS	LEAL, MD, ALFRED R 1245 HIGHLAND AVE ABINGTON PA 19001 215-887-2034	HEM	LOWE, MD, STEPHEN J 6551 ROOSEVELT BLVD PHILADELPHIA PA 19149 215-535-7111	FP	MARTIN, MD, MARTINA M 933 HAVERFORD RD BRYN MAWR PA 19010-3819 610-525-4463	* IM
KAPLAN, MD, FRANK E 2874 PAPIKA RD DOYLESTOWN PA 18901-1735	P	KOHLHAS, MD, JACOB J 220 BAY ST OSTERVILLE MA 02655-2029	END	LEARY, MD, FREDRIC D 2901 N HIGHWAY 413 BAXTER KY 40806-8305	FP	LUDWICKI, MD, JOHN J 515 STONY WAY NORRISTOWN PA 194034	ORS	MARON, MD, JOHN J 336 SPRING ST ROYERSFORD PA 19468-2518 610-948-8800	* OPH
KAPLAN, MD, MARC 922 FAYETTE ST CONSHOHOCKEN PA 19428-1565 610-825-3464	GP	KOHN, DO, MAX M 2000 VALLEY FORGE CIR APT 623 KING OF PRUSSIA PA 19406-1121	US	LEE, MD, WILLIAM M PO BOX 1278 LANSDALE PA 19446-0727 215-855-1054	FP	LUNDY, MD, BARBARA S 801 E GERMANTOWN PIKE STE E1 NORRISTOWN PA 19401-2485 610-275-8710	* PD	MARX, MD, MARVIN H 501 BROAD ST LANSDALE PA 19446-2416 215-362-5633	RHU
KATZ, DO, PAUL M 431 CONSHOHOCKEN STATE RD BALA CYNWYD PA 19004-2620	AN	KOLLER, MD, HAROLD P 1650 HUNTINGDON PIKE STE 357 MEADOWBROOK PA 19046-8097 215-947-6660	OPH	LEGENDRE, MD, GERALD M 133 4TH ST BRIDGEPORT PA 19405-1010 610-279-1116	GP	LURIE, MD, ABRAHAM A 328 STRATHMORE DR ROSEMONT PA 19010-1231	PS	MARYMOR, MD, NEIL S 51 ALLANDALE ROAD WYNNWOOD PA 19096-3615 215-947-9272	* OPH
KATZ, MD, ROBERT E 500 FAYETTE ST CONSHOHOCKEN PA 19428-1703 610-828-1913	GP	KONECKE, MD, LEE L 1544 DEKALB ST NORRISTOWN PA 19401-3425 610-279-7696	CD	LEIBOLD, MD, DEBRA M 777 WEST GERMANTOWN PIKE PLYMOUTH MTNG PA 19462-1031 610-397-7376	IM	LUTZ JR, MD, ROLAND B 1821 HEMLOCK CIR ABINGTON PA 19001-4701	AN	MASH, MD, MICHAEL J 1639 DEKALB ST NORRISTOWN PA 19401-5414 610-272-2272	U
KATZ, MD, STUART I 339 E LANCASTER AVE WYNNWOOD PA 19096-1920 610-649-1911	D	KOREVAAR, MD, WILHELMINA C 622 OXFORD RD BALA CYNWYD PA 19004-2217 610-664-0809	AN	LENROW, MD, DAVID A 208 STANISH RD MERION STATION PA 19066-1117 215-349-5574	PM	LYNESS, MD, SAMUEL S 1004 WEATHERSTONE DR PAOLI PA 19301-1938 610-380-8170	FP	MATTHEWS JR, MD, NEILSON M 115 BLOOMINGDALE AVE WAYNE PA 19087-4030 610-688-3744	GS
KAUFMAN, MD, STEPHEN E 1245 HIGHLAND AVE STE 101 ABINGTON PA 19001-3714 215-887-9690	GE	KOVALSKY, MD, EVAN S 1308 DEKALB ST NORRISTOWN PA 19401-3404 610-279-8686	ORS	LEONARDO, MD, MARC E 353 INWOOD RD ARDMORE PA 19003 610-664-0809	IM	MACKELL JR, MD, JAMES V 7922 BUSTLETON AVE PHILADELPHIA PA 19152-3321 215-725-8500	* NS	MASON, MD, CYNTHIA B 501 MARY WATERSFORD RD BALA CYNWYD PA 19004-2008	AN
KELLERMAN, MD, WILMA C 801 S BOWMAN AVE WYNNWOOD PA 19096-1602	PM	KOVACH, MD, VERA O OPHTHALMIC ASSOC LANSDALE PA 19446-1199 215-368-1646	OPH	LEROY, MD, N BLAIR 933 HAVERFORD RD BRYN MAWR PA 19010-3819 610-527-1074	PUD	MACKIE JR, MD, JAMES G DEVON BLVD DEVON PA 19333	GP	MASSARI, MD, FERDINAND E MERCK SHARP & DOHME RES WEST POINT PA 19486 215-297-2978	AI
KELLY, MD, JOHN J ABINGTON MEMORIAL HOSP ABINGTON PA 19001-3788 215-576-2608	* ID	KRAFT JR, MD, ALBERT J 1722 BETHLEHEM PK FLOUERTOWN PA 19031-1644 215-836-1450	CD	LEVETTE, MD, ANDREW R 1200 OLD YORK RD ABINGTON PA 19001-3788 215-576-2335	AN	MAGEE, MD, JOHN T 432 N ROSE LN HAVERFORD PA 19041-1607	IM	MATTHEWS JR, MD, NEILSON M 115 BLOOMINGDALE AVE WAYNE PA 19087-4030 610-688-3744	IM
KELLY, MD, MAUREEN P 815 LOCUST ST PHILADELPHIA PA 19107-5507 215-922-2206	OBG	KRAMER, DO, JOEL R 7848 OLD YORK RD STE 202 ELKINS PARK PA 19117-2541 215-635-4848	OBG	LEVIN, MD, HOWARD A 538 MONTGOMERY SCHOOL LN WYNNWOOD PA 19096-1119 215-283-6855	RHU	MAGID, MD, D RIVA PO BOX 384 FT WASHINGTON PA 19034-0384 215-456-7890	GP	MATTHEWS JR, MD, NEILSON M 115 BLOOMINGDALE AVE WAYNE PA 19087-4030 610-688-3744	AN
KELSON, MD, DON R ABINGTON MEMORIAL HOSP ABINGTON PA 19001	GS	KRANTZ, MD, WALTER J 162 MEADOWBROOK DRIVE HUNTINGDON VALLEY PA 19006-6847	GP	LEVIN, MD, STEVEN P 1229 JERICHO RD ABINGTON PA 19001-3609 215-576-4041	* PM	MAGID, MD, D RIVA PO BOX 384 FT WASHINGTON PA 19034-0384 215-456-7890	AN	MATTHEWS JR, MD, NEILSON M 115 BLOOMINGDALE AVE WAYNE PA 19087-4030 610-688-3744	OBG
KELTON, MD, FRANKLIN C OCCUPATIONAL HEALTH CENTER WEST CHESTER PA 19380 610-431-2262	OM	KRANTZLER, MD, JOSEPH D 1591 MEDICAL DR POTTSTOWN PA 19464-9228 610-326-8006	CD	LIANG, MD, GWENDOLYN J 219 GARNET LANE BALA CYNWYD PA 19004-1313 215-576-5108	OPH	MAHONY, MD, ELLEN A 322 S DEVON RD WAYNE PA 19087-2916 610-534-6117	PS	MATTHEWS JR, MD, NEILSON M 115 BLOOMINGDALE AVE WAYNE PA 19087-4030 610-688-3744	GS
KEMPNER, MD, BONNIE A 411 BLUEBIRD LN DRESHER PA 19025-1903	FP	KRAVIS, MD, LILLIAN P 233 E LANCASTER AVE ARDMORE PA 19003-2321 610-642-1643	OS	LIAW, DO, WILLIAM J 331 SAGE LN PHILADELPHIA PA 19128-4552	US				

MONTGOMERY

MAXWELL, MD, EMILIE L	PM	MENKOWITZ, MD, ELLIOT	*ORS	MURPHY, MD, J THOMAS	R	OELS, MD, HELEN C	PTH	PERERA, MD, L WIMAL	NS
NORMANDY FARMS EST B211		1603 E HIGH ST		9 CRESTVIEW CIR		131 ELM AVE		1340 DEKALB ST STE 6A	
BLUE BELL PA 19422-0767		POTTSTOWN PA 19464-5061		WAYNE PA 19087-3812		ROCKLEDGE PA 19046-4220		NORRISTOWN PA 19401-3434	
MAXWELL JR, MD, ROBERT A	HEM	610-327-2400		610-526-3453		OLIM, MD, DAVE B	D	610-277-1131	
1245 HIGHLAND AVE		MERCOGLIANO, MD, GIANCARLO	GE	MURRAY, MD, JOHN P	FP	1244 FORT WASHINGTON AVE		PEREZ, DO, RAYMOND J	R
ABINGTON PA 19001-3714		252 LANKEAU MED BLDG EAST		316 W JOHNSON HWY		FT WASHINGTON PA 19034-1743		623 THOMAS JEFFERSON RD	
215-887-2034		WYNNWOOD PA 19096-3427		NORRISTOWN PA 19401-1928		215-643-6868		WAYNE PA 19087-1027	
MAYDONOVITCH, DO, DANIEL J	FP	610-896-7360		610-272-0300		OLIVERI, MD, SUZANNE P	PD	610-327-7556	
BALLY MEDICAL GRP		MERLIN, MD, KEITH S	OBG	MUSHO, MD, MICHAEL A	IM	708 GAWAIN RD		PETERSON, MD, J RANDOLPH	PD
BALLY PA 19503		677 W DEKALB PIKE STE 301		1850 OLD YORK ROAD		PLYMOUTH MTG PA 19462-2110		605 SUTON PL	
610-845-2011		KING OF PRUSSIA PA 19406-3065		ABINGTON PA 19001		215-643-7771		LONGBOAT KEY FL 34228	
MAYER, MD, HENRY S	CD	610-265-1440		215-657-3140		OLLER, MD, SAMUEL	GP	PETERSON, MD, ARTHUR L	P
933 HAVENFORD ROAD		MICHAELSON, MD, JANET M	*PD	NACK, MD, STEVEN L	IM	20 CONSHOHOCKEN ST RD		111 N 49TH ST	
BRYN MAWR PA 19010-3819		77 RAYNHAM RD		2303 N BROAD ST		APT 605		PHILADELPHIA PA 19139-2718	
610-525-1202		MERION PA 19066-1817		COLMAR PA 18915-9786		BALA CYNWYD PA 19004-3314		215-471-2417	
MC ALLISTER, MD, JOSEPH C	IM	215-624-6000		215-997-9377		ONEAL JR, MD, ALEXANDER H	FP	PEZZI, MD, PIO J	GS
1245 HIGHLAND AVE		MICHELSON, MD, ROBERT	PUD	NAGELBERG, MD, STEVEN B	END	413 SAINT DAVIDS RD		2500 EDGE HILL RD	
ABINGTON PA 19001-3820		1824 SAXON LN		555 CITY LINE AVE		ST DAVIDS PA 19087-4309		HUNTINGDON VLY PA 19006-5598	
215-886-4950		MAPLE GLEN PA 19002-3169		BALA CYNWYD PA 19004		ONIFER, MD, THEODORE M	*IM	PFISTER, MD, JOHN A	IN
MC AVENEY, DO, KEVIN M	FP	215-663-9095		610-667-7525		1930 KEITH RD		1040 BAYAN RD APT 305C	
649 S HENDERSON RD APT D311		MICKLER, MD, THOMAS A	AN	NATOLI, MD, THOMAS J	FP	ABINGTON PA 19001-2602		BOCA RATON FL 33432	
KING OF PRUSSIA PA 19406-3539		436 WILLIAMS RD		1203 KNOLLBROOK DRIVE		215-884-0667		PHAM, MD, AN H	PUD
MC GUIRE, MD, MICHAEL D	P	WYNNWOOD PA 19096-2012		LANSDALE PA 19446-5117		OPASNICK, MD, STEPHEN G	IM	1591 MEDICAL DR	
1801 SLADEK RD		610-270-2000		NEALIS, MD, HENRY J	OPH	8450 LIMEKILN PIKE A BLDG W		POTTSTOWN PA 19464	
NEW HOPE PA 18938		MILDENBERG, MD, BUDD J	*GS	BRYN MAWR MEDICAL BLDG S		WYCNOTE PA 19095-2820		610-326-8005	
215-836-5461		1650 HUNTINGDON PIKE STE 153		BRYN MAWR PA 19010-2352		215-424-7038		PHATAK, MD, MEENA V	OBG
MC HARG, MD, MALCOLM L	CHN	MEADOWBROOK PA 19046-8095		610-527-1133		ORMAN, MD, JACK M	GP	2 PENN BLVD SUITE 203	
1340 DEKALB ST STE 1		215-947-6100		NEFF, MD, SAMUEL R	*NS	233 N YORK RD		PHILADELPHIA PA 19144-1416	
NORRISTOWN PA 19401-3434		MILLER, MD, ALAN M	OTO	3 COOPER PLZ STE 411		HATBORO PA 19040-2003		215-849-7150	
610-279-7443		306 W LOGAN ST		CAMDEN NJ 08103-1438		215-675-1160		PHELAN, MD, GERALD R	*FP
MC KOY, DO, RAYMOND	IM	NORRISTOWN PA 19401-2973		609-342-2701		OSBORN, MD, HAYLER H	DR	6005 CRICKET RD	
3105 HARVARD DR		610-275-6153		NEILSON, MD, ROBERT N	OBG	884 BLACK ROCK RD		FLOURTOWN PA 19031-1202	
NORTH WALES PA 19454-3770		MILLER, MD, DONALD S	RHU	13 ARMAND HAMMER BLVD		GLADWYNE PA 19035-1403		215-233-2958	
MC CABE, MD, JAMES L	*EM	637 OVERHILL ROAD		POTTSTOWN PA 19464-5067		OSIAS, MD, MARC B	U	PHIAMBOLIS, MD, THOMAS P	CD
830 OLD LANCASTER AVE STE 204		ARDMORE PA 19003-1026		610-326-7172		1313 DEKALB ST		1655 FOREST CREEK DR	
BRYN MAWR PA 19010-3118		610-525-4463		NEJMAN, MD, JOSEPH H	CRS	NORRISTOWN PA 19401-3443		BLUE BELT PA 19422-3653	
610-649-4514		MILLER, MD, FRANK L	GP	1245 HIGHLAND AVE STE 204		210-272-1881		610-649-7625	
MC COMBS, MD, ELAINE M	PD	109 S WHITEHALL RD		ABINGTON PA 19001-3714		OVERBECK, MD, MICHAEL D	IM	PICKENS, MD, PETER V	HEM

PUTNAM III, MD, SAMUEL G 1 W INDIAN LN NORRISTOWN PA 19403-3510 215-829-3201	R	ROJER, MD, CHARLES L 1245 HIGHLAND AVE STE 306 ABINGTON PA 19001-3714 215-886-1482	*OTO	SANDLER, MD, SUSAN M 310 BRYN MAWR AVE BALA CYNWYD PA 19004-2822 610-526-3400	FP	SCHOLL, MD, HARVEY W 5TH AND JEFFERSON STS E GREENVILLE PA 18041 SCHULTHEIS JR, MD, CARL F 491 ALLENDALE RD KING OF PRUSSIA PA 19406-1426 610-265-9290	GP	SILVERTON, MD, SUSAN F 4001 SPRUCE ST PHILADELPHIA PA 19104-6003 215-898-6627	END
QUILL, MD, JOSEPH R 19 W FORANCE ST NORRISTOWN PA 19401-3313 610-279-3300	CRS	RONNERMANN, MD, DREW P 1591 MEDICAL DR POTTSTOWN PA 19464-9228 610-326-8005	GE	SANDS, MD, EARL E 1597 MEDICAL DR POTTSTOWN PA 19464-3246 610-326-6732	OBG	SCHWARCZ, MD, HARRIET B 723 SKIPPACK PIKE BLUE BELL PA 19422-1741 215-542-1300	PD	SIMON, MD, KATHRYN K 502 DAVENTRY RD BERWYN PA 19312-1741 SIMONS, MD, ROBERT M 225 PARKER AVE UPPER DARBY PA 19082-1221 610-645-2000	D
QUINN JR, MD, NORMAN J BOX 461 GWYNEDD VALLEY PA 19437-0461	PD	RORICK, MD, NICHOLAS R 124 N MIDLAND AVE NORRISTOWN PA 19403-1284 215-368-2100	R	SANDS, DO, SETH C 327 FISHER RD JENKINTOWN PA 19046-3813 215-672-7070	FP	SCHWARTZ, MD, JOEL L 830 TWINING RD DRESHER PA 19025-1721 215-643-3847	FP	SINGER, MD, BARRY L 1544 DEKALB ST NORRISTOWN PA 19401-3425 610-279-7696	ON
QUINT, MD, ANDREW R 1451 DEKALB ST NORRISTOWN PA 19401-3405 610-275-3673	END	ROSE, MD, DAVID 101 S BRYN MAWR AVE STE 201 NORRISTOWN PA 19010-3120 610-520-0700	FP	SANG, MD, ELENA 777 CHESTNUT RIDGE RD APT 102 MORGANTOWN WV 26505-2759 215-676-2000	OBG	SCOTT JR, MD, S DAVID 2 CHESNEY LN ERDENHEIM PA 19118-1802 215-233-9494	DR	SINGER, MD, JOSEPH D 677 W DEKALB PIKE 301 KING OF PRUSSIA PA 19406 610-265-1440	OBG
RABSON, MD, JOSEPH A 801 E GERMANTOWN PIKE STE E1 NORRISTOWN PA 19401-2485 610-275-8710	PS	ROSE, MD, ROBERT M 42 ELEANOR DRIVE SPRING CITY PA 19475-9623 610-323-5550	GS	SANSONE, MD, THOMAS C 830 OLD LANCASTER RD STE 309 BRYN MAWR PA 19085-1023 610-527-5860	U	SELAUS, MD, JERE F ABINGTON MEMORIAL HOSP ABINGTON PA 19001 215-576-2050	IM	SIVICK JR, MD, DONALD A FRANKFORD HOSP PHILADELPHIA PA 19114-3670 215-612-4088	AN
RAMSEY II, MD, WILLIAM H 15 LANTERN LN WAYNE PA 19087-5823	CRS	ROSENFELD, MD, JONATHAN B WYETH AVERST LABORATORIES PHILADELPHIA PA 19101-0082 610-971-5515	PD	SANTANGELO, MD, SAMUEL C PO BOX 2097 JENKINTOWN PA 19046-0697 215-830-8700	ORS	SEIDNER, MD, MICHAEL R PO BOX 1278 LANSDALE PA 19446-0727 215-855-1054	DR	SIVICK JR, MD, DONALD A FRANKFORD HOSP PHILADELPHIA PA 19114-3670 215-612-4088	PD
RANDALL, MD, J PERLINGIERO 1174 HIGHLAND AVE ABINGTON PA 19001-3704 215-887-7426	PD	ROSEN, MD, HOWARD B 111 N 49TH ST PHILADELPHIA PA 19139-2718 215-748-1415	P	SANTORE, MD, LOUIS X 62 LANKEAU MED BLDG EAST WYNNWOOD PA 19096 610-642-4392	OPH	SELBY, MD, CHARLES L 1401 DEKALB ST STE 206 NORRISTOWN PA 19401 215-844-1118	IM	SKOWRONSKI, MD, THEODORE J 500 OLD YORK ROAD SUITE 203 JENKINTOWN PA 19046-2852 SMIDTAS, MD, RENALDAS A 1657 FERNDAL AVE APT A ABINGTON PA 19001-1714 215-576-2000	GER
RANDALL IV, MD, ALEXANDER 1174 HIGHLAND AVE ABINGTON PA 19001-3704 215-884-8541	PDA	ROSENBERG, MD, PHILIP 3447 VISTA ST PHILADELPHIA PA 19136-3822 215-624-8170	PDA	SANTOS-BORJA, MD, CZARINA A 172 N WHITEHALL RD NORRISTOWN PA 19403 610-270-1042	P	SHAFFER, MD, LIONEL B 11 PASTERNE LANE BLUE BELL PA 19422-2429 SHAH, MD, MEHUL N 491 ALLENDALE RD STE 311 KING OF PRUSSIA PA 19406 610-265-8700	DR	SMITH, MD, DAVID R 236 W 11TH AVE CONSHOHOCKEN PA 19428-1420 215-483-2133	FP
RAFAEL, MD, STEPHEN A 15 W WOOD ST NORRISTOWN PA 19401-3300 610-279-8445	TR	ROSENFELD, MD, PHILIP A 1245 HIGHLAND AVE STE 502 ABINGTON PA 19001-3714 215-886-1482	OTO	SARIS, MD, ANNE L 1235 OLD YORK RD STE 123 ABINGTON PA 19001-3800 215-885-8787	GE	SHAH, MD, SANJAY S 316 BRADFORD LN LANSDALE PA 19446-6605 215-707-7022	IM	SMITH, MD, IVAN S 543 OAK SHADE AVE ELKINS PARK PA 19117-1711 SMITH, MD, LAURANCE D 1340 DEKALB ST NORRISTOWN PA 19401-3434 610-279-7443	IM
RAVEL, MD, ROBERT L 3 BRETTAGNE ARBORDEAU DEVON PA 19333-1062	PD	ROSENFIELD, MD, RICHARD N 20 DECATUR RD HAVERSTOWN PA 19083-1412 215-553-1400	IM	SARIS, MD, DEMETRIUS S 655 CATALINA ST VERO BEACH FL 32960-5149 SARKER, MD, CHITTA R 1330 POWELL ST STE 308 NORRISTOWN PA 19401-3350 610-270-2307	GS	SHAPIRO, MD, TIMOTHY A 430 LANKEAU MED BLDG W WYNNWOOD PA 19096 610-649-8599	PD	SMITH, MD, MARY L 902 WEST AVE JENKINTOWN PA 19046-2819 215-884-3321	PM
RAWSON, MD, HELEN H 707 STOLER AVENUE LANSDALE PA 19446-5232	RHU	ROSENTHAL, MD, MARK E 1235 YORK ROAD, STE 222 ABINGTON PA 19001-3811 215-517-1039	CD	SAUNDERS, MD, RICHARD M 590 COLONEL DEWEES RD WAYNE PA 19087-1357 610-970-9288	PUD	SHAW, MD, ELLEN M GASTRO ASSOC ABINGTON PA 19001 215-517-1150	GE	SMITH, MD, ROBERT W 1650 HUNTINGDON PIKE STE H303 MEADOWBROOK PA 19046-8094 215-947-4244	*CD
RAYMOND JR, MD, FRED D 605 WINSFORD RD BRYN MAWR PA 19010-3617	RHU	ROSNER, MD, MICHAEL J 3929 ROBIN RD HUNTINGDON VLY PA 19006-2033 215-624-3636	*GE	SAUTER, MD, JOHN G 13 WOODSTREAM DR WAYNE PA 19087-5874 610-642-0252	AN	SHEDDEN, MD, ARTHUR H 10 SENTRY PKY BLUE BELL PA 19422-2323 610-397-2884	OPH	SMITH JR, MD, MORGAN T HORSHAM BUS CTR BLDG TWO HORSHAM PA 19044 215-657-8430	OBG
REDMOND III, MD, JOHN 1200 OLD YORK RD ABINGTON PA 19001-3788 215-576-2905	*ON	ROSS, MD, PATRICIA E THOMAS WYNN APTS APT B-301 WYNNWOOD PA 19096 610-896-4646	PD	SAWIN, MD, HENRY S LANKEAU HOSP WYNNWOOD PA 19096-3498 610-896-4646	CD	SHEDDEN, MD, ARTHUR H 10 SENTRY PKY BLUE BELL PA 19422-2323 610-397-2884	P	SNEYDER, MD, HARRY D 1244 FORT WASHINGTON AVE FT WASHINGTON PA 19034 215-643-2730	OBG
REIFE, MD, ROSS A ROBERT WOOD JOHNSON PRI SPRING HOUSE PA 19477 215-628-5046	N	ROWLAND, MD, HAROLD A 320 S WAYNE AVE WAYNE PA 19087-4017 RUBIN, MD, JEFFRY F 1310 RYDAL RD RYDAL PA 19046-1417 215-855-1112	PD	SAYLOR, MD, RICHARD F 1590 MEDICAL DR POTTSTOWN PA 19464-3247 610-326-8400	IM	SHIELDS, MD, JOHN J 625 HIGHLAND AVE JENKINTOWN PA 19046-2250 SHIELDS, MD, THOMAS J S BROAD ST & ALLENTOWN RD LANSDALE PA 19446-5374 SHINDE, MD, PADMAJA S 1200 OLD YORK RD ABINGTON PA 19001 215-576-2000	GS	SNEDDEN, MD, HAL E PO BOX 98 GLADWYNE PA 19035-0098 610-664-6568	ORS
REISS JR, MD, G RUSSELL 2220 MOUNT CARMEL AVE GLENSIDE PA 19038-4610 215-884-7861	PD	RUBIN, MD, PETER E 700 KNOX RD WAYNE PA 19087-2044 610-687-8595	*OS	SBAT, DO, KENNEDY J 1189 CHESTERSHIRE DR POTTSTOWN PA 19464-9600 610-326-8005	IM	SHIELDS, MD, THOMAS J S BROAD ST & ALLENTOWN RD LANSDALE PA 19446-5374 SHINDE, MD, PADMAJA S 1200 OLD YORK RD ABINGTON PA 19001 215-576-2000	PD	SNEDDEN, MD, MICHAEL H 630 WINSFORD RD BRYN MAWR PA 19010-3652 610-527-6800	ORS
RELUZ, MD, JAVIER S MONTGOMERY HOSP NORRISTOWN PA 19401 810-270-2000	PD	RUDOLPH JR, MD, SAMUEL F 1030 E LANCASTER AVE ROSEMONT PA 19010-1451 610-525-3225	*OBG	SCARPA, MD, HARRY C 1767 TALBOT ROAD BLUE BLUE PA 19422-3577 SCHALLER, MD, JAMES A 515 NORTH LATCHER LN MERION STATION PA 19066 215-335-3236	GP	SHINDEN, MD, ROBERT A 6810 CASTOR AVE PHILADELPHIA PA 19149-2106 215-745-5581	IM	SNEYDER, MD, HARRY D 1244 FORT WASHINGTON AVE FT WASHINGTON PA 19034 215-643-2730	OPH
RHODE, MD, MARVIN C 100 MEDICAL CAMPUS DR LANSDALE PA 19446-1259 215-361-4591	GS	RUSSELL, MD, JOHN J 1716 BANTRY DRIVE DRESHER PA 19025-1232 215-576-2725	FP	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	OBG	SHOCKMAN, MD, JOEL 6810 CASTOR AVE PHILADELPHIA PA 19149-2106 215-745-5581	IM	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	RHU
RICH, MD, DEAN C 958 COUNTY LINE RD BRYN MAWR PA 19010-2502 610-647-1881	NS	RYAN, MD, LAWRENCE W 221 SINKLER DRIVE RADNOR PA 19087-5212 SABLOSKY, MD, LESTER 154 EVERGREEN CT BLUE BELL PA 19422-2837 215-646-8555	GYN	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	ON	SHORE, MD, ROBERT A 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	GP	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	PUD
RICHTER, MD, DOUGLAS M 825 LAFAYETTE RD BRYN MAWR PA 19010-1816 610-645-2000	OTO	SABLOSKY, MD, LESTER 154 EVERGREEN CT BLUE BELL PA 19422-2837 215-646-8555	FP	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	ON	SHORE, MD, ROBERT A 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	GP	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	PUD
RICHTER, MD, MELVYN P ABINGTON MEMORIAL HOSP ABINGTON PA 19001 215-576-2800	*TR	SABLOSKY, MD, LESTER 154 EVERGREEN CT BLUE BELL PA 19422-2837 215-646-8555	FP	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	ON	SHORE, MD, ROBERT A 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	GP	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	PUD
RIGOTTI, DO, JOSEPH A 500 OLD YORK RD STE 203 JENKINTOWN PA 19046-2852 215-886-0174	IM	SABLOSKY, MD, LESTER 154 EVERGREEN CT BLUE BELL PA 19422-2837 215-646-8555	FP	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	ON	SHORE, MD, ROBERT A 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	GP	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	PUD
RILEY, MD, VALERIE J 1330 POWELL ST STE 507 NORRISTOWN PA 19401 610-279-9003	OBG	SABLOSKY, MD, LESTER 154 EVERGREEN CT BLUE BELL PA 19422-2837 215-646-8555	FP	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	ON	SHORE, MD, ROBERT A 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	GP	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	PUD
RIVAS, MD, DAVID A 336 S QUINCE ST PHILADELPHIA PA 19107-6003 215-955-6963	*U	SABLOSKY, MD, LESTER 154 EVERGREEN CT BLUE BELL PA 19422-2837 215-646-8555	FP	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	ON	SHORE, MD, ROBERT A 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	GP	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	PUD
RIVAS-FLORES JR, MD, AURELIANO 700 JOSEPH DR WAYNE PA 19087-1021	U	SABLOSKY, MD, LESTER 154 EVERGREEN CT BLUE BELL PA 19422-2837 215-646-8555	FP	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	ON	SHORE, MD, ROBERT A 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	GP	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	PUD
ROBERTSON, MD, JAMES F 1235 YORK ROAD, STE 222 ABINGTON PA 19001-3811 215-887-6668	CD	SABLOSKY, MD, LESTER 154 EVERGREEN CT BLUE BELL PA 19422-2837 215-646-8555	FP	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	ON	SHORE, MD, ROBERT A 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	GP	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	PUD
ROBERTSON, MD, JAMES F 1235 YORK ROAD, STE 222 ABINGTON PA 19001-3811 215-887-6668	CD	SABLOSKY, MD, LESTER 154 EVERGREEN CT BLUE BELL PA 19422-2837 215-646-8555	FP	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	ON	SHORE, MD, ROBERT A 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	GP	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	PUD
RODGERS III, MD, WILLIAM H 1330 POWELL ST NORRISTOWN PA 19401-3353 610-277-0964	FP	SABLOSKY, MD, LESTER 154 EVERGREEN CT BLUE BELL PA 19422-2837 215-646-8555	FP	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	ON	SHORE, MD, ROBERT A 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	GP	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	PUD
ROEDIGER, MD, PAUL M 1245 HIGHLAND AVE ABINGTON PA 19001-3714 215-886-4950	IM	SABLOSKY, MD, LESTER 154 EVERGREEN CT BLUE BELL PA 19422-2837 215-646-8555	FP	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	ON	SHORE, MD, ROBERT A 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	GP	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	PUD
ROGERS, MD, JONATHAN J 1401 BETHLEHEM PIKE FLOURTOWN PA 19031-1904 215-233-1001	*ORS	SABLOSKY, MD, LESTER 154 EVERGREEN CT BLUE BELL PA 19422-2837 215-646-8555	FP	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	ON	SHORE, MD, ROBERT A 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	GP	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	PUD
ROHR, MD, ALBERT S BRYN MAWR MED BLDG S STE 107 BRYN MAWR PA 19010 610-527-2000	AI	SABLOSKY, MD, LESTER 154 EVERGREEN CT BLUE BELL PA 19422-2837 215-646-8555	FP	SCHMIDT, MD, H WILLIAM 378 ALLENDALE RD KING OF PRUSSIA PA 19406-1641 610-265-2356	ON	SHORE, MD, ROBERT A 7505 CASTOR AVE PHILADELPHIA PA 19152-4029 215-725-3322	GP	SNEYDER, MD, KENNETH R 101 WASHINGTON LN APT 518 JENKINTOWN PA 19046 215-456-7890	PUD

MONTGOMERY—MONTOUR

SPRITOS, MD, MICHAEL D 1235 OLD YORK ROAD STE 110 ABINGTON PA 19001 215-517-1122	HEM	TAYLOR, MD, MEGAN B 43 LLANBERRIS RD BALA CYNWYD PA 19004-2316 215-947-6690	AI	URBACH, MD, FREDERICK 220 COMMERCE DR FT WASHINGTON PA 19034-2404 215-643-2411	D	WEBBER, MD, CAROL P 452 LANKENAU MED BLDG EAST WYNNWOOD PA 19096 610-896-8840	OS	WOLF, MD, LAURENCE R 445 WARICK RD WYNNWOOD PA 19096-2343 610-645-0878	ORS
SPRATT, MD, CHARLES E 2801 STANBRIDGE ST APT 601 NORRISTOWN PA 19401-1608	PDA	TEEHAN, MD, BRENDAN P NETH ASSOC STE 130 LANKENAU WYNNWOOD PA 19096 610-649-1175	NEP	UTSINGER, MD, PETER D 8815 GERMANTOWN AVE STE 33 PHILADELPHIA PA 19118-2722	RHU	WEEZ, MD, ALLEN S 3032 N. WHITEHALL ROAD NORRISTOWN PA 19403-4403	PD	WOLF, MD, MELVYN A 909 SUMNERTOWN PIKE STE 201 SPRING HOUSE PA 19477-1011	OPH
SQUADRITO JR, MD, JAMES F 101 S BRYN MAWR AVE STE 220 BRYN MAWR PA 19010-3120 610-525-6580	* U	TEICH, MD, STEPHEN M ABINGTON CARDIOLOGY ASSOC ABINGTON PA 19001-3714 215-517-1234	IM	VACHRANUKUNKIET, MD, THEERASAKID 1401 SOUTHWIND WAY DRESHER PA 19025-1094 215-646-6814	PM	WEHBE, MD, MARWAN A PA HAND CENTER BRYN MAWR PA 19010-3120 610-525-1000	ORS	WOLFERT, MD, IRWIN H 909 SUMNERTOWN PIKE SPRING HOUSE PA 19477-1011	* FP
STAINBACK, MD, WILLIAM C 2221 BUTTWOOD RD BERWYN PA 19312-2109	GS	TEMIZER, MD, DOGAN H 2303 BELMONT AVE ARDMORE PA 19003-2925 215-662-6770	OTO	VAGANOS, MD, STEVE A 1330 POWELL ST STE 301 NORRISTOWN PA 19401-3350 610-272-3122	CD	WEINER, MD, BRUCE 21 W FORTNANCE ST NORRISTOWN PA 19401-3313 215-542-9911	GS	WONG, MD, TIEN PEI MANOR MEDICAL BUILDING NORTH WALES PA 19454 215-699-7600	OPH
STAPP, MD, HARRIET L 312 KING STREET POTTSTOWN PA 19464-5517	GP	TENAGLIA, MD, NICHOLAS C 769 GERMANTOWN PIKE LAFAYETTE HILL PA 19444-1620 215-836-7020	* CHP	VAHEDI, MD, HOUSHANG M 1227 HUNTINGDON PIKE HUNTINGDON VLY PA 19006-8326 215-728-2000	IM	WEINER, MD, HAROLD M 39 SUGAR MAPLE LN LAFAYETTE HILL PA 19444-2424 610-000-0000	DR	WOOD, MD, DAVID W 640 N VALLEY FORGE RD DEVON PA 19333-1200	PDA
STAR, MD, ANDREW M 2400 MARYLAND RD STE 20 WILLOW GROVE PA 19090-1711 215-885-1112	ORS	TENDLER, MD, STEVEN W 808 N BROAD ST LANSDALE PA 19446-2300 215-362-7878	CD	VAIL, MD, SYDNEY J 729 LINDY WAY BALA CYNWYD PA 19004-1332	GS	WEINER, MD, JEFFERY R 6357 OLD CARVERSVILLE RD CARVERSVILLE PA 18913-9999 215-297-5051	* FP	WOOD, MD, HOWARD P 3300 DABRY RD C802 HAVERFORD PA 19041-1065	P
STEINMEYER JR, MD, HARRY H 378 MARGO LN BERWYN PA 19312-1454	R	THOMAS, MD, EMILIA V 1300 OLD YORK RD APT G-106 ABINGTON PA 19001-3334 215-576-2000	IM	VALENTINO, DO, STEVEN J 700 S HENDERSON RD KING OF PRUSSIA PA 19406-3530 610-265-5795	ORS	WEINSTOCK, MD, JEROME L 824 MARGO LN NARBERTH PA 19072-1309	GP	WOODRUFF JR, MD, D STRATTON 217 PENNSWOOD RD BRYN MAWR PA 19010-3660	FP
STERNLIEB, MD, JONATHAN M 1245 HIGHLAND AVE STE 602 ABINGTON PA 19001 215-885-8787	GE	THOMAS, MD, GARRY J 2705 DEKALB PK STE 305 NORRISTOWN PA 19401 610-272-1644	* OPH	VANDERVEER, MD, JOSEPH B 1400 WAVERLY ROAD VILLA 9 GLADWYNE PA 19035-1254	CD	WEISER, MD, MADELINE C 814 S WOODBINE AVE NARBERTH PA 19072-1431 610-896-8009	PD	WORTHINGTON, MD, JOHN J HUNTINGTON HOSP WILLOW GROVE PA 19090-2399 215-657-4010	P
STEVENSON, MD, RICHARD D LANSDALE MEDICAL GROUP LANSDALE PA 19446-0508 215-855-9501	PD	THOMPSON, MD, JAMES W 265 HOTHORPE LN VILLANOVA PA 19085-1115 610-525-2515	U	VANSOCT, MD, EUGENE J 3 HIDDEN LN ABINGTON PA 19001-4603 215-884-1726	D	WEISS, MD, ALAN R 1014 STONE BRIDGE ROAD LOWER GWYNEDD PA 19002-2034 215-576-2050	N	WRIGHT, MD, THOMAS S 1431 WHEAT SHEAF LN ABINGTON PA 19001-2804 215-887-1510	CHP
STEWART, MD, WILLIAM W VALLEY FORGE COMPUTER TECH KING OF PRUSSIA PA 19406 610-992-1119	OM	TOM, MD, CAROL M 563 SKIPPACK PIKE BLUE BELL PA 19422-2150	AN	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	ORS	WEISS, MD, FRED H 1628 GRASSHOPPER LN GWYNEDD VALLEY PA 19437-0456 610-265-9290	PD	WRIGLEY, MD, MICHAEL S 1823 W MAIN ST NORRISTOWN PA 19403-3203 215-841-6395	OM
STEWART JR, MD, WILLIAM G 27 S BRYN MAWR AVE BRYN MAWR PA 19010-3406 610-527-1762	ORS	TOBIAS, MD, GORDON L 494 S BRYN MAWR AVE BRYN MAWR PA 19010-2130 610-526-3453	OR	VARADA, MD, K P BABU 1630 CHADWYCK PL BLUE BELL PA 19422-2912 215-223-2810	* PM	WEISS, MD, GEORGE H 3023 DEKALB BLVD NORRISTOWN PA 19401-1502 610-279-1330	* FP	YANG, MD, UN-TAEK 628 CREIGHTON RD VILLANOVA PA 19085-2034 610-525-4968	* AN
STONE, MD, ROBERT K MED CONFERENCE CTR DREXEL HILL PA 19026-1129 610-565-3189	* P	TORNETTA, MD, FRANK J 307 ANTHONY DR PLYMOUTH MTNG PA 19462-1109 610-270-2127	U	VASSALLO JR, MD, RALPH R FRANKFORD HOSP MED EDUC PHILADELPHIA PA 19114 215-612-4845	D	WEISS, MD, KENNETH S 8101 WASHINGTON LANE STE 101 WYNNCOTE PA 19095-1625	* FP	YANG, MD, WILLIAM 370 SCYAMORE AVE MERION PA 19066-1539	PD
STRANG, MD, JOHN E 830 OLD LANCASTER RD BRYN MAWR PA 19010-3118 610-525-8086	CD	TORRENT, MD, PETER C 4001 BRIAR LN LAFAYETTE HILL PA 19444-1611 215-482-2380	AN	VASSALLO JR, MD, RALPH R FRANKFORD HOSP MED EDUC PHILADELPHIA PA 19114 215-612-4845	IM	WENDELL JR, MD, JAMES I 327 N ROLAND STREET POTTSTOWN PA 19464-4442	END	YANITY, MD, EUGENE J 247 MEETINGHOUSE RD JENKINTOWN PA 19046-2938 215-831-4700	P
STRARI, MD, JEFFREY H 531 W GERMANTOWN PIKE STE 203 PLYMOUTH MTNG PA 19462-1325 610-825-0610	N	TORNETTA, MD, FRANK J 307 ANTHONY DR PLYMOUTH MTNG PA 19462-1109 610-270-2127	D	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	* N	WEISS, MD, NED M 2701 BLAIR MILL RD STE 6 WILLOW GROVE PA 19090	NEP	YARDUMIAN, DO, JOHN 6022 STONEY HL RD NEW HOPE PA 18938-9601 215-862-2703	* P
STUBA, MD, STELLA 1806 HARMON RD CONSHOHOCKEN PA 19428-1207 610-828-3958	FP	TORNETTA, MD, FRANK J 307 ANTHONY DR PLYMOUTH MTNG PA 19462-1109 610-270-2127	FP	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	PTH	WEISS, MD, ROBERT A 936 CLOVER HILL RD WYNNWOOD PA 19096-1631 215-662-3605	PO	YOST, MD, ROBERT M 1717 BETHLEHEM PIKE STE C2 ERDENHEIM PA 19038 215-233-1845	FP
STURMAN, MD, MARTIN F MELROSE PARK PHILADELPHIA PA 19027-9226	NM	TORNETTA, MD, FRANK J 307 ANTHONY DR PLYMOUTH MTNG PA 19462-1109 610-270-2127	* AN	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	P	WEXLIN, MD, DONALD J 600 LEWIS RD STE 113 KING OF PRUSSIA PA 19406-3425 610-265-2020	IM	YOUCHA, MD, SHARON H 331 PENN RD WYNNWOOD PA 19096-1401 610-525-3225	OBG
SULLIVAN, MD, RICHARD A 8601 STENTON AVE WYNDMOOR PA 19118-2312 215-233-6200	PM	TRAN, MD, NEIL N 60 TOWNSHIP LINE RD ELKINS PARK PA 19117-2249 215-663-6222	NPM	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	FP	WHEELER, MD, JENETTE H 130 LLANFAIR RD ARDMORE PA 19003-2501 215-662-2850	FP	YOUNG, MD, IN MIN 3209 PATRICIA CIR NORRISTOWN PA 19401-1567	FP
SUN, MD, ELIZABETH A 1445 DEKALB ST NORRISTOWN PA 19401-3405 610-275-6888	GE	TRICHTINGER, MD, MARTIN D 500 OLD YORK RD STE 203 JENKINTOWN PA 19046 215-886-0174	IM	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	IM	WHITE, MD, CHERYL JO MSDRL BL3-4 WEST POINT PA 19486 610-397-2554	ID	YOUSSEF, MD, NAWAL A 4010 WESTAWAY DR LAFAYETTE HILL PA 19444-1510 610-272-4550	PD
SUSSMAN, DO, MARK P 2026 N BROAD ST LANSDALE PA 19446-1059 215-368-4434	FP	TRINH, MD, CHUONG V 1101 ASHBURNE RD CHELTENHAM PA 19012-1102 215-455-5403	* IM	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	NPM	WHITE, MD, KATHLENE 1928 OLD HUNTINGDON PIKE HUNTINGDON VLY PA 19006-7710 215-947-3606	ORS	YUDIS, MD, MELVIN HYPERTENSION NEPHROLOGY ASSOC ABINGTON PA 19001-1023 215-657-2012	NEP
SUTLIFF, MD, FREDERICK P 1125 N WOODBINE AVE NARBERTH PA 19072-1244 610-527-3406	OPH	TRONCELLI, MD, A WAYNE 1522 WYNNWOOD RD ARDMORE PA 19003-2719 610-642-0650	IM	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	IM	WHITTAKER, MD, RICHARD P 1603 E HIGH ST POTTSTOWN PA 19464-5061 610-327-2400	* ORS	YUHAS, MD, THOMAS R 1590 MEDICAL DR STE A POTTSTOWN PA 19464 YUSCHAK, MD, JAMES V 1245 HIGHLAND AVE STE 600 ABINGTON PA 19001-3714 215-887-3990	CDS
SWEIGARD, MD, KEITH W 500 OLD YORK RD STE 203 JENKINTOWN PA 19046-2852 215-886-0174	IM	TRONCELLI, MD, ALFRED E 473 MARPLE RD BROOMALL PA 19008-2635 610-642-0650	CD	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	GE	WIENER, DO, STEPHEN D 3200 AYR LANE DRESHER PA 19025-1604 215-659-3220	FP	ZABALETA, MD, RUBEN H 700 S HENDERSON RD KING OF PRUSSIA PA 19406 610-354-0344	TRS
SWIHART, MD, JEAN O 8 WOODSTREAM DR APT G44 NORRISTOWN PA 19403-3743	P	TROTTMAN, MD, JENNIFER E 1020 LINCOLN WOODS LAFAYETTE HILL PA 19444-1156 215-878-1234	* IM	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	CD	WILLIAMS, MD, R HALLOCK 629 MANCHESTER RD NORRISTOWN PA 19403-4156 610-279-6068	P	ZELLEY, MD, LEE S 1503 SUNSET DR STE 2 POTTSTOWN PA 19464-5023 610-326-4636	FP
TABAS, MD, JANINE G 681 BLACK ROCK RD BRYN MAWR PA 19010-1801 215-925-6402	OPH	TSAL, MD, YU J 3 LORAMAR LANE PHOENIXVILLE PA 19460-2739 610-631-0550	GP	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	GS	WILLIAMS, MD, STEPHEN K 360 MAIN STREET TRAPPE COLLEGEVILLE PA 19426 WILSON, MD, FREDERICK S 1338 JERICHO RD ABINGTON PA 19001-3313	PA	ZIMMERMANN, MD, ALBERT W 1 PLYMOUTH MEETING STE 100 PLYMOUTH MTNG PA 19462-1308 610-828-1554	OPH
TABUENA, MD, AMELIA L 1811 BETHLEHEM PIKE STE 213 FLOURTOWN PA 19031-1111 215-233-2810	PM	TSU, MD, JACQUELYNN L 1516 VISTA CLUB CIR APT 305 SANTA CLARA CA 95054-0000	PD	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	* OTO	WILSON, MD, WILLIAM W 239 OLD GULPH RD WYNNWOOD PA 19096-1018 610-642-9822	P	ZUCKER, MD, ELI W 1256 VALLEY RD RYDAL PA 19046-1249 215-675-1516	FP
TAIT, MD, EDWIN C 15 W WOOD ST NORRISTOWN PA 19401-3300 610-275-5570	OPH	TWER, MD, ALAN J 55 BERRYWOOD LANE DRESHER PA 19025-2001 215-742-7474	OPH	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	OPH	WILSON JR, MD, ROBERT N WK328 BX BERMUDA WILTON, MD, SUSAN R 1560 MEDICAL DR POTTSTOWN PA 19464 610-326-9308	OBG	ZUKOSKI, MD, JOSEPH T 110 CHESTNUT LANE POTTSTOWN PA 19465 610-323-9213	GP
TALAMO, MD, ROBERT J 1038 HILDEBIDE DR COLLEGEVILLE PA 19426-3048	FP	ULASEWICZ, MD, JOSEPH T 955 LIMEKILN RD DOYLESTOWN PA 18901-2311 215-256-8040	FP	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	GE	WILSON JR, MD, ROBERT N WK328 BX BERMUDA WILTON, MD, SUSAN R 1560 MEDICAL DR POTTSTOWN PA 19464 610-326-9308	OPH	ZUKOSKI, MD, JOSEPH T 110 CHESTNUT LANE POTTSTOWN PA 19465 610-323-9213	FP
TAMAKI, MD, H TOM 1522 SANDY HILL RD NORRISTOWN PA 19401-2604	PTH	UMAR, MD, KENAN 2 CREST TER NORRISTOWN PA 19403-9801	* P	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	U	WILSON JR, MD, ROBERT N WK328 BX BERMUDA WILTON, MD, SUSAN R 1560 MEDICAL DR POTTSTOWN PA 19464 610-326-9308	OPH	ZUKOSKI, MD, JOSEPH T 110 CHESTNUT LANE POTTSTOWN PA 19465 610-323-9213	FP
TANYOL, MD, HASIB 333 SKIPPACK PIKE FT WASHINGTON PA 19034-2011	IM	UNDERWOOD, MD, MARA Z 180 UPPER GULPH RD RADNOR PA 19087-4626	AN	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	GP	WILSON JR, MD, ROBERT N WK328 BX BERMUDA WILTON, MD, SUSAN R 1560 MEDICAL DR POTTSTOWN PA 19464 610-326-9308	GP	ZVARGULIS, MD, JANIS E 170 BLACKHORSE RD CHESTER SPRINGS PA 19425-3524 610-525-4966	* AN
TAUSCH, MD, GILBERT S 1340 DEKALB ST STE 1 NORRISTOWN PA 19401-3434 610-279-7443	N	UNDERWOOD, MD, SUSAN K 484 MAPLE AVE PO BOX 227 HARLEYSVILLE PA 19438 215-256-8040	FP	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	CD	WITKIN, MD, EVELYN D 643 2ND ST PIKE SOUTHAMPTON PA 18966-3940 215-322-6683	ORS	ZWEIBACK, DO, DAVID J 916 MELROSE AVE PHILADELPHIA PA 19126-1905	IM
TAYLOR, MD, MARCIA R 1213 WEYMOUTH RD WYNNWOOD PA 19096-3331 610-664-3300	D	UNGER, MD, MICHAEL 301 S 8TH ST STE 2-B PHILADELPHIA PA 19106 215-829-6820	PUD	VARE, MD, VICTOR B 11107 VALLEY FORGE KING OF PRUSSIA PA 19406-1107	P	WOLDOW, MD, ANDREW B 5401 OLD YORK RD STE 401 PHILADELPHIA PA 19141-3030 215-329-0633	* CD	MONTOUR ABRAHAM-HEBERT, MD, SANDRA 103 PINE ST DANVILLE PA 17821-1951	OBG

AMACHER, MD, A LOREN N ACADEMY AVE DANVILLE PA 17821-1208 717-271-6437	NS	EYERLY, MD, ROBERT C GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6364	ON	LAUBACH JR, MD, CHARLES A GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6060	CD	STRONY JR, MD, RONALD S 702 5TH ST BOX 371 RIVERSIDE PA 17868 TARASZEWSKI, MD, ROBERT 2489 BERK ST CUYAHOGA FALLS OH 44221 216-747-0777	EM	AUGELLI-HODOR, DO, LINDA P 3254 ALTONAH RD BETHLEHEM PA 18017-1845 610-861-7715	IM
ANDREE, MD, STEVEN R 1820 D BLOOM RD DANVILLE PA 17821	EM	FELLIN, MD, CHRIS W GEISINGER MEDICAL CENTER DANVILLE PA 17821-0001 717-271-6211	IM	LEECH JR, MD, JOHN E TRI COUNTY UROLOGIC ASSOC POTTSTOWN PA 19450-1718 610-323-5550	U	TUREL JR, MD, ANTHONY P GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6590	N	BACAK, MD, JOSEPH F 701 OSTRUM ST BETHLEHEM PA 18015-1153 610-865-3250	IM
ANDREYCHIK, MD, DAVID A GEISINGER MEDICAL CENTER DANVILLE PA 17821-1208 717-271-6541	ORS	FLOURAS, MD, KATHY 104 POCAHONTAS LN ELYSBURG PA 17824-9429	AN	LOCKWOOD, DO, KATHLEEN I 38 OVERLOOK DR DANVILLE PA 17821-9603	N	VELAZQUEZ, MD, LYZETEE E GEISINGER MEDICAL CTR DANVILLE PA 17821 717-271-0443	N	BAILEY, MD, DOMINIQUE R 2101 WASHINGTON BLVD EASTON PA 18042-3803 610-250-6575	PD
ANDRUSCAVAGE, DO, LISA A RD 6 BOX 386 DANVILLE PA 17821-8759 717-271-6211	IM	FUNKHOUSER, MD, GEORGE R GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6301	R	LUTNESS, MD, MARK P 700 E COOVER ST MECHANICSBURG PA 17055-3413 717-691-3755	PM	VIEHOFF, MD, REINHARD P B 1126 E MARKET ST DANVILLE PA 17821 717-275-7011	P	BAILEY, MD, THOMAS M 2101 WASHINGTON BLVD EASTON PA 18042-3803 610-250-6575	PD
ANGUS, MD, LESLIE R 301 MAPLE ST DANVILLE PA 17821-8573 717-275-7011	P	GATSKI, MD, ROBERT L 310 E MARKET ST DANVILLE PA 17821-2032 717-784-5773	P	MARX, MD, DAVID G 17813 RED OAK DR HAGERSTOWN MD 21740 717-271-8001	EM	VILLAGRA, MD, VICTOR G GEISINGER MEDICAL CTR DANVILLE PA 17822-1401 717-271-6637	P	BALSHI, MD, JAMES D 3735 NAZARETH RD STE 206 EASTON PA 18042-8751 610-252-8281	* VS
BARTONE, MD, FRANCIS F GEISINGER CLINIC DANVILLE PA 17822-0001 717-271-6376	OS	GIBSON, MD, WILLIAM S GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6430	OTO	MC KINLEY, MD, DAVID F GEISINGER MEDICAL CENTER DANVILLE PA 17822-1339 717-271-6562	PD	WELBY, MD, TIMOTHY D 587 E 5TH ST APT 2B BLOOMSBURG PA 17815-2351 717-271-6211	IM	BALSHI, MD, STEPHEN F 1509 EASTON AVE BETHLEHEM PA 18017-5934 610-691-2552	OTO
BEILER, MD, DAVID D BOX 220 RIVERSIDE PA 17868-0220	TR	GREENFIELD, MD, LAWRENCE S 116 GOTSCHAL ROAD DANVILLE PA 17821-9114 717-271-6165	IM	MCCARTER JR, MD, THOMAS G 10 3RD ST DANVILLE PA 17821-1157 717-271-6050	IM	WILKERSON, MD, MYRA L PO BOX 134 DANVILLE PA 17821-0134 717-271-6332	PD	BANAS, MD, MICHAEL P 4270 WELLESLEY RD BETHLEHEM PA 18017-9188 610-861-8080	* ORS
BENOIT, MD, CHARLES H GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6376	TS	GRIECO, MD, WILLIAM M 1209 RED LN DANVILLE PA 17821-8485	AN	MCGREGOR, MD, ROBERT S GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6050	PD	WOLFANG, MD, GARY L GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6541	PTH	BANDALA, MD, LEONARD C EASTON HOSP EASTON PA 18042-4625 610-250-4317	AN
BHAGWADIEN, MD, NARENDRA 30 2ND ST DANVILLE PA 17821-1149 717-271-6787	IM	HADDAD, MD, ROBERT M GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6164	IM	MILLER, DO, LOIS M 718 W MARKET ST STE 200 LIMA OH 45821 419-229-9900	PM	WOOMERT, MD, CATHLEEN A 241 BEAGLE CLUB RD RR 6 LEWISBURG PA 17837 717-271-6301	ORS	BARR, MD, GAVIN C 2597 SCHOENERSVILLE RD BETHLEHEM PA 18017-7331 610-867-1350	* IM
BILES, MD, WILLIAM 217 PINE ST APT 1 DANVILLE PA 17821-1987	IM	HAUSCH, MD, RAYMOND C 24 2ND ST DANVILLE PA 17821-1149	IM	MILLER III, MD, O FRED GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-275-5224	D	YUMEN, MD, OMAR 1094 DUNHAM ST ONTARIO CANADA K7P2K-1 717-271-6045	DR	BARRETT, MD, GEORGE S 11 N KERN DR TOPTON PA 19562 BARRETT, MD, PETER W 2925 WILLIAM PENN HWY EASTON PA 18042	U
BLOODGETT JR, MD, RANDOLPH C 244 LENAPE DR BERWYN PA 19312-1849	RHU	HORVATH, MD, DAVID A RR 5 BOX 159 DANVILLE PA 17821-8940 717-271-6211	FP	MORRISON, MD, SAMUEL S RR 6 BOX 409 DANVILLE PA 17821-8746	PD	ZIPPEL, MD, TERRENCE E 302 BLOOM ST DANVILLE PA 17821-1608	IM	BARRY, DO, THOMAS J 457 TIMOTHY DR BETHLEHEM PA 18017-2460 BARTELT, DO, MATTHEW S 65 E ELIZABETH AVE STE 420 BETHLEHEM PA 18018-6506 610-865-1755	CDS
BOKA, MD, SUZANNA P 17 GREENBRIAR LN DANVILLE PA 17821-1765 717-271-6200	IM	IOBST, MD, JOSEPH I 115 W MARKET ST DANVILLE PA 17821-1818 717-387-6488	GS	MOWAD, MD, JOSEPH J GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6787	U	NORTHAMPTON			IM
BRILL, MD, DAVID R GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-571-6301	NM	ISCARUS, MD, GEORGE S 501 SPRUCE ST DANVILLE PA 17821-1154 717-271-6211	IM	O'ROURKE, MD, JOHN N GEISINGER MEDICAL CENTER DANVILLE PA 17822 717-271-6830	A	ABAD, MD, RAUL M 175 S 21ST ST EASTON PA 18042-3835 610-258-4744	NS	BARTOLET, MD, TERRY L 2111 WASHINGTON BLVD EASTON PA 18042-3803 610-253-9617	ORS
BROWN, MD, JAMES E 82 OVERLOOK DR DANVILLE PA 17821-9616 717-271-6408	ID	ISCARUS, MD, GEORGE S 501 SPRUCE ST DANVILLE PA 17821-1154 717-271-6211	IM	PASCUCCI, DO, MARY F 39 MEADOW LN DANVILLE PA 17821-9412 717-271-6211	PTH	ABDULRAHMAN, MD, OSSAMA 400-J MICKLEYRUN WHITEHALL PA 18052-6212 ABGOTT, MD, MICHAEL A 1545 BROADWAY BETHLEHEM PA 18015-3901 610-865-6112	IM	BARTOS, MD, JOSEPH E 2223 LINDEN ST BETHLEHEM PA 18017-4855 610-954-3600	* FP
BROWN, MD, HAROLD E 705 RED LANE DANVILLE PA 17821-8418	U	ISCARUS, MD, GEORGE S 501 SPRUCE ST DANVILLE PA 17821-1154 717-271-6211	IM	PENETAR, DO, BARBARA C 731 BEECHWOOD DR DICKSON CITY PA 18519 PHIPPS, MD, CARL D PO BOX 208 RIVERSIDE PA 17868-0208 717-271-6429	AN	ABO, MD, MARC N 390 RED SCHOOL LN PHILLIPSBURG NJ 08865-2230 201-859-0034	GS	BEALER, MD, JOHN D 3639 EMERSON CIR BETHLEHEM PA 18017-1509 BECK, MD, CHRISTINE H 21ST AND FARVIEW STS EASTON PA 18042 610-250-9666	OM
BURNS, MD, J ROBERT GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6389	PUD	JEFFREYS, MD, WILLIAM H GEISINGER CLINIC DANVILLE PA 17821 717-271-6419	N	PHIPPS, MD, CARL D PO BOX 208 RIVERSIDE PA 17868-0208 717-271-6429	GS	ADELMAN, MD, RONALD W 2690 KINGSTON RD EASTON PA 18042-9182 610-258-0131	GS	BECKER, MD, JOHN D 3639 EMERSON CIR BETHLEHEM PA 18017-1509 BECK, MD, CHRISTINE H 21ST AND FARVIEW STS EASTON PA 18042 610-250-9666	PM
CAHILL, MD, THOMAS J GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6439	GE	JENSEN, MD, GORDON L 52 OVERLOOK DR DANVILLE PA 17821-9616 717-271-4778	NTR	RIXEY, MD, CHARLES O 3202 MCENHRY DRIVE SAN ANTONIO TX 78239-3082 ROTHERMEL, MD, FRANKLIN J 407 LOCEST LN DANVILLE PA 17821-8565 717-271-6301	OPH	ADAM, MD, MARVELLEN P 1875 SUNSET DR WHITEHALL PA 18052-4140 610-854-4463	R	BECKER, MD, MARTIN S 619 MCCARTNEY ST EASTON PA 18042-1540 BENSIMMON, MD, GEORGES J 1488 SHELBOURNE CT ALLENTOWN PA 18104-1949 610-861-2439	OBG
CARLSON, MD, JOHN P GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6472	N	JOHNSON, MD, ANNETTE J 632 BLOOM ST DANVILLE PA 17821-1630 717-271-6301	DR	SABOL, MD, LOUISE J GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6531	OPH	AKSU, MD, AHMET 1406 EATON AVE BETHLEHEM PA 18018-1702 610-691-8280	AN	BENZ, MD, EDWARD J 1564 SAUCON VALLEY RD BETHLEHEM PA 18015-5260 610-776-5129	PTH
CHERICHHELLA, MD, ROBERT J 217 PINE ST APT 3 DANVILLE PA 17821	DR	JONES, MD, JAMES B 207 ORANGE ST DANVILLE PA 17821-1770	EM	SCHULLER, MD, DIANE E 11 BRANDYWINE HERSHEY PA 17033 717-271-6259	POA	ALTMAN, MD, ARTHUR A 3550 SOUTHWOOD DR EASTON PA 18042-5845 908-659-6751	PTH	BETTS, DO, BROOKS 1725 NORTHAMPTON ST EASTON PA 18042-3133 610-253-4131	GP
CLEMENT, MD, JOHN A GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6304	* TR	KANE, MD, MARK J RIDGEVIEW APT 1102 DANVILLE PA 17821 KELLAWAY, MD, FREDERICK J 17 OAK ST DANVILLE PA 17821-1317	IM	SIDOROV, MD, JAAN E GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6637	IM	AMIN, MD, ATUL K 3735 NAZARETH RD STE 302 EASTON PA 18042-8751 610-258-3375	PS	BIENIEK, MD, MARZENA L 1027 PUBLIC RD BETHLEHEM PA 18015-2425 212-523-6658	RHU
COLE, MD, JAMES M GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6426	OTO	KENNEDY, MD, THOMAS L GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6427	OTO	SILVA-LOPEZ, MD, EDIBALDO GEISINGER MEDICAL CENTER DANVILLE PA 17822-0001 717-271-6361	OS	AMOROSO, MD, ANTHONY C STE 301 EASTON PA 18042-8987 610-258-2826	IM	BIGGS, DO, ROBERT H 2597 SCHOENERSVILLE RD BETHLEHEM PA 18017-7330 610-866-2233	CD
CURTIS, MD, JAMES L 26 FROSTY HILLS DR DANVILLE PA 17821-9144	OPH	KIBELBEK, MD, MICHAEL J 66 OVERLOOK DR DANVILLE PA 17821-9616 717-271-6849	PD	SINGSTAD, MD, CHARLES P 3 STRAWBERRY LN DANVILLE PA 17821 717-271-6001	EM	ANCH, MD, PRASAD R 35 E ELIZABETH AVE # 5 BETHLEHEM PA 18018-6505 610-865-4610	N	BISSET JR, MD, JAMES F 3311 NAZARETH RD EASTON PA 18042-2017 610-258-6283	OBG
DENNEHY, MD, JOHN J GEISINGER MEDICAL CTR DANVILLE PA 17822-1341 717-271-6408	ID	KIHARA, MD, TODD K 108 DEY ST DANVILLE PA 17821-1720	GS	SPAHR, MD, ROBERT C GEISINGER MEDICAL CENTER DANVILLE PA 17822-0150 717-271-6211	NPM	ANDERSON, MD, JOHN R 701 OSTRUM ST BETHLEHEM PA 18015-1153 610-691-0357	U	BLOCH, MD, ROBERT S 1901 HAY TER EASTON PA 18042-4650 610-252-2556	GS
DICKEY, MD, ROBERT F 650 RED LANE DANVILLE PA 17821-8418	D	KISTLER, MD, MEG S GEISINGER MEDICAL CENTER DANVILLE PA 17822-0001 KLINGER, MD, HARRY M 4401 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-2414	OBG	SPALDING, MD, PATRICK J 632 LOGAN RUN RD DANVILLE PA 17821-7736 717-672-6343	OBG	ANTARIO, MD, JOSEPH M 34 RUSSET DR EASTON PA 18042 610-258-7000	U	BLOSE, MD, LINDA K 370 S WALNUT ST BATH PA 18017-2474 610-837-8710	IM
DIETL, MD, CHARLES A GEISINGER MEDICAL CENTER DANVILLE PA 17822-1343 717-271-6367	CDS	KOLLAS, MD, CHAD D KNAPPER CLINIC DANVILLE PA 17822 717-271-5600	IM	STANISLAW, MD, SCOTT R 31 ORANGE ST DANVILLE PA 17821-1770	GS	ARASTU, MD, MOHAMMAD I 2045 WESTGATE DR STE 206 BETHLEHEM PA 18017-7487 610-865-6044	* END	BLUMENTHAL, MD, NEIL C 3580 SOUTHWOOD DR EASTON PA 18042-5851 908-454-4666	* OBG
DULA, MD, DAVID J GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6812	EM	KOUGH, MD, ROBERT H 11 RED OAK DR DANVILLE PA 17821-8417 717-271-6413	HEM	STARKEY, MD, RALPH H GEISINGER MED CTR ENDO DEPT DANVILLE PA 17821-1207 717-271-6028	END	ARNER, MD, RAYMOND H 1265 MOFFIT AVE BETHLEHEM PA 18018-1649 AUCH, MD, ELLA M PO BOX 3297 EASTON PA 18043-3297	AN	BOONSWANG, MD, PRICHA 2358 GRUVER AVE EASTON PA 18042-2808 610-252-2229	* CRS
EKBERG, MD, NORMAN L GEISINGER MEDICAL CTR DANVILLE PA 17822-0001 717-271-6924	PUD	LAFOLLETTE, MD, BRUCE F 16 FROSTY HILLS DR DANVILLE PA 17821-9144 717-271-6541	ORS	STEMM, MD, JOSEPH J GEISINGER MEDICAL CTR ANES DANVILLE PA 17822-2025 717-271-6845	* AN	AUERBACH, MD, MARK H STE 301 EASTON PA 18042-8987 610-258-2826	GP	BOREN, MD, STUART M 1889 BUCKNELL DR BETHLEHEM PA 18015-5218 610-865-7871	AN
ELY, MD, GARNETTA M 100 N ACADEMY AVE DANVILLE PA 17822-1406 717-271-6831	RHU	LARKIN, DO, MICHAEL J 407 LOMBARD ST DANVILLE PA 17821-8595 717-271-6423	CD	STILL, DO, MARGARET M 358 CHURCH ST DANVILLE PA 17821-1963	IM				

NORTHAMPTON

BOYLAN, MD, JAMES J 701 OSTRUM ST STE 604 BETHLEHEM PA 18015-1153 610-868-9770	GE	COCHRAN, MD, JAMES F 2151 FAIRVIEW AVE EASTON PA 18042-3858 610-258-4334	OPH	DONOHUE JR, MD, HUGH J 250 S 21ST ST EASTON PA 18042 610-250-4014	GS	GADBOIS, MD, WILLIAM F 701 OSTRUM ST STE 603 BETHLEHEM PA 18015-1008	U	HANISEK, MD, WILLIAM F 2061 FAIRVIEW AVE EASTON PA 18042-3953 610-253-1011	IM
BRAU, MD, ALAN S 510 DELAWARE AVE BETHLEHEM PA 18015-1104 610-691-3131	PUD	COCHRANE, MD, PETER J 744 OSTRUM ST BETHLEHEM PA 18015-1120 610-867-2371	GS	DORMAN, MD, SANFORD A EASTON HOSP EASTON PA 18042-4625 610-250-4282	PTH	GAJIC, MD, NIKOLA 25 SCHULER LN EASTON PA 18042-6954 908-454-6303	FP	HARADA, MD, WILLIAM A EASTON HOSP DEPT PATHOLOGY EASTON PA 18042-3851 610-250-4143	* PTH
BRAUN III, MD, WILLIAM P 759 TURKEY RIDGE RD MT BETHEL PA 18343 717-897-5019	FP	COHEN, MD, MERTON E 2040 LEHIGH ST APT 702 EASTON PA 18042-3827	PD	DORVILLE, MD, FABIO L 1130 DELAWARE AVE BETHLEHEM PA 18015-4117 610-868-2710	* OM	GARBARINO, MD, JOSEPH L PO BOX 20847 LEHIGH VALLEY PA 18002-0847 610-691-0973	ORS	HARE, MD, JEFFREY D 1139 LYNNHURST CIR BETHLEHEM PA 18017-3937	GP
BRENNEMAN, MD, RICHARD E 2522 9TH ST BETHLEHEM PA 18017-4330	AN	COLASANTE, MD, ANTHONY D 3566 HECKTOWN RD BETHLEHEM PA 18017-1302	GP	DOTO JR, MD, JOSEPH B 1821 NOTTINGHAM RD ALLENTOWN PA 18103-2920 610-776-0415	AN	GARCIA, MD, MICHAEL J 201 VALLEY PARK SOUTH BETHLEHEM PA 18018-1347 610-954-4000	IM	HARLAN, MD, WILLIAM K RR 1 BOX 146-A PEN ARGYL PA 18072	ON
BROWN, DO, ANTHONY 701 OSTRUM ST STE 304 BETHLEHEM PA 18015 610-865-5888	NEP	COLE, MD, JACK E 782 BARRYMORE LN BETHLEHEM PA 18017-2522	FP	DRAGO, MD, JOSEPH R 3295 BEAUFORT DR BETHLEHEM PA 18017-1955 610-258-8700	* U	GAULIN, MD, J CLAUDE 3578 TIMBERLANE DR EASTON PA 18042-5745	PTH	HART, MD, ALEX D 2585 ALPINE DR HELLERTOWN PA 18055-3204 610-865-7871	AN
BROWN, MD, JOHN M 3543 GLEN AVE EASTON PA 18045-5812 610-861-2261	ATP	COLEMAN, MD, DONALD K 4475 N OCEAN BLVD DELRAY BEACH FL 33444	N	DREHER, MD, ROBERT H PO BOX 97 WIND GAP PA 18091-0097 610-863-4567	* GP	GAYDOS, MD, THOMAS L 701 OSTRUM ST BETHLEHEM PA 18015-1153 610-691-1141	GYN	HEIMBACH, MD, GEORGE Z 1401 N 40TH ST ALLENTOWN PA 18104-2107	R
BRUNO, DO, RAYMOND 4015 LOIS LN ALLENTOWN PA 18104-9697 610-954-4780	PM	CONSIDINE, DO, KEVIN C 155 H AVE CORONADO CA 92118-1219 908-454-6303	FP	DURBACK, MD, MARK A 1901 HAY TER EASTON PA 18042-4650 610-250-9605	RHU	GAYNER, MD, ROBERT S 701 OSTRUM ST STE 304 BETHLEHEM PA 18015-1152 610-865-5888	NEP	HELMOLD, MD, KARL W 2005 FAIRVIEW AVE EASTON PA 18042 610-258-6268	ORS
BUQUA, MD, PAUL 387 CARVER DR BETHLEHEM PA 18017-4716	GP	COOK, MD, NICHOLAS A 1130 MAIN ST HELLERTOWN PA 18055-1319 610-838-1010	IM	EATON, MD, DAVID A 9 SMITH GAP VW BATH PA 18014-8602	NS	GERONIMO, MD, LAURO S 4379 WILLIAM PENN HWY BETHLEHEM PA 18017-1483 610-866-4201	FP	HEMLEY, MD, SUSAN R 215 W BROAD ST BETHLEHEM PA 18018-5545 610-691-1122	* NS
BURGER, MD, THEODORE P 2431 EASTON AVE BETHLEHEM PA 18017-5075 610-691-8537	FP	COSTACURTA, MD, GARY A 2003 FAIRVIEW AVE EASTON PA 18042-3915 610-258-4337	* CD	EICHLE, MD, GEORGE R 2775 SCHOENERSVILLE RD BETHLEHEM PA 18017 610-861-8080	* ORS	GHATAK, MD, PETER K 3190 CHAUCER LN BETHLEHEM PA 18017-2247	PUD	HEMMERLY, MD, WILLIAM C 329 SPRING ST BETHLEHEM PA 18018-5409	US
BURGEY, MD, GAIL E 312 WEDGEWOOD DRIVE EASTON PA 18042-5751 610-559-7474	OBG	COSTANZA, MD, AGATHA H 19 N 14TH ST EASTON PA 18042-3215	PD	EISENHARDT, DO, BRUCE T 1465 DARTMOUTH DR BETHLEHEM PA 18017-9156 215-345-2280	EM	GHIA, MD, PRADEEP S 123 S 22ND ST EASTON PA 18042-3808 610-258-6211	* CD	HENDRZAK, MD, ANDREA J 36 VALLEY PARK S APT #160 BETHLEHEM PA 18018-1330	GS
BURKE, MD, DANA R 3515 CANTERBURY CT BETHLEHEM PA 18017-1331	DR	COWAN, MD, JAMES A ST LUKE'S HOSP BETHLEHEM PA 18015-1065 610-954-4642	* IM	ELDER, MD, E GLENN 660 BARRYMORE ST PHILLIPSBURG NJ 08865-1652	GP	GILLEN, MD, GEORGE P PO BOX 1335 BETHLEHEM PA 18016-1335	* R	HERMAN, MD, ROMAN K 533 6TH AVE BETHLEHEM PA 18018-5203 215-868-8383	TS
BURKLEY JR, MD, LOUIS F 175 W NORTH ST NAZARETH PA 18064-1432 610-252-2742	OBG	CUNNINGHAM, MD, PETER L 3735 EASTON NAZARETH HWY EASTON PA 18042-3830 610-253-6201	* GS	EMERY, MD, ROBERT C 99 ROSENBERY ST PHILLIPSBURG NJ 08865 908-859-5300	CD	GIAMBER, MD, SAMUEL R 1879 BUCKNELL CIRCLE BETHLEHEM PA 18015-5216 610-694-8111	* CD	HESS, MD, FLOYD M 26 S 1ST ST BANGOR PA 18013-2612 610-588-3796	* GP
BURLEW, MD, BRIAN P 65 E ELIZABETH AVE STE 200 BETHLEHEM PA 18018-6506 610-866-2048	PUD	DAGOSTINO, MD, FRANK J 100 S GREENWOOD AVE EASTON PA 18045 610-258-7512	GE	EPISCOPIO, MD, JOSEPH V 2912 KENWICK DR BETHLEHEM PA 18017-3042	IM	GINSBURG, DO, STEVEN M 109 PIEDMONT RD WEST CHESTER PA 19382 610-252-8037	FP	HOBOAT, MD, JOHN H 2100 LEHIGH ST EASTON PA 18042 610-250-4865	* U
BYRNE, MD, JAMES E 6699 SULLIVAN TRL WIND GAP PA 18091	OS	DALE JR, MD, HIRAM T 618 DELAWARE AVE BETHLEHEM PA 18015-1134 610-694-8111	CD	ERWIN, MD, HENRY K WESTMINSTER # 55 ALLENTOWN PA 18103	OPH	GLANTZ, MD, ANDREW I 3735 EASTON NAZARETH HWY EASTON PA 18045 610-253-6201	* GS	HOCH, MD, JOHN J 50 SOUTH GREEN ST NAZARETH PA 18064-2009 610-759-1740	FP
CAFFREY, DO, LISA J 1901 FAIRVIEW AVE EASTON PA 18042	FP	DAVIS, MD, MARK E 4636 CHERYL DR BETHLEHEM PA 18017-8706	GS	ESTRADA, MD, FERNANDO P 744 OSTRUM ST BETHLEHEM PA 18015-1120 610-867-2371	GS	GODBOUT, MD, BRETT P 2775 SCHOENERSVILLE RD BETHLEHEM PA 18017-7326 610-861-8080	* ORS	HOFFMAN, MD, DAVID E 35 E ELIZABETH AVE BETHLEHEM PA 18018-6505 610-868-1323	IM
CAMPBELL, MD, STEPHEN E ONCOLOGY HEMATOLOGY OF LEHIGH BETHLEHEM PA 18049-4431 610-867-3115	HEM	DEIBERT, MD, EDWARD B THE MADISON APT 421 SAN ANTONIO TX 78240	GP	EXLEY, MD, WILLIAM B 5236 ROSEWOOD DR CENTER VALLEY PA 18034-9659 610-954-4000	AN	GOODRICH, MD, DAVID C 2022 QUARTER MILE RD BETHLEHEM PA 18015-5140 610-865-7871	AN	HOFFMAN, MD, JOHN E 35 E ELIZABETH AVE BETHLEHEM PA 18018-6505 610-868-1323	IM
CANLAS, MD, JOLLY B 2657A SCHOENERSVILLE RD BETHLEHEM PA 18017-7308 610-252-1661	* GP	DEILY, MD, RAYMOND E 942 7TH AVE BETHLEHEM PA 18018-3710	OM	EYVAZZADEH, MD, CAMILLE 406 DELAWARE AVE BETHLEHEM PA 18015-1472 610-866-2600	* GS	GOSZTONYI JR, MD, RUDOLPH E 136 PHILLIPS RD MILFORD NJ 18848-1883 908-995-9009	OM	HOFFMAN-TERRY, MD, MARGARET L 2061 FAIRVIEW AVE EASTON PA 18042-3953 215-955-8575	ID
CAPOBIANCO, MD, FRANK M 2305 LONE CEDAR DR EASTON PA 18040 610-258-4385	EM	DERASSE, MD, ALAIN R 21 CORPORATE DR STE 1 EASTON PA 18045 610-253-9381	IM	FEDULLO, MD, LISA M 6184 PUTTER DR WESCOVILLE PA 18106-9608 610-954-4800	DR	GOZUM, MD, CARMEN Z 953 CUMBERLAND ST BETHLEHEM PA 18017-4974 610-258-5300	EM	HOWE, MD, J DALE 5565 LANDIS MILL RD BETHLEHEM PA 18015 610-861-8080	* ORS
CAPRARO, MD, PHILIPPE A 2040 LEHIGH ST APT 505 EASTON PA 18042-3855	GS	DERASSE, MD, JUDITH R 4001 FREEMANSBURG AVE EASTON PA 18042-5520 610-253-9381	IM	FEINBERG, MD, DAVID H GEN LAFAYETTE APT 921D EASTON PA 18042	IM	GRANSON, MD, MARC A 3735 NAZARETH RD STE 206 BETHLEHEM PA 18042 610-252-8281	* VS	HRATKO, MD, JOHN R 830 OSTRUM ST BETHLEHEM PA 18015-1013 610-954-3500	OBG
CARLIN, MD, HUGH M 397 TIMOTHY DR BETHLEHEM PA 18017-2458 610-865-7871	AN	DIAMOND, DO, STEVEN M 5263 NORTH END ROAD NEW TRIPOI PA 18066-2348 908-859-6750	PTH	FELDMAN, MD, MICHAEL S ANESTHESIA ASSOC OF EASTON PC EASTON PA 18042-3892 610-250-4317	AN	GRAY, DO, JOHN M 801 W BROAD ST BETHLEHEM PA 18018-5223 610-867-3874	FP	HUNSIKICKER, MD, ROBERT C 65 E ELIZABETH AVE STE 311 BETHLEHEM PA 18018-6506 610-866-5555	* OTO
CARMONA, MD, ALDO 6350 PRIMROSE LN COOPERSBURG PA 18036-9713 610-967-1278	AN	DIETRICH, MD, WARREN C 3055 CENTER ST BETHLEHEM PA 18017-2442	OTO	FILUPEK, MD, WALTER J 737 EASTON RD HELLERTOWN PA 18055-1502 610-838-0106	FP	GRESS, MD, FRANCIS A 2545 CENTER ST BETHLEHEM PA 18017-3766	PD	HYMAN, MD, DAVID S 2663 SCHOENERSVILLE RD BETHLEHEM PA 18017-7325 610-867-9900	OPH
CASSELBERRY, MD, E JOSEPHINE 920 PROSPECT AVE BETHLEHEM PA 18018-5020	PD	DIORIO, MD, EMIL J 200 W MACADA RD BETHLEHEM PA 18017-2411 610-861-8080	* ORS	FISHER, MD, JAY B EASTON HOSP EASTON PA 18017-3683 610-691-8313	* VS	GRIFFIN JR, DO, ROBERT M 701 OSTRUM ST STE 501 BETHLEHEM PA 18015-1153 610-868-1336	IM	IALEGGIO, MD, JOHN J 81 BLENHEIM DR EASTON PA 18042-5718 610-250-0754	ORS
CHAN, MD, IAN 2597 SCHOENERSVILLE AVE #202 BETHLEHEM PA 18017-7330 610-866-2233	CD	DIPOLITO, MD, ANTHONY D 65 E ELIZABETH AVE STE 210 BETHLEHEM PA 18018-6506 610-882-9111	CRS	FISHER JR, MD, JOSEPH W 3448 PARK PL BETHLEHEM PA 18017-2471	PTH	GROVE JR, MD, DALE A 1545 BROADWAY BETHLEHEM PA 18015-3901 610-865-0318	FP	IRANI, MD, MAHAKHURSHID 2030 LEHIGH ST STE 116 EASTON PA 18042-3853 610-250-0437	* CRS
CHANG, MD, TONY CHI-KUE 1115 GREENLEAF DR BETHLEHEM PA 18017-9316 610-882-3050	IM	DISALVO, MD, BARBARA A 555 SPRING ST APT 208 BETHLEHEM PA 18018-5423	GP	FOGARTY, MD, KEVIN T 3419 PARK PL BETHLEHEM PA 18017-2468 610-691-8931	DR	GRUNBERG, MD, ROBERT W 50 S 18TH ST EASTON PA 18042-3912 610-258-3608	NEP	IRANI, MD, MAHATAB 2030 LEHIGH ST EASTON PA 18045-3853 610-250-0437	* CRS
CHAPMAN, MD, CHRISTOPHER N 21ST AND LEHIGH STS EASTON PA 18042 610-250-4172	NM	DISALVO, MD, EUGENE I 2005 FAIRVIEW AVE EASTON PA 18042-3915 610-258-6268	ORS	FOLANDER, MD, HALL L 214 WEDGEWOOD RD BETHLEHEM PA 18017-3780 610-694-9528	R	GUERRA, MD, CORAZON A 3731 CHIPMAN RD EASTON PA 18042-3011 610-250-4851	P	IVER, MD, MANNY S 2649 SCHOENERSVILLE RD STE A BETHLEHEM PA 18017-7317 610-252-4456	PS
CHATTAM, MD, LEON 250 S 21ST ST EASTON PA 18042-3892 610-250-4947	P	DITMARS, MD, DOUGLAS D 2111 WASHINGTON BLVD EASTON PA 18042-3803 610-253-9617	ORS	FRAME, MD, WILLIAM A 4500 PHEASANT RUN CT BETHLEHEM PA 18017-9512 610-740-2718	* AN	GUERRA, MD, REYNALDO C 1107 EATON AVE STE J BETHLEHEM PA 18018-1862 610-868-1900	FP	JACOBUS, MD, HENRY F 7247 GATESIDE DR BOCA RATON FL 33496-5919 407-483-0934	OPH
CHEN, MD, EDWARD C H 3224 WITHEE CT BETHLEHEM PA 18017-1339 610-866-2211	GE	DOBROSKY, MD, JOSEPH D PO BOX 485 FOGELSVILLE PA 18051-0485 609-342-4060	* EM	FRAUNFELDER, MD, JOHN A 141 S BROAD ST NAZARETH PA 18064-2119 610-759-0310	* GP	GUPTA, MD, PRAMILA P STE 301 EASTON PA 18042-8987 610-258-2826	IM	JACOBS, MD, JOSEPH M 1397 BUCK TRAIL RD ALLENTOWN PA 18104-2061 610-252-6950	NEP
CHIAPELLA, MD, CARLA D 1741 DEER RUN RD BETHLEHEM PA 18015-5002 610-882-9020	U	DODSON, MD, DONALD L 3601 BRANDFORD CT 7 BETHLEHEM PA 18017-1342 610-865-7871	AN	FRIEDENBERG, MD, STEVEN S ST LUKES HOSP BETHLEHEM PA 18015	DR	HAGGERTY, MD, SALLY M 204 E MARKET ST BETHLEHEM PA 18018-6234 610-866-4566	PD	JADIDI, MD, SHIRIN 1368 PLYMOUTH RD BRIDGEWATER NJ 08807-1410 610-252-7388	* AI
CLARY, MD, ANNE A 2716 VAN BUREN ROAD EASTON PA 18042-1958 610-250-4928	IM	DODSON, MD, STEVEN R 2480 FRESH MEADOW DR MACUNGIE PA 18062 610-865-7871	AN	FRIEDMAN, MD, JERALD N 2531 NORTHAMPTON ST EASTON PA 18042-2639 610-250-0800	GS	HAIN, MD, HOWARD L 3822 GLEN OAKS MANOR DR SARASOTA FL 34232-1000 813-957-1579	PM	JAHRE, MD, JEFFREY A 801 OSTRUM ST BETHLEHEM PA 18015-1014 610-954-4702	ID
		DONEKER, MD, THOMAS G 101 BLENHEIM DR EASTON PA 18045	AN	FUIZ, MD, ROBERT E 180 GREEN POND RD BETHLEHEM PA 18017-9776 610-759-8634	* END				

JEAN-LOUIS, MD, FRANTZ 2040 LEHIGH ST APT 215 EASTON PA 18042	PD	2031 HAY TER EASTON PA 18042	ST LUKES HOSP OF BETHLEHEM BETHLEHEM PA 18015-1014	1091 HORIZON DRIVE PEN ARGYL PA 18072-9685	RAMAKRISHNAN, MD, THEKKEMADOM P	AI
JOSEPH, MD, GEORGE M STE 301 EASTON PA 18042-8987	IM	LEE, MD, CHONG S 507 DELAWARE AVE BETHLEHEM PA 18015-1145	MASCARENHAS, MD, DANIEL A N TWO RIVERS CARDIOLOGY EASTON PA 18042-3808	NGUYEN, MD, MINH O 820 N BISHOPTHORPE ST BETHLEHEM PA 18015-1002	550 BARCLAY DR BETHLEHEM PA 18017-3857	
610-258-2826		610-888-0681	610-258-6211	610-865-9009	610-559-9622	
JOVES, MD, JOJO E 334 KEVIN DR BETHLEHEM PA 18017-2461	IM	LEE, MD, H C 1825 NORTHAMPTON ST EASTON PA 18042-3135	MATUS, MD, NANCY R 2061 FAIRVIEW AVE EASTON PA 18042-3953	NICKISCHER, DO, BRENT M 268 VALLEY PARK S BETHLEHEM PA 18018-1352	610-559-9622 610-559-9622	
610-954-4000		610-253-0811	610-252-7961	610-954-4000	610-954-4000	
JULIA, MD, RONALD R 3844 TRENT CT BETHLEHEM PA 18017-7577	IM	LEE, MD, HA-LIN C 241 N 13TH ST EASTON PA 18042	MAUTHE, MD, ROBERT W 801 OSTRUM ST BETHLEHEM PA 18015-1014	NOVAK, MD, CHRISTOPHER 800 OSTRUM ST STE 307 BETHLEHEM PA 18015-1010	610-258-9091 610-258-9091	
610-868-0775		610-250-9700	610-954-4780	610-865-6545	610-258-9091	
KAKODKAR, MD, VASUNDHARA S 1922 HAY TER EASTON PA 18042-4615	PD	LEE, MD, JEEN H 210 JONATHAN DR EASTON PA 18042-5706	MC BRIDE, MD, JAMES G FAIRVIEW MEDICAL BUILDING EASTON PA 18042	O'DONNELL, MD, NANCY J 301 S 22ND ST EASTON PA 18042-3872	BANGOR PA 18013 610-258-9091	
610-252-3042		610-250-4000	610-252-8162	610-253-7550	610-258-9091	
KANDULA, MD, RAVINDRA R 2649 SCHOENERSVILLE RD STE A BETHLEHEM PA 18017-7317	GS	LEE, MD, SANG T 2100 LEHIGH ST EASTON PA 18042-3830	MC DONALD, MD, MARILYN R 1204 DELAWARE AVE BETHLEHEM PA 18015-4119	OLEWILER JR, MD, H NEWTON 1 E ELIZABETH AVE BETHLEHEM PA 18018-6509	7505 WATERS AVE STE E-1 SAVANNAH GA 31405	
610-861-0470		610-258-4171	610-861-8977	610-865-4131	912-355-1861	
KANOFF, MD, STEVEN J 2663 SCHOENERSVILLE RD BETHLEHEM PA 18017-7325	OPH	LEE, DO, SARAH C 3375 GLOUCESTER DR BETHLEHEM PA 18017-1353	MC GUIRE, MD, JAMES J 701 OSTRUM ST STE 402 BETHLEHEM PA 18015-1153	OLIVER, MD, JOHN G 527 W PENNSYLVANIA AVE PEN ARGYL PA 18072-2011	REESE JR, MD, EVAN C 2005 FAIRVIEW AVE EASTON PA 18042-3915	
610-867-9900		610-258-4385	610-867-6161	610-865-4131	610-258-6268	
KARA, MD, AOUN B 701 OSTRUM ST STE 503 BETHLEHEM PA 18015-1153	CD	LEFF, DO, DAVID A 9 PINE CT HELLERTOWN PA 18055-2804	MC MAHON JR, MD, JOSEPH F 2005 FAIRVIEW AVE EASTON PA 18042-3915	ORR JR, MD, ROSS M 744 OSTRUM ST BETHLEHEM PA 18015-1120	65 E ELIZABETH AVE BETHLEHEM PA 18018-6506	
610-868-3007		215-854-4000	610-258-6268	610-867-2371	610-868-4411	
KASPAR, MD, ALBERT J 2003 FAIRVIEW AVE EASTON PA 18042-3915	* CD	LENNERT, MD, JOSEPH B 90 N NEW ST BETHLEHEM PA 18018-2756	MC NELLIS, MD, DONALD R 2100 LEHIGH ST EASTON PA 18042	OSTFELD, MD, DAVID A EASTON HOSP EASTON PA 18042-4625	3222 GREEN MEADOW DR BETHLEHEM PA 18017-1943	
610-258-4337		610-867-5905	610-258-9131	610-250-4172	610-691-2282	
KEITH, MD, HELEN R H 3325 GREEN MEADOW DR BETHLEHEM PA 18017-1942	PD	LENTZ, MD, CONRAD L 35 E ELIZABETH AVE BETHLEHEM PA 18018-6505	MEEHAN, MD, KATHLEEN M 2065 CLARENDON DR EASTON PA 18042-8617	OTERO-MALLON, MD, SUSANNE I 4574 DOLORES LN BETHLEHEM PA 18017-8735	REGANIS, MD, JOHN C 2049 STOCKER MILL RD EASTON PA 18042-8918	
610-865-0303		610-867-8705	610-253-5257	610-250-4305	610-258-6268	
KELLY, MD, JEAN A 564 BIERYS BRIDGE RD BETHLEHEM PA 18017-1144	* DR	LESSE, MD, S MICHAEL STEVENS AND JEWEL ST EASTON PA 18042	MEHTA, MD, BHARAT K 2632 NAZARETH RD EASTON PA 18042-2715	PARRY, MD, RHINARD D 953 SULLIVAN TRL EASTON PA 18042-1366	REID, MD, JAMES H 2005 FAIRVIEW AVE EASTON PA 18042-3915	
610-861-2279		610-253-1761	610-253-5257	610-250-4305	610-258-6268	
KESSLER, MD, FRANK J 32 S BROAD ST NAZARETH PA 18064-2117	GP	LEVIN, MD, KENNETH 801 OSTRUM ST BETHLEHEM PA 18015-1014	MEROLA, MD, JOSEPH C L 830 OSTRUM ST BETHLEHEM PA 18015-1013	PATRICK, MD, MICHAEL A 317 W BROAD ST BETHLEHEM PA 18018-5526	REINA, MD, CHARLES R 3311 NORTHWOOD AVE EASTON PA 18045	
610-759-0245		610-954-4800	610-691-3603	717-868-4011	610-250-0754	
KILPATRICK, WILLIAM H 788 REDFERN LN BETHLEHEM PA 18017-1841	EXEC	LIBERTA, MD, THOMAS R 1610 STONES CROSSING RD EASTON PA 18042-5737	MILES, DO, G BRUCE 1901 FAIRVIEW AVE EASTON PA 18042-3993	PATTERSON, MD, JOHN W 2073 DENNIS LN BETHLEHEM PA 18015-5502	RIVERA, MD, JOSE L 1370 GASPAR AVE BETHLEHEM PA 18017-1051	
610-865-2900		610-258-5737	610-258-2893	610-967-2969	610-865-7871	
KIM, MD, DOO T EASTON HOSP EASTON PA 18042	AN	LITTLE, MD, BRIAN W MEDICAL COLL OF PA PHILADELPHIA PA 19102-1192	MITTAL, MD, MANOJ K 2439 CENTER ST BETHLEHEM PA 18017-3707	PEACOCK, MD, THOMAS E 50 S 18TH ST EASTON PA 18042-3912	ROBB, MD, MARIE E ST LUKES HOSP BETHLEHEM PA 18015	
610-250-4317		610-402-1650	610-559-9330	610-250-9794	610-954-4500	
KIM, MD, H C 545 HECKMAN ST PHILLIPSBURG NJ 08865-2600	PD	LITTLE, MD, THOMAS 123 S 22ND ST EASTON PA 18042-3808	MOHAN, MD, BRIJ 3231 REGAL RD BETHLEHEM PA 18017-1293	PETERS, MD, WALTER K 724 BARRYMORE LN BETHLEHEM PA 18017-2522	ROBSON, MD, PETER A 2038 HENDERSON ST BETHLEHEM PA 18017-4981	
908-454-4200		610-258-6211	610-250-4182	610-694-5881	610-252-1113	
KINTZER JR, MD, JOHN S 510 DELAWARE AVE BETHLEHEM PA 18015-1104	PUD	LONGO, MD, SANTO 801 OSTRUM ST BETHLEHEM PA 18015-1014	MORALES, MD, GLADYS D 800 OSTRUM ST BETHLEHEM PA 18015-1015	PETRUCELLI, MD, NICHOLAS D 4335 KATHI DR BETHLEHEM PA 18017	RODRIGUEZ, MD, VICTOR R 188A UPPER MUD RUN EASTON PA 18042	
610-691-3131		610-954-4558	610-865-0410	610-258-5881	610-258-9300	
KLEINMAN, DO, JAY M 1030 E LANCASTER AVE ROSEMONT PA 19010-1451	R	LOWMAN, MD, GERALD F 520 W PIERCE ST EASTON PA 18042-1759	MORGAN, MD, RICHARD J 2925 WILLIAM PENN HWY # 301 EASTON PA 18045	PLANO, DO, VINCENT F 301 S 22ND ST EASTON PA 18042-3811	ROGERS, MD, JOHN F 35 E ELIZABETH AVE BETHLEHEM PA 18018-6505	
610-595-6465		610-691-3131	610-515-1630	610-253-7550	610-865-9444	
KNOLL, MD, GEORGE M 2546 PARKVIEW ROAD SLATINGTON PA 18080-2232	D	LUDIVICO, MD, CHARLES L 701 OSTRUM ST STE 501 BETHLEHEM PA 18015-1153	MORGAN, MD, RUSSELL E 1331 KIRKLAND VILLAGE CIR BETHLEHEM PA 18017-4759	POCHCIAL, MD, KAJETAN M 3735 EASTON NAZARETH RD EASTON PA 18045	ROHATGI, MD, ANITA 20 TAMARACK PATH EASTON PA 18042-5572	
610-868-1336		610-868-1336	610-868-5565	610-250-4000	610-258-6948	
KOCH, MD, JOSEPH C 5741 SPRINGHAVEN LANE MACUNGIE PA 18052-1460	OM	LUKASZCZYK, MD, JOHN J 701 OSTRUM ST STE 602 BETHLEHEM PA 18015-1153	MORGAN, MD, WILLIAM F 151 E MARKET ST BETHLEHEM PA 18018-6225	POLINER, MD, HIME S 124 N 4TH ST EASTON PA 18042-3504	ROHATGI, MD, CHAND 4400 CHARLES ST EASTON PA 18042-4954	
610-691-3131		610-691-6620	610-865-0410	610-252-1662	610-250-4000	
KOHLI, MD, HARJEET P 3025 E BLVD APT 6 BETHLEHEM PA 18017-3269	GS	LUKASZCZYK, MD, THOMAS A 801 PINE TOP DR BETHLEHEM PA 18017-1826	MORRIS, MD, PATRICIA A 2577 MADISON AVE BETHLEHEM PA 18017-3872	POLLACK, MD, BARRY J 175 S 21ST ST EASTON PA 18042-3835	ROHATGI, MD, RAJEEV 2003 FAIRVIEW AVE EASTON PA 18042-3915	
610-250-4000		610-691-0132	610-865-7871	610-258-4744	610-258-4337	
KORHAMMER, MD, ALAN F 301 S 22ND ST EASTON PA 18042-3811	OBG	LYCHAK, MD, JOHN C 35 E ELIZABETH AVE BETHLEHEM PA 18018-6505	MORRISON, MD, ROBERT E 1500 SANDSTONE # 207 WHEELING IL 60090	POLLACK, MD, MATTHEW S 3780 TIFFANY DR EASTON PA 18042-3041	ROSEN, MD, SCOTT I 2031 HAY TERRACE EASTON PA 18042	
610-258-2826		610-865-5775	610-865-5775	610-258-4055	610-252-8291	
KOSMAR, MD, MARK I STE 301 EASTON PA 18042-8987	IM	MAISH JR, MD, GEORGE O 2597 SCHOENERSVILLE RD BETHLEHEM PA 18017-7330	MOYER, MD, GLENN E 804 DELAWARE AVE BETHLEHEM PA 18015-1147	POPKAVE, MD, ARTHUR H COVENTRY CENTRE A3 PHILLIPSBURG NJ 08865	ROSENFELD, MD, JOEL C 744 OSTRUM ST BETHLEHEM PA 18015-1120	
610-258-2826		610-691-0132	610-868-2235	908-859-3800	610-867-2371	
KOZINN, MD, WESLEY P 2061 FAIRVIEW AVE EASTON PA 18042-3953	ID	MAKHDOMI, MD, A RASHID 2100 LEHIGH ST EASTON PA 18042-3830	MUKHERJEE, MD, SHANKER 20 COMMUNITY DR EASTON PA 18042-2658	PRAGER, MD, DAVID A UNION GAP VILLAGE CLINTON NJ 08809	RUNDBACK, MD, JOHN H PO BOX 430 TARRYTOWN NY 10591-0430	
610-253-7818		610-253-9854	610-258-6635	610-253-4380	610-867-2371	
KRAMER, MD, KENNETH 158 SHAWNEE AVE EASTON PA 18042-1372	DR	MALACOFF, MD, ROBERT F 800 OSTRUM ST STE 202 BETHLEHEM PA 18015-1009	MUNSON, MD, FREDERICK J 920 PROSPECT AVE BETHLEHEM PA 18018-5020	PRESTIFILIPPO, MD, ORAZIO 4263 LONAT DR NAZARETH PA 18064	RUSSO, DO, ROBERT M 3654 OLD PHILADELPHIA PK BETHLEHEM PA 18015	
610-250-4172		610-691-7336	610-868-5565	610-759-5501	610-868-1338	
KUNDU, MD, KAUSHIK 928 OSTRUM ST APT 2 BETHLEHEM PA 18015-2506	US	MANNISI, MD, JOHN A 2597 SCHOENERSVILLE RD BETHLEHEM PA 18017-7330	MUNYAS, MD, JONATHAN H 2045 WESTGATE DRIVE BETHLEHEM PA 18014-1765	PUNDIAK, MD, TERRY J 3321 SHERWOOD RD EASTON PA 18042-2021	RYAN, MD, JOHN J 510 DELAWARE AVE BETHLEHEM PA 18015-1104	
610-954-4000		610-691-6222	610-691-6222	610-253-4380	610-691-3131	
LAHAV, MD, ERIKA 2454 W PENNSYLVANIA ST ALLENTOWN PA 18104-2946	IM	MURILLO, MD, OSCAR 405 DART DR HANOVER PA 17331-1327	MURRAY, MD, STEPHEN R POCONO LAKE PRESERVE PRESERVE PA 18348-9998	PURSELL, MD, ROBERT N 3516 MARGATE RD BETHLEHEM PA 18017-7562	SACHDEV, MD, RANJAN PO BOX 20847 LEHIGH VALLEY PA 18002-0847	
610-867-0832		610-868-2233	610-868-2233	610-252-6950	610-691-0973	
LANGE, MD, MARIANNE K 701 OSTRUM ST STE 602 BETHLEHEM PA 18015-1153	OS	MARCINGIN, MD, PAUL G 2597 SCHOENERSVILLE RD BETHLEHEM PA 18017-7331	NABATI, MD, ISMAIL 2597 SCHOENERSVILLE RD BETHLEHEM PA 18017-7330	QUINEY JR, MD, JAMES J 104 PENNSYLVANIA AVE EASTON PA 18042-1312	SALCEDO, MD, WILFREDO G EASTON HOSP EASTON PA 18042	
610-691-6620		610-861-7727	610-691-8074	610-253-4380	610-250-4143	
LARGE, MD, HIRAM S 3801 TIFFANY DR EASTON PA 18042-3048	AN	MARGIE JR, MD, WALTER E 35 E ELIZABETH AVE BETHLEHEM PA 18018-6505	NAJMI, MD, MOOSA 2003 FAIRVIEW AVE EASTON PA 18042-3915	QUINEY JR, MD, JAMES J 104 PENNSYLVANIA AVE EASTON PA 18042-1312	SALGADO, MD, EDWARD M 825 DELAWARE AVE BETHLEHEM PA 18015-1136	
610-868-8569		610-868-8569	610-258-4337	610-253-4380	610-865-5993	
LAUBACH, MD, GEORGE B BETHMAN RD EASTON PA 18042	FP	MARON, MD, NORMAN L COVENTRY CENTRE PHILLIPSBURG NJ 08865	NAWRAS, MD, ALI T 2040 LEHIGH ST APT 105 EASTON PA 18042-3837	RAAB, MD, MICHAEL F 3600 NORTHWOOD AVE EASTON PA 18042-8966	SALLASH JR, MD, ROBERT J 701 OSTRUM ST BETHLEHEM PA 18015-1153	
610-868-8569		201-859-5585	610-250-4000	610-250-4000	610-691-3603	
LEAVITT, MD, HERBERT M 421 DOGWOOD TER EASTON PA 18042-1230	D	MARTIN, MD, ENRICO L	NEILL, DO, THOMAS H			
LEE, MD, BARBARA K	PS					

NORTHAMPTON—NORTHUMBERLAND

SARNO JR, MD, ALBERT P 900 W MACADA RD BETHLEHEM PA 18017-3025 610-954-3900	OBG	SKUTCHES, MD, JOSEPH M 701 OSTRUM ST STE 2C BETHLEHEM PA 18015-1153 610-691-3603	OBG	TOSHNIWAL, MD, PRADIP K 2597 SCHOENERSVILLE RD BETHLEHEM PA 18017-7331 610-691-8866	N	WHITE, MD, ROBERT P 2012 QUARTER MILE RD BETHLEHEM PA 18015-9318 610-866-4475	NEP	GRECO, MD, JEFFREY M 300 S HICKORY ST MOUNT CARMEL PA 17851-2251 717-339-2160	* IM
SAUER, MD, THOMAS S ORTHOPAEDIC ASSOC OF BETH INC BETHLEHEM PA 18017-7329 610-691-0973	ORS	SLADE, MD, ROBERT N 821 PAXINOSA AVE EASTON PA 18042-1659 610-250-4002	EM	TOSHNIWAL, MD, RENU 2597 SCHOENERSVILLE RD BETHLEHEM PA 18017 610-691-7761	ID	WILDRICK, MD, KENNETH H 510 DELAWARE AVE BETHLEHEM PA 18015-1104 610-250-4013	OS	HEROMIN, MD, THOMAS J 11 ASPEN ST ELYSBURG PA 17824-9679 717-644-0813	DR
SAUNDERS, MD, CHARLES D ST LUKES HOSP BETHLEHEM PA 18015-1153 610-954-4654	U	SMITH, MD, DONALD H 1901 HAY TER EASTON PA 18042-4650 610-250-4954	* GS	TRAUPMAN, MD, ARNOLD F 1313 CENTER ST BETHLEHEM PA 18018-2502 610-691-3092	OPH	WILLIAMS JR, MD, THOMAS L 1008 STONE STACK DR BETHLEHEM PA 18015-6052 WINKLER JR, MD, LOUIS H 800 HAUSMAN APT 497 ALLEN TOWN PA 18104-9399	P	JACOBS, MD, CLYDE H 47 ELLIOTT DR NORTHUMBERLAND PA 17857-9610	OPH
SCHADT, MD, DANIEL C 2 W MARKET ST BETHLEHEM PA 18018-5703 610-865-0101	IM	SMYTH, MD, LAWRENCE T 2188 MARION AVE PUNTA GORDA FL 33950-4193	OM	TRIBBLE, MD, JANA K 3801 TIFFANY DR EASTON PA 18042-3048	PD	WISEMAN, DO, DOUGLAS C 35 E ELIZABETH AVE BETHLEHEM PA 18018-6505 610-866-4693	AI	JOHN, PAUL P 2895 EUCLID AVE WILLIAMSPORT PA 17701-6720	EXEC
SCHADT, MD, MARK E 35 E ELIZABETH AVE BETHLEHEM PA 18018-6505 610-865-5535	GS	SNYDER, MD, MARSHA W 800 OSTRUM ST STE 201 BETHLEHEM PA 18015-1009 610-954-3012	* P	TURNER, MD, KEITH S 701 OSTRUM ST BETHLEHEM PA 18105 610-866-3900	GE	WOLF, MD, STEWART G RR 1 BOX 1120G BANGOR PA 18013-9716	IM	KHANNA, MD, SUDHIR K RR 2 BOX 167 SHAMOKIN PA 17872-9636	* IM
SCHENKEL, MD, ERIC J 3213 NAZARETH RD EASTON PA 18042-2015 610-252-7388	* AI	SNYDER, MD, ROBERT L 101 E CENTER ST NAZARETH PA 18064-2143 610-259-2208	* GP	TURTZO, MD, DOUGLAS F 101 S SCHANCK AVE PEN ARGYL PA 18072-1697 610-863-9059	IM	WUKICH, MD, DANE K 1771 DEER RUN RD BETHLEHEM PA 18015-5002 215-529-9229	ORS	KIRK, MD, DANIEL L 201 N CHURCH ST WAYNESBORO PA 17268-1117	GER
SCHIAVONE, MD, JOSEPH A 2003 FAIRVIEW AVE EASTON PA 18042-3915 610-258-4337	* CD	SNYDER JR, MD, CHARLES F PO BOX 20847 LEHIGH VALLEY PA 18002-0847 610-691-0973	ORS	UNGER, MD, ANDREW 801 OSTRUM ST BETHLEHEM PA 18015-1014 610-691-4349	NPM	YEAW, MD, SCOTT C 175 S 21ST ST EASTON PA 18042-3835 610-258-7000	U	KNEIFATI, MD, AHMED PO BOX 264 SUNBURY PA 17801-0264 717-286-5823	FP
SCHOEPPIER, MD, ERIC 21 CORPORATE DR STE 1 EASTON PA 18045-2664 610-253-7211	IM	SOBIERAJ, MD, KRZYSZTO M 2101 WASHINGTON BLVD APT REAR EASTON PA 18042-3803 610-250-4013	US	UPDEGROVE, MD, JOHN H 4430 FAIRWAY DR EASTON PA 18042-3016	GS	YEE, MD, SANDRA 2907 CHARLOTTE AVE EASTON PA 18045	GS	KORT, MD, JOSEPH F 519 N ROCK ST SHAMOKIN PA 17872	IM
SCHOEPPIER, MD, GABRIELLE 3735 NAZARETH RD STE 205 EASTON PA 18042 610-258-7255	OPH	SOMASUNDARAM, MD, ANASUYA 701 OSTRUM ST STE 303 BETHLEHEM PA 18015-1152 610-866-2929	OBG	URBANO, MD, ANTHONY M 2597 SCHOENERSVILLE RD BETHLEHEM PA 18017-7330 610-866-2233	CD	YEVELSON, DO, STANLEY A LINDEN ST MEDICAL PRACTICE BETHLEHEM PA 18017-4855 610-954-3600	IM	LEMASTERS, DO, WILLIAM C 437 MARKET ST SUNBURY PA 17801-2335 717-286-3054	OPH
SCHRAMM, MD, FRANK E UNION HEALTH CENTER NEW YORK NY 10001 212-924-2510	OBG	SPOLL, DO, EDWARD A 229 S 22ND ST EASTON PA 18042-3810 610-258-5631	FP	VACHHANI, MD, MANSUKHLAL P 37491 RANEE ST EASTON PA 18042-3038 610-253-1994	* IM	YOUNG, MD, THOMAS E 1030 WYNNWOOD DR NORTHAMPTON PA 18067-1786 610-967-3646	IM	MILLER, MD, WAYNE R 335 W SPRUCE ST SHAMOKIN PA 17872-5713 717-644-5050	IM
SCHUCKER, MD, JODI L 611 W BROAD ST QUAKERTOWN PA 18951-1217	OBG	STABILE, MD, JEROME G 2200 NORTHAMPTON ST EASTON PA 18042-3154 610-258-7297	TS	VANDERVEER, MD, LINDSEY D 2025 FAIRVIEW AVE EASTON PA 18042-3915 610-258-3567	GE	YU, MD, PAUL T EASTON HOSP EASTON PA 18042 610-250-4317	AN	MIRARCHI, MD, VINCENZO 404 WEST AVE MOUNT CARMEL PA 17851-1102	GP
SCHUESSLER, MD, PAUL W 16440 KELLY COVE DR APT 2828 FT MYERS FL 33908-3127	FP	STANCOMBE, MD, WESLEY R 335 BROADWAY BANGOR PA 18013-2529 610-588-1445	GP	VANGAALAN, MD, ADRIAN J 701 OSTRUM ST BETHLEHEM PA 18015-1153 610-866-2929	OBG	ZALADONIS JR, MD, JOSEPH J 455 E 86TH ST APT 8C NEW YORK NY 10028	D	MC NEIL, MD, PETER E 240 S HICKORY ST MOUNT CARMEL PA 17851-2121 717-339-1224	* IM
SCIASCIA, DO, KAREN M 701 OSTRUM ST STE 203 BETHLEHEM PA 18015-1119 610-691-3603	OBG	STAUFFER, MD, RICHARD A 3744 LEAH DR EMMAUS PA 18049-1542 610-867-5011	AN	VASILY, MD, DAVID B 940 N NEW ST BETHLEHEM PA 18018-2756 610-866-2011	D	ZASIK JR, DO, JOSEPH M 65 E ELIZABETH AVE STE 200 BETHLEHEM PA 18018-6506 610-866-2048	PUD	MITTAL, MD, BASANT K PO BOX 429 SHAMOKIN DAM PA 17876-0429 717-743-5020	IM
SCOBIONKO, MD, DAVID P 701 OSTRUM ST STE 502 BETHLEHEM PA 18015-1153 610-861-0377	* CD	STAUFFER, MD, STANLEY S 1966 PEACHTREE LANE BETHLEHEM PA 18015-5251	AN	VELAS, MD, CARLOS M 491 PINE TOP TRL BETHLEHEM PA 18017-1800	P	ZUPRUK, MD, GERALD M 215 W BROAD ST BETHLEHEM PA 18018-5545 610-691-1122	* NS	MUNIR, MD, MOHAMMAD M GENERAL DELIVERY SHAMOKIN DAM PA 17876-9999 717-743-7657	IM
SEIDEL, MD, HORACE Y 2009 ST ANDREWS RD HOLLYWOOD FL 33021	IM	STEIN, MD, ROBERT S 2209 LEHIGH ST EASTON PA 18042-3819 610-253-9570	PH	VENGROVE, DO, MARC A 1901 HAY TER EASTON PA 18042-4650 610-253-9622	END	NORTHUMBERLAND			GP
SELIG, MD, MICHAEL B 325 N 28TH ST ALLEN TOWN PA 18104-4836 610-868-6200	CD	STEINBOOK, MD, MELVIN 2597 SCHOENERSVILLE RD BETHLEHEM PA 18017-7331 610-867-4545	US	VERMA, MD, MAHESHWER B 21 CORPORATE DR STE 4 EASTON PA 18045 215-252-4220	PD	AKHTAR, MD, M NAYEEM 3 PENNS LANDING SELINS GROVE PA 17870-2024 717-286-5823	* GE	MYCHAK, MD, DENNIS R 130 N MARKET ST MOUNT CARMEL PA 17851-1538 717-339-4513	CHN
SENFT, MD, KAREN E 3132 RAMBEAU RD BETHLEHEM PA 18017-1256 610-776-3278	PD	STRAUSS, MD, JAY E 4164 WINCHESTER RD ALLEN TOWN PA 18104-1950 610-250-4172	DR	VERSAGE, MD, JOSEPH L 113 N MAIN STREET STOCKERTOWN PA 18083	* PUD	BRANCATO, MD, CHRISTOPHER R 330 N 12TH ST SUNBURY PA 17801-1602 717-286-9523	CD	NESPOLI, MD, ANTHONY M 16 N MARKET ST SELINS GROVE PA 17870-1904	* FP
SENFT, MD, STEPHEN C 940 N NEW ST BETHLEHEM PA 18018-2756 610-866-2010	D	STRAVINO, MD, VINCENT D 826 DELAWARE AVE BETHLEHEM PA 18015-1149 610-691-5600	PM	VISPERAS, MD, EMILIANA P 830 OSTRUM ST BETHLEHEM PA 18015-1013 610-691-1633	OBG	BRUNO, MD, PAT J 369 N 11TH ST SUNBURY PA 17801-1610 717-286-7754	PD	PAGANA, MD, JOHN P 316 N 12TH ST SUNBURY PA 17801-1602 717-286-8521	* FP
SERFAS, MD, LEE S 80 GORDON DR EASTON PA 18045-5815	GS	STREUBERT, MD, GEORGE E 801 OSTRUM ST BETHLEHEM PA 18015-1014 610-954-4873	* R	WALDEN, MD, THOMAS B 2001 FAIRVIEW AVE EASTON PA 18042-3915	* U	CATALANO, MD, ANTHONY C 300 WASHINGTON AVE SUNBURY PA 17801-1640 717-286-3584	GS	PATEL, MD, PURSHOTTAM N 1214A LINE ST STE B SUNBURY PA 17801-1604 717-286-0330	* U
SHADLE, MD, CHESTER A 2955 FORNANCE RD BETHLEHEM PA 18017-1202	* DR	STRUNK, MD, WILLIAM M 3552 NORTH DR BETHLEHEM PA 18015-5130	* R	WALKER, MD, STANLEY R 21 CORPORATE DR STE 1 EASTON PA 18045	IM	CLEMENTS, MD, MICHAEL J 113 POCAHONTAS LN ELYSBURG PA 17824-9433 717-672-9132	FP	PATRICK, EXEC DIR, MARY SHAMOKIN AREA COMMUNITY HOSP COAL TOWNSHIP PA 17866 717-644-4229	EXEC
SHAMIM, MD, AJMAL 1771 CHESTER RD APT 7 BETHLEHEM PA 18017 610-250-4000	IM	SUN, MD, KENNETH P EASTON HOSP EASTON PA 18042 610-250-4305	AN	WANG, MD, CHEE K EASTON HOSP EASTON PA 18042-3851	AN	COTTRELL, MD, DAVID C 113 N MARKET ST SELINS GROVE PA 17870-1905 717-374-6990	* ORS	PAYNE, MD, VIRGINIA L 101 MAGNOLIA AVE SELINS GROVE PA 17870-1115	N
SHARMA, MD, AMAR J 940 N NEW ST BETHLEHEM PA 18018-2756 610-691-1133	AI	SWANK, MD, MARK D 801 OSTRUM ST BETHLEHEM PA 18015-1014 610-954-4800	DR	WARREN, MD, JONATHAN 77 N 2ND ST EASTON PA 18042-7712 610-253-2256	* IM	DETRICK JR, MD, GEORGE A 159 KING ST NORTHUMBERLAND PA 17857-1657	GS	PERALTA, MD, JUAN O 125 W COMMERCE SHAMOKIN PA 17872-4823 717-644-1813	R
SHARMA, MD, OM P 2100 LEHIGH ST EASTON PA 18042-3830 610-253-3551	IM	SWETERLITSCH, MD, LOUIS H 65 E ELIZABETH AVE BETHLEHEM PA 18018-6506 610-867-5061	US	WATKINS, MD, GEORGE M 223 W HOLLYRIDGE CIR PEORIA IL 61614 610-250-4014	GS	DELCASTILLO, MD, JUAN J 346 ARCH ST SUNBURY PA 17801-2238 717-286-9611	GS	PERRIGE, MD, WILLIAM M 503 MARKET ST SUNBURY PA 17801-2337 717-286-7025	EM
SHAW, MD, DIANA S 701 OSTRUM ST STE 404 BETHLEHEM PA 18015-1153 610-865-3250	IM	TACHOVSKY, MD, THOMAS J 701 OSTRUM ST STE 602 BETHLEHEM PA 18015-1153 610-691-6620	GS	WEISS JR, MD, CARL B 2775 SCHOENERSVILLE RD BETHLEHEM PA 18017-7326 610-861-8080	* ORS	DELGADO, MD, JUAN F 30 EASY ST SELINS GROVE PA 17870-9101 717-286-2235	OBG	PUGLIESE, MD, PATRICK D 13 HEMLOCK LN ELYSBURG PA 17824-9696 717-644-4222	EM
SHIELDS, MD, RALPH L 65 E ELIZABETH AVE BETHLEHEM PA 18018-6506 610-691-3501	IM	TANGA, MD, SUDARSHAN M LAFAYETTE TOWERS EASTON PA 18042 610-250-4000	GS	WEMPLE, MD, JAN B 800 OSTRUM ST STE 206 BETHLEHEM PA 18015-1009 610-954-3017	NS	DOTTERER, MD, CHRISTINE S RR 1 BOX 293 SUNBURY PA 17801-9619 717-374-0202	FP	RODRIGUEZ, MD, EDEL A 10 W CENTER ST ELYSBURG PA 17824-0324 717-672-2578	GP
SHIN, MD, HEE JOON 256 ROSEBERRY ST PHILLIPSBURG NJ 08865-1632 908-454-6711	* GS	THEMAN, MD, TERRILL E 701 OSTRUM ST STE 201 BETHLEHEM PA 18015-1152 610-868-1014	CDS	WENG, MD, SAM S 940 N NEW ST BETHLEHEM PA 18018-2756 610-868-9411	* IM	FURTADO, MD, FRANCISCO DE A PO BOX 656 SUNBURY PA 17801-0656 717-286-3439	* AN	ROGERS, MD, BRUCE W 330 N 12TH ST STE D SUNBURY PA 17801-1602 717-742-2300	FP
SILBERMAN, MD, ROBERT M 1725 NORTHAMPTON ST EASTON PA 18042-3133 610-759-6348	IM	THOMPSON, MD, C FRED 1120 MAIN ST HELLERTOWN PA 18055-1319 610-838-8273	FP	WERLEY, MD, CHARLES W 1822 BUTTONBUSH CIR PALM CITY FL 34990	R	GABALA, MD, JOHN M 112 FAIRVIEW DR SELINS GROVE PA 17870-9406	EM	SAMAD, MD, MOHAMMAD A PO BOX 427 SHAMOKIN DAM PA 17876-0427 717-743-7657	IM
SISSON, MD, RALPH S 7087 BLOSSOM LN COOPERSBURG PA 18036-9715	* AN	TIFFANY, MD, JOHN R 3600 NORTHWOOD AVE EASTON PA 18042-8966 610-252-8037	FP	WERLEY, MD, JOHN D 3581 TIMBERLANE DR EASTON PA 18042-5763 610-258-5300	R	GAZDER, MD, AFTAB A 68 BRIAN LN EFFORT PA 18330-9005	AN	SCHRECK, MD, FRED M 911 N 5TH ST SUNBURY PA 17801-1408 717-286-7961	GP
SKORINKO, MD, KENNETH P 2597 SCHOENERSVILLE RD BETHLEHEM PA 18017-7330 610-866-2233	CD	TONEY, MD, MELINDA O 623 W UNION BLVD STE 5 BETHLEHEM PA 18018-3708 610-868-5838	* FP	WHILDIN, MD, JAMES G 1849 ARLINGTON ST BETHLEHEM PA 18017-5169	DR	GEHRIS, MD, JAMES C 633 W CHESTNUT ST SHAMOKIN PA 17872-6644	* GP	SEDOVSKY, MD, MICHAEL Z RR 5 BOX 159 SELINS GROVE PA 17870-9633 717-286-3466	NM
				WHITAKER, MD, PAUL J 7227 VIA DELA MONTANA SCOTSDALE AZ 85258-4610	OM	GIBBS, MD, WINFIELD S 1250 PACKER STREET SUNBURY PA 17801-1648	R		

SINGH, MD, GURDIAL N DOWNTOWN MED CTR SHAMOKIN PA 17872 717-648-1166	P	ABOUNA, MD, GEORGE J M HAHNEMANN UNIVERSITY HOSP PHILADELPHIA PA 19102 215-448-1850	GS	AITKEN, MD, GEORGE S E 931 HAVERFORD RD BRYN MAWR PA 19010-3838 610-527-1544	ORS	AMIR, MD, AHMAD A 604 S WASHINGTON SO # 1317 PHILADELPHIA PA 19106-4124 215-928-3000	OPH	ARNAO, MD, JAMES 2505 SOUTH 62ND ST PHILADELPHIA PA 19142-3515	GP
SPOCK, MD, NICHOLAS 300 SHAMOKIN ST SHAMOKIN PA 17872-5461 717-648-2352	* FP	ABRAHAM, MD, DAVID J 2314 FOXMEADOW DR ROYERSFORD PA 19468-1573	ORS	ALAVI, MD, MOSEN 1364 E HUNTING PARK AVE PHILADELPHIA PA 19124-4931 215-289-3390	IM	AMIR, MD, MARY S 604 S WASHINGTON SO APT 1317 PHILADELPHIA PA 19106-4115 215-955-6060	N	ARNOFSKY, ADAM G 2400 CHESTNUT ST APT 1006 PHILADELPHIA PA 19103	ST
SRIVASTAVA, MD, POONAM RR 4 BOX 47C SELINGSGROVE PA 17870-9312 717-743-7795	ON	ABRAHAMSON, MD, MANFORD N 1590 GRASSHOPPER RD HUNTINGDON VLY PA 19006-5808	ORS	ALAVIZADEH, MD, ROWSHAN Z 1131 SANDRINGHAM RD BALA CYNWYD PA 19004-2022 215-755-7700	PD	AMROM, MD, GEORGE J 227 N BROAD ST STE 100 PHILADELPHIA PA 19107-1511 215-563-5458	GS	ARNOLD, MD, SARAH J 719 CORINTHIAN AVE PHILADELPHIA PA 19130	ST
STEN, MD, JON D 550 W WALNUT ST SHAMOKIN PA 17872-5231 717-644-2222	IM	ABRAMS, MD, CYRIL 525 JAMESTOWN ST STE 101 PHILADELPHIA PA 19128-1751 215-482-1400	CD	ALBERICO, MD, ANTHONY M 5100 OXFORD AVE PHILADELPHIA PA 19124-2522	IM	AMSTERDAM, MD, GERALD H 3355 HADFIELD GREENE SARASOTA FL 34235-5100	GS	ARNOLETTI, MD, JUAN P 820A HENRY AVE APT M-11 PHILADELPHIA PA 19128 215-762-7000	GS
TAVARES, MD, JOSEPH F 350 N 11TH ST SUNBURY PA 17801-1611 717-286-3480	PTH	ABRAMSON, MD, EDWIN B BEAVER HILL APTS JENKINTOWN PA 19046 215-663-6000	IM	ALBERT, MD, SEYMOUR M 100 SANDS POINT RD LONGBOAT KEY FL 34228-3902 215-456-9400	ORS	ANDERSON, MD, ALICE M 3412 W COLTHER ST PHILADELPHIA PA 19129-1402	GPM	ARONSON, MD, JEROLD M 605 MORENO RD NARBERTH PA 19072-1618 215-762-4330	* PD
TILVA, MD, PRAFUL K PO BOX 737 SUNBURY PA 17801-0737 717-276-3470	DR	ABRAMSON, MD, MAURICE 7500 MANCHESTER RD MELROSE PARK PA 19126-1112	GYN	ALBERT, MD, TODD J ROTHMAN INSTITUTE PHILADELPHIA PA 19107 215-829-3458	* TRS	ANDERSON, MD, LEONARD S 87 RIVERSIDE DR BINGHAMTON NY 13905 607-729-2500	GS	ARONSON, MD, SUSAN S 605 MORENO RD NARBERTH PA 19072-1618 215-590-3495	PD
TWIGGAR II, MD, EDWARD V 335 CENTER ST COAL TWP PA 17866-1600 717-644-0494	* GS	ABRUYN, MD, ELIAS VA HOSP PHILADELPHIA PA 19104 215-823-4000	ID	ALBO, MD, DANIEL 8201 HENRY AVE #F-14 PHILADELPHIA PA 19128-2928	GS	ANDERSON, REBECCA 580 AMERICAN AVE APT B214 KING OF PRUSSIA PA 19406-1445	ST	ARROYO, MD, L RAUL 514 E 2ND ST MOORESTOWN NJ 08057 215-829-6880	GS
VASTINE, MD, JOHN R 109 SALAMANCA CT SOLANA BEACH CA 92075-2525	IM	ACHUFF, BARBARA JO S 901 LANSLOWNE VLG LANSLOWNE PA 19050-2360	ST	ALBURGER, MD, PHILIP D 3401 N BROAD ST PHILADELPHIA PA 19140-5103 215-229-0100	ORS	ANDERSON, TIMOTHY D 1526 PINE ST APT 2-R PHILADELPHIA PA 19102-4663	ST	ASAM, MD, BRUCE A 503 SHOEMAKER RD ELKINS PARK PA 19117-2411 215-955-6161	AN
VIGDAROVICH, MD, VLADIMIR 34 W CENTER ST ELYSBURG PA 17824-9644 717-644-4200	* AN	ACKERMAN, AD, A BERNARD 130 S 9TH ST STE 1410 PHILADELPHIA PA 19107 215-955-6123	* DMP	ALDRIDGE, FRANK 941 SOUTH AVE #D15 SECANE PA 19018-3421	ST	ANDREWS, MD, DAVID W 834 WALNUT ST PHILADELPHIA PA 19107 215-928-7000	NS	ASBELL, MD, SUCHA O ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141 215-456-6280	TR
WAGNER, MD, JERE L WILLIAM H RESSLER CENTER SHAMOKIN PA 17872-9802 717-644-0347	FP	ACKERMAN, DO, MARK 1849 E ALLEGHENY AVE PHILADELPHIA PA 19134-3119 215-425-4600	IM	ALEMO-HAMMAD, MD, SAEID FRONT STREET AND LEHIGH AVE PHILADELPHIA PA 19125 215-427-7088	NS	ANDREWS, MD, WAVERLY S 2 BARRISTER CT HAVERFORD PA 19041-1137	P	ASKAR, MD, F 1143 NORWALK RD PHILADELPHIA PA 19115-2520 215-677-0100	GS
WEADER, MD, WILLIAM M 107 SUSQUEHANNA AVE SELINGSGROVE PA 17870-1141	GP	ACKERMAN, MD, RANDY B 100 CARNIE BLVD STE A-3 VOORHEES NJ 08043 609-751-7772	U	ALEXANDER, MD, FRED 1400 YOUNGSGFORD RD GLADWYNE PA 19035-1233	PA	ANGEL, MARK A 1944 FITZGERALD ST PHILADELPHIA PA 19145-3613	ST	ASKIN, MD, STANLEY R 2 SURREY RD MELROSE PARK PA 19027 215-842-6440	* HS
WILSON, MD, DOROTHY G RR 2 BOX 308A SUNBURY PA 17801-0542	GYN	ADAM, MD, ALBERTO L 360 WARREN RD WAYNE PA 19087-1422	US	ALEXANDER JR, MD, JOHN D 2507 PINE ST PHILADELPHIA PA 19103-6420	IM	ANGHEL, MD, BOGDAN N 7841 RIDGE AVE STE B-263 PHILADELPHIA PA 19128-3053 215-842-6640	* US	ASSADI-KHANSARI, MD, MITRA 600 W HARVEY ST APT A-612 PHILADELPHIA PA 19144-4310	N
YAVOREK JR, MD, HENRY G 300 WASHINGTON AVE SUNBURY PA 17801-1640 717-286-3584	GS	ADAMS, MD, HAROLD K APT 1112 PHILADELPHIA PA 19131-1721 215-662-3719	* AN	ALEXANDER JR, MD, S CRAIGHEAD HAHNEMANN UNIVERSITY MS 490 PHILADELPHIA PA 19102 215-762-8360	AN	ANGLES, MD, CARMEN A EINSTEIN MED CTRNTHN DIV PHILADELPHIA PA 19141 215-456-7118	* PM	ATKINS JR, MD, JOSEPH P 800 SPRUCE ST PHILADELPHIA PA 19107-6130 215-829-5180	HNS
PERRY									
BARTHO, MD, BLAINE F RR 1 BOX 52 LANDISBURG PA 17040-9702	GP	ADAMS, KAREN C 437 W SCHOOL HOUSE LN APT D1 PHILADELPHIA PA 19144-4518	ST	ALFONSI, ALISA 1221 SPRUCE ST APT 2R PHILADELPHIA PA 19107-5607	ST	ANMUTH, DO, CRAIG J 826 FITZWATER ST PHILADELPHIA PA 19147-2831 215-576-2160	PM	ATKINS JR, MD, WILLIAM R PO BOX 2276 BALA CYNWYD PA 19004-6276 215-848-6568	PM
BELMONT, MD, FRANK A MAPLE LN NEW BLOOMFIELD PA 17068	OBG	ADAMS III, MD, RAY D 30 HIGHVIEW DR RADNOR PA 19087-3754 215-893-2185	AN	ALHOMSI, MD, MOTAZ 3900 CITY LINE AVE APT 1011A PHILADELPHIA PA 19131 215-456-7890	P	ANO, MD, ANTONIO C 8831 MONTGOMERY AVE WYNDMOOR PA 19118-2309 215-928-3352	AN	ATKINSON, MD, BARBARA F BROAD AND VINE STS M/S 435 PHILADELPHIA PA 18192 215-762-7994	ATP
BOLDEN, MD, PATRICK T DUNCANNON FAMILY HEALTH CTR DUNCANNON PA 17020-0068 717-834-3108	* FP	ADELMAN, MD, FREDERICK P ELKINS PARK HOUSE ELKINS PARK PA 19027	IM	ALLEN, LONNIE E 414 MILFORD DR BROOMALL PA 19008-4114	ST	ANOLIK, MD, MITCHELL A 1601 WALNUT ST PHILADELPHIA PA 19102-2944 215-563-1699	D	ATTOLINO, DO, RAYMOND B 543 KNIGHTS BRIDGE CT APT C1 ANDALUSIA PA 19020-7722 215-923-7685	PUD
GASULL JR, MD, H ROBERT PERRY HEALTH CENTER LOYSVILLE PA 17047 717-789-3553	GP	ADLER, MD, MARY F 5500 WISSAHICKON AVE # PH03B PHILADELPHIA PA 19144 215-312-7487	IM	ALLEN, LYNN R 226 W RITTENHOUSE SO #1205 PHILADELPHIA PA 19103-5745	GP	ANTONSON, MD, CHARLES M 1101 SAINT PAUL ST APT 811 BALTIMORE MD 21202-2625	GP	AU, MD, FRANCIS C TEMPLE UNIV HOSP PHILADELPHIA PA 19140 215-221-3624	GS
MARAKOWSKI, DO, JAMES J PERRY HEALTH CENTER LOYSVILLE PA 17047 717-789-3553	FP	ADONI, MD, LEON 8302 OLD YORK RD ELKINS PARK PA 19117-1522 215-887-3232	D	ALLOU, DO, CURTIS A 530 OXFORD RD BALA CYNWYD PA 19004-2204 215-232-5272	IM	ANTHONY, MD, JAMES A 255 S 17TH ST 5TH FLR PHILADELPHIA PA 19103 215-732-3450	ORS	AU, MD, FRANCIS C TEMPLE UNIV HOSP PHILADELPHIA PA 19140 215-221-3624	GS
MATUNIS, MD, JOSEPH J RR 2 BOX 365 LOYSVILLE PA 17047-9613 717-789-3553	FP	AGATAH, SARMAD J 5555 WISSAHICKON AVE PHILADELPHIA PA 19144	ST	ALOSI, MD, ANTHONY J 7901 DEER RUN RD PHILADELPHIA PA 19118-1225 215-885-4733	GP	ANTHONY, VINCENT L 950 WALNUT ST APT 608 PHILADELPHIA PA 19107-5564	ST	AUDAY, MD, JOSE H 3 TEAK COURT CHERRY HILL NJ 08003 215-533-9419	ORS
RUMBAUGH JR, MD, JAMES O 2 S 4TH ST NEWPORT PA 17074-1001 717-567-3151	FP	AGHAH, ABDOLREZA 1305 W RISING SUN AVE APT 2R PHILADELPHIA PA 19140-5214	ST	ALPERT, MD, CHARLES B 8601 STENTON AVE PHILADELPHIA PA 19118-2312 215-233-6200	PM	ANTONELLI, MD, ELENA C SMITHKLINE BEECHAM CORP KING OF PRUSSIA PA 19406 610-270-6111	* EM	AUERBACH, MD, ROBERT L 3380 MEMPHIS ST PHILADELPHIA PA 19134-4510 215-426-5566	PD
STEPHENSON, MD, ORLANDO K PO BOX 55 NEW BLOOMFIELD PA 17068-0055	FP	AGARWAL, MD, SANGEETA 2153 HARBOUR DR PALMYRA PA 08065 215-568-4080	IM	ALTEMOSO, MD, GREGORY T 3804 LUYKSWI RD COLLEGEVILLE PA 19426-1025	IM	APPEL, MD, JOHN W 111 N 49TH ST PHILADELPHIA PA 19139-2718 215-474-8811	R	AUERBACH, DO, ROBERT S 1325 W TABOR RD PHILADELPHIA PA 19141-3020 215-927-4400	OBG
PHILADELPHIA									
AARONSON, DO, GARY A 6404 ROOSEVELT BLVD STE 1D PHILADELPHIA PA 19149-2914 215-533-6788	PUD	AGERTY, MD, HORST A 1138 MORRIS RD WYNNEWOOD PA 19096-2313	PD	ALTER, MD, MILTON 3300 HENRY AVE PHILADELPHIA PA 19129-1121 215-581-6240	N	AQUILINA, PATRICK M 3120 W SCHOOL HOUSE LN PHILADELPHIA PA 19144-5444	ST	AUGSBURGER, MD, JAMES J WILLS EYE HOSP PHILADELPHIA PA 19107-5598 215-928-3221	OPH
ABAI, BABAK 325 N 15TH ST #1206B PHILADELPHIA PA 19102-1030	ST	AGRO, MD, ANGELO S STAFFORDSHIRE PROF CTR BLDG A VOORHEES NJ 08043 609-346-0200	OTO	ALTMAN, JAMIE F 8201 HENRY AVE APT H-16 PHILADELPHIA PA 19128	ST	ARABAHUMI, MD, SRINIVAS 1811 BETHLEHEM PIKE STE 213 FLOUROWTOWN PA 19031-1111 215-233-2810	PM	AUSTIN, CHRISTINE E 1065 WINSOR AVE PIEDMONT CA 94610 215-331-3700	ST
ABBOTT, LINCOLN F 8201 HENRY AVE APT K6 PHILADELPHIA PA 19128	ST	AHDIEH, MD, JALAL 700 BRAEBURN LN PENN VALLEY PA 19072-1507 215-235-0808	IM	ALVEZ, MD, LAURA D 10941 E KESWICK RD APT 1 PHILADELPHIA PA 19154 215-456-6970	NEP	ARCHBALD, MD, CHERYL D 1732 LOMBARD ST PHILADELPHIA PA 19146-1519 215-590-2437	PD	AUSTRIAN, MD, ROBERT C 3400 SPRUCE ST PHILADELPHIA PA 19104-4274 215-662-3186	OS
ABBOUD, MD, ELIAS M 261 OLD YORK RD STE 325 JENKINTOWN PA 19046-3254 215-572-7900	AI	AHMED, MD, MOHAMMED I AEMC PHILADELPHIA PA 19141 215-456-7890	AN	AMADIO JR, MD, PETER 733 SPRING VALLEY RD DOYLESTOWN PA 18901-3253	FP	ARCHER, STEPHANIE L 950 WALNUT ST APT 805 PHILADELPHIA PA 19107	ST	AVELLINO, MD, JOSEPH D 2219 S BROAD ST PHILADELPHIA PA 19148-2916 215-336-6161	GP
ABDALLA, DO, EMIL V 231 WINDING WAY MERION PA 19066-1217	OBG	AHONKHAI, MD, VINCENT I 2622 GENERAL FORST DR COLMAR PA 18915-9711 908-704-4991	ID	AMANKONAH, MD, THOMAS D 3806 BENSALEM BLVD APT 244 BENSALEM PA 19020 215-762-7000	IM	ARESERY, MATTHEW J 1910 FAIRMOUNT AVE APT 3F PHILADELPHIA PA 19130-2010	ST	AVERION-MAHLOCH, TIMOTHY J 5500 WISSAHICKON AVE APT PH04 PHILADELPHIA PA 19144-5653	ST
ABELLA, MD, EMMELINE P 1648 HUNTINGDON PIKE MEADOWBROOK PA 19046-8001 215-938-3620	* PM	AHRENDT, LISA D 1 FRANKLIN TOWN BLVD APT 703 PHILADELPHIA PA 19103-1243	ST	AMATNIEK, MD, JOAN C HUP DEPT OF NEUROLOGY PHILADELPHIA PA 19103 215-662-2700	N	ARER, MD, PETER H HOSP UNIV OF PA PHILADELPHIA PA 19104 215-349-5464	R	AVILA, MD, PEDRO C 100 OLD YORK RD APT E-705 JENKINTOWN PA 19046-3251 215-456-6456	PD
ABELLA, MD, ROMEO S 915 E CAYUGA ST PHILADELPHIA PA 19124-3817 215-743-2250	* IM	AUKEN, MD, ROBERT D 1015 CHESTNUT ST STE 617 PHILADELPHIA PA 19107-4306 215-925-8650	N	AMAYA, CELESTE LIM 317 N BROAD ST #507 PHILADELPHIA PA 19107-1016	ST	ARIKAN, MD, ISTIKLAL 2-B SUNFLOWER DR MAPLE SHADE NJ 08052-1504 215-427-7000	IM	AVERSA, DO, THADDEUS M 2415 S 21ST ST PHILADELPHIA PA 19145-4206	IM
ABIDI, MD, NICHOLAS A 4632 LARCHWOOD AVE PHILADELPHIA PA 19143-2108	ORS	AIMINO, MD, BARBARA J 35104 DELAIRE LANDING RD PHILADELPHIA PA 19114-4128 215-448-7000	IM	AMESUR, MD, SANDEEP N 1500 LOCUST ST STE 4317 PHILADELPHIA PA 19102-4328 215-762-8747	DR	ARKOOSH, MD, VALERIE A T JEFFERSON UNIV HOSP PHILADELPHIA PA 19107 215-955-6161	AN	AVERSA JR, MD, ZEFFERINO A 2113 LOCUST ST PHILADELPHIA PA 19103-4802 215-462-1500	OTO
ABLAZA, MD, SARIEL G 801 ALBURY CT MOORESTOWN NJ 08057-4501 215-456-9500	CDS	AINISER, MD, ANITA M 1029 DEVON RD RYDAL PA 19046-3335 215-331-0600	* IM	AMIN, RAJ R 892 GEORGES LN WARMINSTER PA 18974-2612	ST	ARMOUR, MD, WILLIAM S 351 E EVERGREEN AVE PHILADELPHIA PA 19118-2824 215-233-5929	ORS	AVILA, MD, PEDRO C 100 OLD YORK RD APT E-705 JENKINTOWN PA 19046-3251 215-456-6456	PD

PHILADELPHIA

AVINA, MD, LINDLEY G	IM	BALKIN, GARO K	ST	BAROLAT-ROMANA, MD,	NS	BAUMBACH, JENNIFER L	ST	BEN-MAIMON, MD, CAROLE S	NEP
8201 HENRY AVE APT E-18		241 S 6TH ST APT 506		GIANCARLO		8201 HENRY AVE APT T-24		1510 DELP DR	
PHILADELPHIA PA 19128-2925		PHILADELPHIA PA 19106		1025 WALNUT ST		PHILADELPHIA PA 19128-2261		KULPSVILLE PA 19443	
AWAN, MD, SALEEM A	US	BALL, MD, ANDREW G	IM	215-955-6744		BAUMGARDNER, MD, JAMES E	AN	215-256-8400	
10825 E KEESWICK RD # 64		HANNE MANN UNIV HOSP		215-955-6744		2519 WEBSTER ST		BENDERSKY, MD, GORDON	CD
PHILADELPHIA PA 19154-4134		EMERGENCY		BARON, MD, RICHARD J	* IM	PHILADELPHIA PA 19146-2325		623 ANTHONY RD	
215-612-4000		PHILADELPHIA PA 19102		345 E MOUNT AIRY AVE		215-823-5835		ELKINS PARK PA 19117-1701	
AWTREY, CHRISTOPHER S	ST	215-762-8688		PHILADELPHIA PA 19119-1114		BAURER, MD, FREDERIC M	P	111 N REVERE DR	
PARK TOWNE PLACE APT E1902		BALLEK, MD, RONALD E	IM	215-242-5000		PHILADELPHIA PA 19139-2718		MERION STATION PA 19066-1008	
PHILADELPHIA PA 19130		MAKEFIELD EXEC QUARTERS		BARR, DO, LAWRENCE I	ORS	215-471-2807		215-762-6900	
AXELROD, MD, BUDD B	GP	YARDLEY PA 19067		6650 BROWNING RD		BAVARIA, MD, JOSEPH E	* CDS	BENEDETTO, DO, ANTHONY V	D
618 E GIRARD AVE		BALMADEA, MD, OFELIA B	PM	PENNSAUKEN NJ 08109		HOSP OF THE UNIV OF PA		1200 LOCUST ST	
PHILADELPHIA PA 19125-3437		5233 N 5TH ST		609-662-2220		PHILADELPHIA PA 19104		PHILADELPHIA PA 19107-5605	
215-426-5666		PHILADELPHIA PA 19120-3301		BARRETT, MD, MICHAEL J	CD	215-662-2017		215-546-3666	
AXELROD, MD, RANDI A	NPM	215-457-2744		1 BELMONT AVE STE 818		BEATTY, MD, ALBERT C	CDS	BENEDETTO, MD, ERNEST A	D
9110 AYRDAL CRES		BALTAROWICH, MD, OKSANA H	* DR	BALA CYNWYD PA 19004-1611		501 WESTMORELAND AVE		1200 LOCUST ST	
PHILADELPHIA PA 19128-1049		2016 SHADYWOOD CIR		610-667-3988		PHILADELPHIA PA 19107-5605		PHILADELPHIA PA 19107-5605	
215-427-5000		HUNTINGTOWN VALLEY P 19006-6747		BARRETT, RONALD T	ST	BEAUCHAMP JR, MD, EUGENE W	GS	BENJAMIN, MD, KENNETH W	OPH
AYERLE, MD, ROBERT S	OM	215-938-7680		2049 WAVERLY ST		1400 STATE ST		9302 EAGLE VIEW DR	
1902 STANDFORD DR		BALTZELL, MD, WILLIAM H	BE	PHILADELPHIA PA 19146-1342		SPRINGFIELD MA 01109-2550		LA FAYETTE HILL PA 19444-1743	
MALVERIN PA 19355-9744		208 REX AVE		BARRINGER, MD, LYDIA R	AN	413-732-2197		BENNETT, MD, HUGH D	IM
AZIMI, SOHEIL	ST	PHILADELPHIA PA 19118-3719		201 S BUCK LANE		BECK, MD, AARON T	P	639 VALLEY VIEW RD	
8201 HENRY AVE APT U5		BAMONT, MD, ANTHONY J	FP	HAVERFORD PA 19041-1106		PHILADELPHIA PA 19104-2648		ARMORE PA 19003-1028	
PHILADELPHIA PA 19128-2263		5301 N VIEW DR		215-738-3400		BECK, MD, SYLVIA R	OPH	215-878-5600	
BACCASH, MD, PATRICIA D	GER	AMARILLO TX 79124		BARRISH, WILLIAM J	ST	MED COL OF PA DEPT OF OPH		BENNETT, MD, JOEL A	AN
600 GLEN ECHO RD		BANACH, MD, MICHAEL J	OPH	4 WORRAL COURT		PHILADELPHIA PA 19129-1121		4 BUNNING DR	
PHILADELPHIA PA 19119-2918		109 E MT AIRY AVE		NEWARK DE 19711		215-842-6481		VOORHEES NJ 08043-4165	
215-728-2170		PHILADELPHIA PA 19119-1715		BARRIST, MD, ELLIS M	GS	215-762-7962		BENNETT, LYDIA B	ST
BACHARACH, MD, BENJAMIN	TS	215-928-3000		5222 WINDSOR PARKE DR		BECKER, MD, CARL E	ORS	3409 CRESSON ST APT 2	
1025 WALNUT ST RM 116		BANCROFT, MD, URSULA F	IM	BOCA RATON FL 33496		834 CHESTNUT ST APT 1118		PHILADELPHIA PA 19129-1605	
PHILADELPHIA PA 19107-5001		57 TRAUD DR		PHILADELPHIA PA 19140-5104		PHILADELPHIA PA 19107-5143		BENNETT, MD, RICHARD H	N
215-955-6986		CHURCHVILLE PA 18966		215-221-4613		216 W CHELTEN AVE		5401 OLD YORK RD RM 405	
BACHINSKY, MD, WILLIAM B	CD	215-289-8486		BANSAGIAN, CARL	ST	PHILADELPHIA PA 19144-3803		PHILADELPHIA PA 19141-3030	
412 WYNNE AVE		BANEY IV, PHILIP J	ST	1700 BUTLER PIKE APT 35-D		215-848-8800		215-324-3300	
HAVERTOWN PA 19083		PHILADELPHIA PA 19128		CONSHOHOCKEN PA 19428-1239		BECKER, MD, JOSEPH M	DR	BENSON, MD, WILLIAM E	* OPH
215-662-2884		BANKA, MD, REENA S	N	202 PARKVIEW RD		548 WINDING WAY		910 E WILLOW GROVE AVE	
BACKUP, MD, CLIFFORD E	* P	2101 BRIGHTON ST		CHELTENHAM PA 19012-1019		MERION STATION PA 19066-1127		WYNDMOOR PA 19038	
FRIENDS HOSP		PHILADELPHIA PA 19149-1802		215-333-6611		610-667-2180		215-233-4300	
PHILADELPHIA PA 19124		BANKA, MD, VIDYA S	* CD	701 SUMMIT AVE #C 101		BECKER, DO, MICHAEL A	FP	BENTIVOGLIO, MD, LAMBERTO G	CD
215-831-4801		EPISCOPAL HOSP		PHILADELPHIA PA 19128-2317		1171 PLOWSHARE RD		LANKENAU MED BLDG STE 332	
BACON, KIMBERLY A	ST	PHILADELPHIA PA 19125		BARTMAN, THOMAS	ST	215-482-8556		WYNNWOOD PA 19096	
4600 KITAMAT TRL		215-427-7247		310 S EASTON RD APT B407		215-896-4530		BENTLEY, RHONDA M A	ST
LIMA OH 45805		BANNER, MD, RONALD S	* IM	GLENDISE PA 19038-3924		215-482-8556		3900 WALNUT ST APT 404	
BADOSA, MD, FRANCISCO	GS	2050 WELSH RD		BARTOLOZZI, MD, MARIA A	AN	215-482-8556		PHILADELPHIA PA 19104-6138	
5401 OLD YORK RD STE 505		PHILADELPHIA PA 19115-4933		13 SUNNYSIDE LN		215-482-8556		BERAN, MINDY S	ST
PHILADELPHIA PA 19141-3030		215-969-0887		YARDLEY PA 19067-2614		215-482-8556		325 N 15TH ST #801A	
215-456-6933		BANSBACH, MD, JEAN M	D	215-221-3326		215-482-8556		PHILADELPHIA PA 19102	
BAER, JAMES R	ST	21 N FEATHERING RD		BARTON, MD, DESMOND P	GO	215-482-8556		BERENBAUM, MD, PAUL L	GE
8900 RIDGE AVE		MEDIA PA 19063-1908		3401 N BROAD ST		215-482-8556		60 TOWNSHIP LINE RD BLDG 224	
PHILADELPHIA PA 19128-2027		BANSBACH, MD, WILLIAM A	U	PHILADELPHIA PA 19140		215-482-8556		ELKINS PARK PA 19117-2249	
BAER, MONIQUE M	ST	21 N FEATHERING RD		215-707-3015		215-482-8556		215-665-1772	
8900 RIDGE AVE		MEDIA PA 19063-1908		BARTON, MICHAEL E	ST	215-482-8556		BERG, MD, ALAN P	IM
PHILADELPHIA PA 19128-2027		BAPTISTE, JUSTINA W	ST	9071 MILLCREEK RD APT 2902		215-482-8556		PO BOX 205	
BAER, MD, SAMUEL	IM	437 W SCHOOLHOUSE LN		LEVITTOWN PA 19054-4238		215-482-8556		FLOUROTOWN PA 19031-0205	
7848 OLD YORK RD		APT C12		BARTOSIK, MD, DELPHINE B	GYN	215-482-8556		215-836-7993	
ELKINS PARK PA 19027		PHILADELPHIA PA 19144-4553		245 N BROAD ST STE 300		215-482-8556		BERGER, MD, BRUCE C	CD
215-635-4700		BAR, MD, ALLEN H	* GS	PHILADELPHIA PA 19107-1522		215-482-8556		101 PEPPER PAVILION	
BAGLEY, MD, DEMETRIUS H	U	301 S 8TH ST # 4A		215-564-1650		215-482-8556		PHILADELPHIA PA 19146-1407	
1025 WALNUT ST		VILLANOVA PA 19106		BARTUSKA, MD, DORIS G	* END	215-482-8556		215-893-2495	
PHILADELPHIA PA 19107-5001		215-627-6079		3227 W PENN ST		215-482-8556		BERGER, MD, MARK D	CD
215-955-2662		BARAN, MD, MARK S	ST	PHILADELPHIA PA 19129-1017		215-482-8556		PENNA CARDIOLOGY ASSOCS LTD	
BAILEY, MD, HEATHERLEE	EM	3630 HALTER RD		215-842-6952		215-482-8556		PHILADELPHIA PA 19107-5701	
8200 HENRY AVE APT G11		WESTMINSTER MD 21158-1904		BARZEL, MD, EYAL	R	215-482-8556		215-828-5064	
PHILADELPHIA PA 19128-2962		BARANKO, DARRELL J	ST	38 UNION AVE		215-482-8556		BERGER, MD, SIMON M	DR
BAILEY JR, LEONARD C	ST	NORRIS HILLS APT 101		BALA CYNWYD PA 19004-3132		215-482-8556		501 E BIRCH LN	
4321 LARCHWOOD AVE		NORRISTOWN PA 19401		215-951-8750		215-482-8556		WYNDMOOR PA 19038-8301	
PHILADELPHIA PA 19104-3903		BARBARISI, MD, MARCHELLO J	DR	BASE, STEPHEN J	ST	215-482-8556		215-951-8765	
BAIN, MICHAEL A	ST	5500 WISSAHICKON AVE		325 N 15TH ST APT 1402		215-482-8556		BERGH, MD, MOISES	CHP
7 CRESTWOOD DR		APT 604B		PHILADELPHIA PA 19102		215-482-8556		1500 HELLERMAN ST	
NEWPORT BEACH CA 92660		PHILADELPHIA PA 19144-5649		BASHE, MARCY I	ST	215-482-8556		PHILADELPHIA PA 19149-2825	
BAIRD, JANET L	ST	BARBEE, GLEN J	ST	2201 CHESTNUT ST # 604		215-482-8556		BERK, MD, NATHANIEL G	IM
R D 1 BOX 179		317 N BROAD ST # 615		PHILADELPHIA PA 19103		215-482-8556		CEDARBROOK HILL APTS # C1012	
GLENMOORE PA 19343-9617		PHILADELPHIA PA 19107-1017		BASSETT, MD, JAMES G	GS	215-482-8556		WYNGOTE PA 19095-2801	
BAKER, ALFREDO E	ST	BARBER, MD, LEE A	IM	MEDICAL COLLEGE OF PA		215-482-8556		215-885-4818	
3530 HENRY AVE		6607 RIDGE AVE		PHILADELPHIA PA 19128-2428		215-482-8556		BERKOWITZ, MD, HENRY D	* GS
PHILADELPHIA PA 19129-1104		PHILADELPHIA PA 19128-2428		215-482-0222		215-482-8556		PRESBYTERIAN MED CTR	
BAKER, MD, DONALD J	D	215-482-0222		BARBER, MD, MARGARET	P	215-482-8556		PHILADELPHIA PA 19104	
2300 WALNUT ST APT 215		2590 SE 3RD AVE		POMPANO BEACH FL 33060-7122		215-482-8556		215-662-0800	
PHILADELPHIA PA 19103-5542		BARBOT, MD, DONNA J	GS	111 S 11TH ST STE G6270		215-482-8556		BERMAN, MD, ARNOLD T	* ORS
BAKER, MD, RANDOLPH M	ST	PHILADELPHIA PA 19107-4824		PHILADELPHIA PA 19107-4824		215-482-8556		230 N BROAD ST	
121 WESTVIEW DR		215-955-8666		215-955-8666		215-482-8556		PHILADELPHIA PA 19102-1121	
CARRBORO NC 27510		BARKER, MD, CLYDE F	GS	215-955-8666		215-482-8556		215-762-8443	
BAKSHI, MD, KALIND R	VS	UNIVERSITY OF PA HOSP		215-955-8666		215-482-8556		BERNAT JR, KARL R	ST
2742 KNIGHTS RD		PHILADELPHIA PA 19104		215-955-8666		215-482-8556		1025 SPRUCE ST	
BENSALEM PA 19020-3526		PHILADELPHIA PA 19104		215-955-8666		215-482-8556		PHILADELPHIA PA 19107-6703	
215-245-9055		215-955-8666		215-955-8666		215-482-8556		BERNS, MD, LEON L	IM
BAKST, MD, ALAN E	IM	215-955-8666		215-955-8666		215-482-8556		1335 W TABOR RD	
1 MONTGOMERY AVE APT 314		215-955-8666		215-955-8666		215-482-8556		PHILADELPHIA PA 19141-3038	
BALA CYNWYD PA 19004		215-955-8666		215-955-8666		215-482-8556		BERNSTEIN, MD, JOSEPH	ORS
215-456-7890		215-955-8666		215-955-8666		215-482-8556		334 S 19TH ST	
BALABAN, MD, DONALD J	GPM	215-955-8666		215-955-8666		215-482-8556		PHILADELPHIA PA 19103-6623	
290 N BOWMAN AVE		215-955-8666		215-955-8666		215-482-8556		BERNSTEIN, MD, LARRY	PM
MERION STATION PA 19066		215-955-8666		215-955-8666		215-482-8556		1612 ROSE GLEN RD	
215-423-2413		215-955-8666		215-955-8666		215-482-8556		HAVERTOWN PA 19083-1810	
BALASUBRAMANIAN, MD,		215-955-8666		215-955-8666		215-482-8556		610-645-2210	
EASWARAN	ORS	215-955-8666		215-955-8666		215-482-8556		BERNSTINE, MD, J BERNARD	OBG
2040 E ALLEGHENY AVE		215-955-8666		215-955-8666		215-482-8556		23205 MORA GLEN DR	
PHILADELPHIA PA 19134-3817		215-955-8666		215-955-8666		215-482-8556		LOS ALTOS CA 94024-6621	
215-426-7717		215-955-8666		215-955-8666		215-482-8556		BESDEN, JODI E	ST
BALCHANDANI, MD, RAJKUMARI B	DR	215-955-8666		215-955-8666		215-482-8556		8201 HENRY AVE APT D-11	
221 HOLME AVE		215-955-8666		215-955-8666		215-482-8556		PHILADELPHIA PA 19128-2923	
ELKINS PARK PA 19117-1805		215-955-8666		215-955-8666		215-482-8556		BETESH, MD, JOEL S	IM
215-831-7325		215-955-8666		215-955-8666		215-482-8556		2240 S 3RD ST	
BALDECK, MD, ANDREA M	AN	215-955-8666		215-955-8666		215-482-8556		PHILADELPHIA PA 19148-3347	
6122 BUTLER PIKE		215-955-8666		215-955-8666		215-482-8556		215-755-8575	
BLUE BELL PA 19422-2604		215-955-8666		215-955-8666		215-482-8556		BETHALA, MD, CYRIL V K	IM
BALDERSTON, MD, RICHARD A	ORS	215-955-8666		215-955-8666		215-482-8556		151 S BISHOP AVE APT F24	
811 SPRUCE ST		215-955-8666		215-955-8666		215-482-8556		SECANE PA 19018-1923	
PHILADELPHIA PA 19107-5701		215-955-8666		215-955-8666		215-482-8556			
215-829-3458		215-955-8666		215-955-8666		215-482-8556			
BALINT, MD, STEVEN E	IM	215-955-8666		215-955-8666		215-482-8556			
169 GREENWOOD AVE APT H6		215-955-8666		215-955-8666		215-482-8556	</		

PHILADELPHIA

BETHALA, MD, YASHASHREE L 151 S BISHOP AVE APT F24 SECANE PA 19018-1923 215-662-8548	IM	BLAKE, MD, HU A 1021 RIVERTON RD MOORESTOWN NJ 08057-1344 215-551-9266	GS	BOGERT, EUGENIA-PAULITA 275 BRYN MAWR AVE APT K59 BRYN MAWR PA 19010-4081	ST	BOWMAN, MD, SALLYANN M 201 E GORGAS LN PHILADELPHIA PA 19119-1930	IM	BRENNER, MD, BARRY S 2175 KNORR ST PHILADELPHIA PA 19149-2307 215-624-2491	FP
BETTS, MD, EUGENE K 108 ROCK ROSE LN RADNOR PA 19087-3736 215-590-1873	AN	BLAKE, DO, JAMES S 5450 WISSAHICKON AVE APT 403 PHILADELPHIA PA 19144-5217	GE	BOGUCKI, MD, FRED R 490 GOLDEN GATE DR RICHBORO PA 18954 215-831-6100	GS	BOXER, MD, LOUIS M 247G SHAWMONT AVE PHILADELPHIA PA 19128-4208 215-456-6010	AN	BRENNER, DO, RICHARD P 2175 KNORR ST PHILADELPHIA PA 19149-2307 215-624-2491	FP
BETZ, MD, RANDAL R 572 LENAPE CIR LANGHORNE PA 19047-1141 215-332-4500	ORS	BLANCH, MD, JOSEPH J 10854 CRESTMONT AVE PHILADELPHIA PA 19154-4419	U	BOHEEN, ERICA A BENSON MNR STE 302 JENKINTOWN PA 19046-3500	ST	BOYADJIS, MD, TERRENCE A 1016 DREXEL AVE DREXEL HILL PA 19026-4002	P	BREST, MD, ALBERT N JEFFERSON MED COLL PHILADELPHIA PA 19107	CD
BEUMONT, MD, MARIA G 304 E EVERGREEN AVE PHILADELPHIA PA 19118-2825	ID	BLAND, MD, C BRINLEY 717 BETHLEHEM PIKE ERDENHEIM PA 19038 215-233-0339	GYN	BOHRN, MICHAEL A 325 N 15TH ST #303 PHILADELPHIA PA 19102-1007	ST	BOYD III, MD, THOMPSON H 774 N 24TH ST PHILADELPHIA PA 19130-2542	IM	BRIDGES, MD, KENNETH G 5248 CEDAR AVE PHILADELPHIA PA 19143-1524 215-471-1828	TS
BEVERLY, MD, AVERY W 5029 WOODLAND AVE PHILADELPHIA PA 19143-5132	*R	BLANK, MD, SAMUEL 2778 S OCEAN BLVD SPH1 PALM BEACH FL 33480	AN	BOLNO, DO, CHARLES M 8011 STENTON AVE PHILADELPHIA PA 19118-2423	*ORS	BOYER, MD, RANDAL A 39 E MONTGOMERY AVE ARDMORE PA 19003-2502	DR	BRIDGES, MARK W 2101 CHESTNUT ST APT 424 PHILADELPHIA PA 19103	ST
BEVERLY JR, MD, ROLAND S 5836 CHESTNUT ST PHILADELPHIA PA 19139-3109 215-476-8048	GP	BLANZACO, MD, ANDRE C 717 BETHLEHEM PK ERDENHEIM PA 19121-2111 215-836-1313	*OBG	BONDI, MD, EDWARD EDGE 1096 RANDOLPH RD MEADOWBROOK PA 19046-1821 215-662-2397	D	BOYLE HACKMAN, BARBARA A B FORREST LN STRAFFORD PA 19087-2504	ST	BRIGHTON, MD, CARL T 14 FLINTSHIRE RD MALVERN PA 19355-1108 215-349-8375	ORS
BEVILACQUA, MD, JOHN E HOSP OF UNIV OF PA PHILADELPHIA PA 19104 215-662-3368	*N	BLECHER, MD, MARK H 1703 S BROAD ST PHILADELPHIA PA 1914B-1505 215-339-8100	OPH	BONE, LINDA J 4301 SPRUCE ST #A402 PHILADELPHIA PA 19104	ST	BOYNTON, MD, ROBERT F 3300 HENRY AVE PHILADELPHIA PA 19129	*GE	BRIGNOLA, MD, MICHAEL P 215-216 GSB BLDG BALA CYNWYD PA 19004 610-667-4815	*IM
BEYER JR, MD, KARL H PO BOX 387 PENLLYN PA 19422-0387	NEP	BLEI, REBECCA L 1418 OAKMONT ST 2ND FL PHILADELPHIA PA 19111-3312	ST	BONNER, MD, JAMES F 217 KEDRON AVE FOLSOM PA 19033-1310 610-532-2633	PM	BOZENTKA, MD, DAVID J 6100 CITY AVE APT 1703 PHILADELPHIA PA 19131-1248	ORS	BRISLIN, KENNETH J 7901 HENRY AVE APT F112 PHILADELPHIA PA 1912B-3054	ST
BHATT, MD, DEEPAK L 250 BEVERLY BLVD APT C103 UPPER DARBY PA 19082-4527	IM	BLENDER, DO, BURTON 335 E WYOMING AVE PHILADELPHIA PA 19120-4432 215-455-0113	*US	BONNICH, JANINA B 4032 LAWNDALE ST PHILADELPHIA PA 19124-5224	ST	BRACCIA, MD, GREGORY M 604 WASHINGTON SQ PHILADELPHIA PA 19106-2108 215-955-6161	AN	BRISTOWE, KEVIN D 117 W REAMER AVE WILMINGTON DE 19804-1717	ST
BIANROSA, MD, JOHN J 1 GRADUATE PLZ PHILADELPHIA PA 19146-1407 215-893-2000	AN	BLEWITT, MD, GEORGE A PO BOX 698 OLDWICK NJ 08858-0698 908-439-2216	IM	BOONSWANG, NARONGSAK 2390 NORWOOD AVE EASTON PA 18042	ST	BRACE, MD, FREDERICK H PO BOX 271 ARDMORE PA 19003-0271 215-735-7447	*P	BRIZUELA, MD, HERNAN R 5024 N 5TH ST PHILADELPHIA PA 19120 215-324-0160	OBG
BIELE, MD, FLORA H 1520 SPRUCE ST THE TOURAINE PHILADELPHIA PA 19102-4511	P	BLINKOFF, MD, BARRY A 9257 A JAMISON AVE PHILADELPHIA PA 19115 215-331-0514	IM	BOOTH JR, MD, ROBERT E 800 SPRUCE ST PHILADELPHIA PA 19107-6130 215-829-3458	ORS	BRADEN, MD, GEOFFREY L 2 BALA PLZ STE IL22-24 BALA CYNWYD PA 19004-1589 610-664-9700	GE	BROCK, MD, CHARLENE M 3101 W COULTER ST PHILADELPHIA PA 19129-1001 215-483-8865	PD
BIERMANN, MD, WILLIAM A 111 S 11TH ST STE G4100 PHILADELPHIA PA 19107-4824 215-955-6039	ON	BLISARD, DEANNA M 950 WALNUT ST APT 220 PHILADELPHIA PA 19107	ST	BORKOWSKI, MD, WINSLOW J 1324 RED RAMBLER ROAD RYDAL PA 19046-2910	N	BRADLEY, MD, ELIZABETH A 1734 S AVONDALE ST PHILADELPHIA PA 19142-1425	ST	BROCKMAN, MD, STANLEY K HAHNEMANN UNIV HOSP MS111 PHILADELPHIA PA 19102 215-762-7803	CD
BIGLER, MD, ROBERT D HAHNEMANN UNIV M/S 412 PHILADELPHIA PA 19102-1178 215-762-7641	IM	BLOCK, MD, ROBERT A 9600 ROOSEVELT BLVD APT 2 PHILADELPHIA PA 19115-3932 215-677-1100	*OBG	BORN, MD, CHRISTOPHER T 3 COOPER PLZ CAMDEN NJ 08103-1438 609-342-3253	ORS	BRADLEY, LORELLE E 4321 PINE ST APT 1R PHILADELPHIA PA 19104-3919	ST	BRODE, MD, SUSAN E 425 ROUMFORD RD PHILADELPHIA PA 19119-1033	OTO
BIGLEY, MD, JOSEPH R 5012 N CONVENT LN F PHILADELPHIA PA 19114-3130 215-637-4709	*GP	BLOOM, ADAM H 3600 CHESTNUT ST BOX 881 PHILADELPHIA PA 19104	ST	BORNS, MD, PATRICIA F 3411 WARDEN DR PHILADELPHIA PA 19129-1417	PDR	BRADLEY JR, MD, ROBERT H FOULKEWAYS 1403 GWYNEDD PA 19436	U	BRODER, MD, GEORGE J 1553 CHERRY LN RYDAL PA 19046-1401 215-728-3738	DR
BILLIG, MD, RUTH A SOUTHAMPTON ESTATES SOUTHAMPTON PA 18966-3121 215-364-1487	PD	BLOOM, MD, BENJAMIN H GERMANTOWN HOSP STE 207 PHILADELPHIA PA 19144-1480 215-849-0422	OPH	BOROCHKIM, MICHAEL D 114 N MOLE ST PHILADELPHIA PA 19102-1405	ST	BRADY, MD, LUTHER W 230 N BROAD ST PHILADELPHIA PA 19102-1121 215-762-8419	TR	BRODEUR, MD, GARRETT M CHILDREN'S HOSP OF PHILA PHILADELPHIA PA 19104 215-590-2817	ON
BILSKY, MD, ALAN CHARLES 729 EASTWIND CIRCLE DRESHER PA 19025-1436 215-924-7480	IM	BLOOM, MD, JOSEPH ELKINS PARK HOUSE APT 203A ELKINS PARK PA 19117-231B 215-924-0724	PD	BOROW, MD, SYDNEY LOGAN SQUARE E APT 613 PHILADELPHIA PA 19103-1238	PD	BRAFFMAN, MD, MICHAEL N 822 PINE ST STE 3A PHILADELPHIA PA 19107-6124 215-925-8010	ID	BRODOVSKY, MD, HARVEY S 111 S 11TH ST STE 6165 PHILADELPHIA PA 19107-4824	IM
BILYK, MD, JURIJ R WILLS EYE HOSP PHILADELPHIA PA 19107 215-928-1417	OPH	BLOOM, MD, LAWRENCE H 525 JAMESTOWN ST STE 207 PHILADELPHIA PA 1912B-1751 215-483-8445	OPH	BORTIN, MD, LEONARD 191 PRESIDENTIAL BLVD BALA CYNWYD PA 19004-1207 215-839-7400	IM	BRALOW, MD, S PHILIP PEPPER PAVILION STE 100 PHILADELPHIA PA 19146 215-893-2532	GE	BRODSKY, MD, ISADORE HAHNEMANN UNIVERSITY HOSP PHILADELPHIA PA 19102-1121 215-762-8026	ON
BINIAURISHVILI, MD, RAOUL G 10125 VERRER RD STE 100 PHILADELPHIA PA 19116 215-698-1664	N	BLOOMGARDEN, MD, RAPHAEL T 1722 BETHLEHEM PIKE FLOUROWTOWN PA 19031-1644 215-233-9700	*CD	BOSACCO, MD, STEPHEN J HAHNEMANN UNIV MAIL STOP 420 PHILADELPHIA PA 19102 215-762-8445	*ORS	BRALOW, DO, SCOTT A 2046 N 63RD STREET PHILADELPHIA PA 19151 215-473-5003	NEP	BRODSKY, MD, JEFFREY T HAHNEMANN UNIV HOSP PHILADELPHIA PA 19102-1178 215-762-1711	GS
BIONDI, DO, ROBERT J 2301 E ALLEGHENY AVE PHILADELPHIA PA 19134 215-291-3696	PTH	BLOOM, MD, JOSEPH ELKINS PARK HOUSE APT 203A ELKINS PARK PA 19117-231B 215-924-0724	PD	BOSCELLI, MD, JOSEPH M 1320 RACE ST PHILADELPHIA PA 19107 215-963-9760	ID	BRANCH, KELLEY R 1000 WALNUT ST APT 906 PHILADELPHIA PA 19107-5518	ST	BRODY, MD, JEROME I 3300 HENRY AVE PHILADELPHIA PA 19129-1121 215-842-6982	HEM
BIRD, MD, GEOFFREY L 5500 WISSAHICKON AVE APT 702C PHILADELPHIA PA 19144-5635 215-427-5000	PD	BLUEMLE JR, MD, LEWIS W THOMAS JEFFERSON UNIV PHILADELPHIA PA 19107 215-928-6617	IM	BOSLEY, MD, THOMAS M WILLS EYE HOSPRO OPH PHILADELPHIA PA 19107 215-928-3130	IM	BRANDMAN, MD, ITA S 1208 CHILDS AVE DREXEL HILL PA 19026-4102 215-423-1674	IM	BRODY, MD, JULIA B 1728 S BROAD ST STE 103 PHILADELPHIA PA 19145-4417 215-463-5008	PUD
BIRD, MD, LUIS J 1534 PINE ST PHILADELPHIA PA 19102-4646 215-226-7106	P	BLUMBERG, MD, BARUCH S 7701 BURHOLME AVE PHILADELPHIA PA 19111-2412 215-728-3164	OS	BOSSARD, MD, VALERIE J 154B RIVER RD NEW HOPE PA 18938-9267 215-739-9740	N	BRAUN, STEPHANIE M 226 W RITTENHOUSE SO APT 513 PHILADELPHIA PA 19103-5740	ST	BRODY, MD, LEONARD A ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141 215-456-7903	ORS
BIRNBAUM, MD, MICHAEL D 8118 OLD YORK RD ELKINS PARK PA 19117-1423 215-835-0545	REN	BLUMBERG, MD, MYRON L 317 S 22ND ST PHILADELPHIA PA 19103-652B 610-543-8860	R	BOTEK, MD, ALISON A 278 E CHOCOLATE AVE APT 3 HERSHEY PA 17033-1322	OBG	BRAUNSTEIN, MD, LARRY 1426 MCKINLEY ST PHILADELPHIA PA 19149-2705	DR	BRODY, DO, SUSAN K 2748 N 48TH ST PHILADELPHIA PA 19131-1503 215-871-1000	IM
BISER, SETH A 1908-C RODMAN ST PHILADELPHIA PA 19146-1417	ST	BLUMENTHAL, MD, SHERRY L 2701 BLAIR MILL RD STE C WILLOW GROVE PA 19090-1041 215-443-0660	OBG	BOTUYAN, KATHERINE F 317 N BROAD ST #520 PHILADELPHIA PA 19107	OPH	BRAY, MD, SOLOMON S 5575 N PARK AVE PHILADELPHIA PA 19141-3017 215-424-1254	OPH	BROENNE, MD, A MICHAEL 34TH ST AND CIVIC CTR BLVD PHILADELPHIA PA 19104 215-590-1875	AN
BISHAI, MD, DAVID M 88 WILLOWBROOK AVE LANSDOWNE PA 19050-1832	PD	BLUNT, MD, CHARLOTTE L PARK TOWNE PLACE PHILADELPHIA PA 19130 215-567-5056	P	BOVE, MD, FRANK A 1301 WOLF ST PHILADELPHIA PA 19148-2911 215-334-0980	CD	BRAY, MD, SUSAN H 86 BETHLEHEM PIKE PHILADELPHIA PA 1911B-2821 215-247-3930	CD	BROGAN, MD, EDMUND J 1020 CEDAR GROVE RD WYNEWOOD PA 19096-2006	OTO
BISHOW, MD, I RALPH 10500 ACADEMY RD NE APT 302 ALBUQUERQUE NM 87111-7325	FP	BLYTHE, JAMES O ORLOWITZ BLDG APT 1810-A PHILADELPHIA PA 19107	ST	BOVE, MD, RICHARD L 316 LAWRENCE CT PHILADELPHIA PA 19106-4211 215-334-5407	NEP	BRAY, MD, SUSAN H 86 BETHLEHEM PIKE PHILADELPHIA PA 1911B-2821 215-247-3930	NEP	BROGAN, MD, JOHN J 10805 CRESTMONT AVE PHILADELPHIA PA 19154-4403	OBG
BITMAN, MD, JOSEPH 8470 LUMKIN PIKE WYNCOTE PA 19095-2701 215-924-6667	PD	BOAK JR, MD, JOSEPH G BEN FRANKLIN HOUSE PHILADELPHIA PA 19107	IM	BOWEN JR, MD, FRANK W 8TH AND SPRUCE STS PHILADELPHIA PA 19107 215-829-3301	CRS	BRAYMAN, MD, ARNOLD K 808 WINTER RD RYDAL PA 19046-2920 215-331-6878	*GS	BROGAN, MD, LOUIS E 6419 DREXEL RD PHILADELPHIA PA 19151-2402	PD
BLACK, MD, MARTIN 1453 HAGYS FORD RD PENN VALLEY PA 19072-1139 215-221-3434	GE	BOBRIN, BRAD D 205 STONEHOUSE LN WYNCOTE PA 19095-1524	ST	BOWEN JR, MD, FRANK W 8TH AND SPRUCE STS PHILADELPHIA PA 19107 215-829-3301	PD	BRECHER, MD, EUGENE 8302 OLD YORK RD ELKINS PARK PA 19117-1522 215-885-8550	IM	BROMBERG, MD, JONATHAN B KLEIN BUILDING PHILADELPHIA PA 19141-3030 215-456-9400	ORS
BLACK, MD, PERRY HAHNEMANN UNIV HOSP PHILADELPHIA PA 19102 215-762-8072	NS	BOBRIN, DO, MARSHALL C 11863 BRANDON RD PHILADELPHIA PA 19154-2532 215-637-1134	*US	BOWER, MD, ROBERT 221 BERKELEY RD GLENSIDE PA 19038	GS	BRECKNER, MD, STEVEN W 111 S 11TH ST STE 4280 PHILADELPHIA PA 19107-4824 215-955-8706	CD	BROMMER, MD, OLIVER R 421 GREEN LN PHILADELPHIA PA 19128-3305	GP
BLAHA, GREGORY R 2007 SPRUCE ST APT 2F PHILADELPHIA PA 19103	ST	BOCHENEK, KRZYSZTOF M 1024 SKYLARK CIR AUDUBON PA 19403	ST	BOWER, RYAN T 201 OLD STATE RD MEDIA PA 19063	ST	BRECKNER, MD, STEVEN W 111 S 11TH ST STE 4280 PHILADELPHIA PA 19107-4824 215-955-8706	CD	BROOKS, BRIAN P 2130 SIERRA RD PLYMOUTH MTNG PA 19462-1834	IM
BLAIR, MD, FRANK W 2000 CAMBRIDGE AVE WYOMISSING PA 19610-2714	OPH	BOGER, MD, WILLIAM P 1675 GLENHARDIE RD WAYNE PA 19087-1003	ID	BOWERS, MD, PAUL A 9 SANDRINGHAM RD BALA CYNWYD PA 19004-2036 215-928-4800	OBG	BRECKNER, MD, STEVEN W 111 S 11TH ST STE 4280 PHILADELPHIA PA 19107-4824 215-955-8706	OT	BROSELOW, MD, DAVID D CEDAR BROOK HILL III APT C312 WYNCOTE PA 19095 215-885-8361	GP
BLAISE, CARLINE 8201 HENRY AVE APT N-9 PHILADELPHIA PA 19128-2236	ST	BOGERT, DO, ARTHUR E 443 GERMANTOWN PK STE 100 LAFAYETTE HILL PA 19444 610-941-4404	FP	BOWLES, MD, LAWRENCE T 315 SPRUCE ST PHILADELPHIA PA 19103-551B 215-590-9545	CD	BRECKNER, MD, STEVEN W 111 S 11TH ST STE 4280 PHILADELPHIA PA 19107-4824 215-955-8706	PS		

PHILADELPHIA

BROSANAN, MD, WILLIAM J 1225 CENTENNIAL ROAD NARBERTH PA 19072-1205	AN	BUCK, MD, DONALD E HMEEDAC UNIT 29223 BOX 558 APO AE 09102	IM	CAHAN, MD, MICHAEL S 1939 W CHELTENHAM AVE PHILADELPHIA PA 19117-1046	PD	CAPUTO, MD, LARRY A METHODIST HOSP PHILADELPHIA PA 19148-3594	DR	CASE JR, MD, WARREN G 2400 CHESTNUT ST APT 308 PHILADELPHIA PA 19103-4314	P
BROUDO, MD, SAMUEL F 6800 CASTOR AVE PHILADELPHIA PA 19149-2106	ORS	BUCKLEY, MD, ROLAND M 822 PINE ST PHILADELPHIA PA 19107-6124	IM	CAHAN, MD, ROBERT B 625 VAN NESS AVE STE 401 SAN FRANCISCO CA 94109	* P	CAPUZZI, MD, DAVID M HOSP OF THE MED COLLEGE OF PA PHILADELPHIA PA 19129-1121	END	CASEY, MD, KEVIN 455 LANKEAU MED BLDG WYNNWOOD PA 19096	TS
BROWN, DO, AVROM S NE MEDICAL CTR STE 15 PHILADELPHIA PA 19114	* FP	BUDNAK, SHARON L STILES ALUMNI HALL PHILADELPHIA PA 19102	ST	CAHN, MD, MILTON M 1930 CHESTNUT ST FL 1501 PHILADELPHIA PA 19103-4515	D	CARABASI, MD, RALPH A 369 S LAKE DR APT G1 PALM BEACH FL 33480	IM	CASEY, MD, WILLIAM B 1330 POWELL ST NORRISTOWN PA 19040	RO
BROWN, CAROLYN M 1411 MANOR AVE MCKEESPORT PA 15132-4718	ST	BUEK, SUZANNE L 36 E 2ND ST MEDIA PA 19063	ST	CAIN, ERIC L 223 ST MARKS SQ PHILADELPHIA PA 19104-3516	ST	CARABASI III, MD, R ANTHONY 1025 WALNUT ST STE 605H PHILADELPHIA PA 19107-5001	VS	CASH, MD, STEPHEN L LANKEAU HOSP STE 253-E WYNNWOOD PA 19096-3427	* HS
BROWN, MD, CLARK E PO BOX 746 TRURO MA 02666-0746	PTH	BUI, MD, HIEN T 834 CHESTNUT ST APT 814 PHILADELPHIA PA 19107-5139	US	CALABRO, MD, SAL P 2401 PENNSYLVANIA AVE APT 1A5	* PS	CARABELL, MD, RONALD J 332 FISHER RD JENKINTOWN PA 19046-3814	CD	CASSELL, MD, HELENE J 170 LEVERING ST PHILADELPHIA PA 19127-1412	* RHU
BROWN, MD, EARL R 1335 W TABOR RD STE 111 PHILADELPHIA PA 19141	FP	BUJANASKAS, MD, PAUL 1834 PINE ST APT 3R PHILADELPHIA PA 19103-6602	IM	CALAGUA, MD, LITA R 7901 HENRY AVE APT G302 PHILADELPHIA PA 19128-3071	US	CARAZO, MD, ELIZABETH 1420 LOCUST ST APT 101 PHILADELPHIA PA 19102-4207	IM	CASSIDY, MD, WILLIAM J 1254 GANTT DR HUNTINGDON VLY PA 19006-3212	ORS
BROWN, MD, GARY C 910 E WILLOW GROVE AVE WYNNWOOD PA 19038	OPH	BUKHARI, MD, KHATJIA N HAHNEMANN UNIVERSITY HOSP PHILADELPHIA PA 19102	P	CALANDRA, MD, GARY B 1020 PHEASANT MEADOW RD BLUE BELL PA 19422-1565	* IM	CARDAMONE, MD, S JOSEPH 111 N 49TH ST PHILADELPHIA PA 19139-2718	P	CASAGNA, MD, ARMAND 6463 MALVERN AVE PHILADELPHIA PA 19151-2426	GP
BROWN, MD, J OLIVER 1015 W UPSAL ST PHILADELPHIA PA 19119-3716	* GP	BOLETTE, MICHAEL D 4040 PRESIDENTIAL BLVD #2406 PHILADELPHIA PA 19131	ST	CALES, MD, ROBERT J 6413 S SANDUSKY AVE TULSA OK 74136-1626	GS	CAREL, MD, WARREN D 1 GRADUATE PLZ PHILADELPHIA PA 19146-1407	AN	CASWELL, MD, HORACE T 713 BRYN MAWR AVE NARBERTH PA 19072-1522	IM
BROWN, MD, KENNETH R MERCK SHARP AND DOHME WEST POINT PA 19486	ID	BULGER, DO, JOHN B PO BOX 2562 BALA CYNWYD PA 19004	ST	CALESNICK, MD, BENJAMIN 646 SPRINGFIELD RD SPRINGFIELD PA 19064	* PA	CARLSSON, MD, CHRISTER TEMPLE UNIVERSITY PHILADELPHIA PA 19140	AN	CASWELL, MD, HORACE T 713 BRYN MAWR AVE NARBERTH PA 19072-1522	GS
BROWN, MD, LESLIE A 1801 BUTTOWNWOOD ST APT 1015 PHILADELPHIA PA 19130-3952	OPH	BULTHUIS, DEANNA B 280 SUN VALLEY CT RIPON CA 95366	ST	CALHOUN, MD, JOSEPH H 215 WINSOR LN HAVERFORD PA 19041-1822	OPH	CARLUCCI, MD, RONALD J 720 SUMMER ST MEDIA PA 19063-1509	GS	CATALINA, GABRIEL R 856 MONTGOMERY AVE NARBERTH PA 19072	ST
BROWN, MD, LINDA E 290 RIDINGS WAY BROAD AVE PA 19002-5246	NEP	BUNYA, MD, VATHANA O 1414 JUNE LN NARBERTH PA 19072-1117	EM	CALIRI, MD, ANDREA M 209 HAMILTON ST APT P105 PHILADELPHIA PA 19130	OBG	CARNABUCI, MD, GUY J 1612 S BROAD ST PHILADELPHIA PA 19145-1509	D	CAUTILLI, MD, DAVID A 7922 BUSTLETON AVE PHILADELPHIA PA 19152	ORS
BROWN, MD, MELISSA M 1107 BETHLEHEM PIKE STE 207 FLOUERTOWN PA 19031-1919	OPH	BUNYA, MD, VICHAI 1414 JUNE LN PENN VALLEY PA 19072-1117	PD	CALLAGHAN, MD, MARIAN P 27 BARTRAM RD MARLTON NJ 08053-1153	CHP	CARO, MD, JOSE F 1025 WALNUT ST PHILADELPHIA PA 19107-5001	END	CAUTILLI JR, MD, RICHARD A 7922 BUSTLETON AVE PHILADELPHIA PA 19152-3321	ORS
BROWN, PAMELA L 317 N BROAD ST APT 610 PHILADELPHIA PA 19107-1017	ST	BUONO, LEE M 143 W CENTENNIAL DR MEDFORD NJ 08055	ST	CAMODY-JOHNSTON, MD, PATRICIA A 1015 CHESTNUT ST STE 405 PHILADELPHIA PA 19107-4304	PD	CARP, MD, ALBERT A 7433 DREXEL RD PHILADELPHIA PA 19151-2920	PD	CAVAROCCHI, MD, NICHOLAS C 5401 OLD YORK RD STE 206 PHILADELPHIA PA 19141-3030	CDS
BROWN, VALERIE I 63 JENNIFER LN BURLINGTON TOWNSHIP NJ 08016	ST	BURDZIAK, DO, DOROTHY A 127 HOLME AVE ELKINS PARK PA 19117-1803	* PD	CAMPBELL, JENNIE M 114 CLARRIGE DR WILLOW GROVE PA 19090-4219	ST	CARP, MD, LEON M 7516 CITY AVE PHILADELPHIA PA 19151-2102	IM	CAVUTO, DO, CAROLYN M 1525 S BROAD STREET PHILADELPHIA PA 19145	FP
BROWN JR, MD, LOUIS A 6326 RISING SUN AVE PHILADELPHIA PA 19111-5630	D	BURKE, MD, JAMES M KLEIN PROF BLDG STE 300 PHILADELPHIA PA 19141-3030	N	CAMPBELL, MD, ROBERT E 800 SPRUCE ST PHILADELPHIA PA 19107-6130	DR	CARPENETTI, DO, STEFANO R 1812 FORRESTAL ST PHILADELPHIA PA 19145-5423	OPH	CEDERSTROM, MD, JANICE J BEN FRANKLIN HOUSE STE 311B PHILADELPHIA PA 19107-5127	P
BROWN JR, MD, PAUL S 4000 PRESIDENTIAL BLVD # 2201 PHILADELPHIA PA 19131-1713	CDS	BURKE, MD, MARGARET A 438 W MOUNT AIRY AVE PHILADELPHIA PA 19119	IM	CANDER, MD, LEON 317 CHERRY LN WYNNWOOD PA 19096-1710	PUD	CARPENTER, MD, JEFFREY P 851 BOX HILL LN RADNOR PA 19087-2704	VS	CELIO, MD, LEE A 2701 HOLME AVE STE 206 PHILADELPHIA PA 19152-2029	* IM
BROWNE, MD, BARBARA J MAGEE REHABILITATION HOSP PHILADELPHIA PA 19102	PM	BURLAND, MD, J ALEXIS 15 COLWYN LN BALA CYNWYD PA 19004-2308	PYA	CANDOW, DAVID L 1 FRANKLIN TOWN BLVD APT 415 PHILADELPHIA PA 19103-1242	ST	CARPINIELLO, MD, VICTOR L 299 S 8TH ST PHILADELPHIA PA 19106-4010	U	CEPPETELLI, MD, LISA C 482 WHEATSEAF RD SPRINGFIELD PA 19064-2923	EM
BROWNSTEIN, MD, BRUCE K 304 CYNWYD RD BALA CYNWYD PA 19004-2634	OPH	BURNELL, ELIZABETH E 3449 VAUX ST PHILADELPHIA PA 19129-1436	ST	CANE, MD, MARTIN 3794 RIDGEVIEW RD HUNTINGDON VLY PA 19006-3318	IM	CARROLL, MD, AARON E 3600 CHESTNUT ST BOX 885 PHILADELPHIA PA 19104-6106	ST	CERRA-GILCH, MD, SONJA L 1022 OLDHAM PL BENSALEM PA 19020-4823	DR
BROWNSTEIN, MD, PHILLIP K 111 S 11TH ST PHILADELPHIA PA 19107-4824	U	BURNS, CYNTHIA A 241 CANDLEBROOK RD KING OF PRUSSIA PA 19406-1808	ST	CANNON, MD, EDWARD J 1500 LOCUST ST STE 1508 PHILADELPHIA PA 19102-4315	DR	CARROLL, MD, FRED 6608 CASTOR AVE PHILADELPHIA PA 19149-2120	PD	CERTA, MD, KENNETH M 1020 SANSOM ST PHILADELPHIA PA 19107-4824	P
BRUCKER, MD, PAUL C 1020 WALNUT ST PHILADELPHIA PA 19107-5567	FP	BURNS, DO, ELIZABETH A 3120 W SCHOOL HOUSE LN APT C1 PHILADELPHIA PA 19144-5444	P	CANNOVA, MD, ANDRES E 2200 BEN FRANKLIN PKWY #S1508 PHILADELPHIA PA 19130-3618	OPH	CARROLL, MD, JOAN B 3600 CONSHOHOCKEN BLVD PHILADELPHIA PA 19131-5363	AN	CHALAL, MD, GERALD S 2428 BROWN ST PHILADELPHIA PA 19130-1932	FP
BRUNNER, MD, RICHARD A 89 W LEVERING MILL RD BALA CYNWYD PA 19004-2521	P	BURROUGHS, MD, BETH A 4632 LARCHWOOD AVE PHILADELPHIA PA 19143-2108	PD	CANTER, KAREN L 2 DASHER AVE BEAR DE 19701	IM	CARROLL, MD, STANTON F 541 CITY LINE AVE MERION STATION PA 19066	IM	CHALAL, MD, KENNETH 32 S OCEAN BLVD APT C501 PALM BEACH FL 33480-5657	FP
BRUNO, MD, LEONARD A 1601 WALNUT ST FL 908 PHILADELPHIA PA 19102-2909	* NS	BURROWS, MD, STANLEY B EPISCOPAL HOSP PHILADELPHIA PA 19125	PTH	CANTOR, MD, CHARLES R 801 SPRUCE ST PHILADELPHIA PA 19107-5701	ST	CARROZZA, MD, HARRY D STE 207 PHILADELPHIA PA 19128	GS	CHAMBERLIN, MD, MELISSA T 4040 PRESIDENTIAL BLVD #3002 PHILADELPHIA PA 19131-1727	IM
BRUNT JR, MD, MANLY Y 633 MALIN RD NEWTOWN SQUARE PA 19073-2612	P	BURSTEIN, MD, FRANK 1718 WELSH RD PHILADELPHIA PA 19115-4213	* FP	CAO, YIMEI 506 WOODLAND TERR PHILADELPHIA PA 19104-4512	N	CARROLL, MD, STANTON F 541 CITY LINE AVE MERION STATION PA 19066	OPH	CHAMBERS, MD, CHRISTOPHER V 1015 WALNUT ST RM 401 PHILADELPHIA PA 19107	FP
BRYANSMITH, MD, DALE 3998 RED LION RD STE 100 PHILADELPHIA PA 19141-1436	HEM	BURSTEIN, MD, WILLIAM H 1718 WELSH RD PHILADELPHIA PA 19115-4213	IM	CAPONE, MD, GAETANO J 439 LANKEAU MED BLDG W WYNNWOOD PA 19096-3427	ST	CARROZZA, MD, HARRY D STE 207 PHILADELPHIA PA 19128	OPH	CHANDOK, SHEETAL 28 SINE RD EDISON NJ 08817	OPH
BRYANT, DARREN P 528 OVERLOOK RD PHILADELPHIA PA 19128-2408	ST	BUTANI, RAJ C BLYTHEWOOD APT L22E PHILADELPHIA PA 19144-5357	ST	CAPLAN, MD, BERNARD 8128 FAIRVIEW RD ELKINS PARK PA 19117-2117	CDS	CARTER, MD, CRAIG S EPISCOPAL HOSP PHILADELPHIA PA 19125	CD	CHANDOK, SHEETAL 28 SINE RD EDISON NJ 08817	ST
BRYANT JR, MD, WINSTON M 191 PRESIDENTIAL BLVD STE W5 BALA CYNWYD PA 19004-1207	* OPH	BUTLER, MD, MELVIN V 2024 N 22ND ST PHILADELPHIA PA 19121-1407	GP	CAPLAN, MD, JOHN L 7100 SOUDER STREET PHILADELPHIA PA 19149-1222	OTO	CARTER, MD, JEFFREY E 7 NOLEN CIR VOORHEES NJ 08043-4110	DR	CHANDRA, MD, PRASANTA C 1168 BARBARA DR CHERRY HILL NJ 08003-2723	OBG
BRYER, MD, HALDON P 1 MONTGOMERY AVE APT 312 BALA CYNWYD PA 19004	IM	BUTSON, MD, HARRY E 8236 GERMANTOWN AVE PHILADELPHIA PA 19118-3402	PD	CAPLAN, MD, MURRAY S 9321 LARAMIE RD PHILADELPHIA PA 19115-2738	P	CARUSO, CHRISTIAN D 8200 HENRY AVE APT A-17 PHILADELPHIA PA 19128	ST	CHANG, DAVID F 3900 CITY AVE #C-922 PHILADELPHIA PA 19131-5816	ST
BRYLAWSKI, MD, MICHAEL 606 ELKINS AVE ELKINS PARK PA 17117-2302	IM	BUTTERWICK, LAURA A 415 GORDON RD AMBLER PA 19002-5208	ST	CAPOVINO, MD, ANDRES E 2200 BEN FRANKLIN PKWY #S1508 PHILADELPHIA PA 19130-3618	CD	CARUSO, MD, JOHN W 834 CHESTNUT ST APT 1432 PHILADELPHIA PA 19107-5146	IM	CHANG, HELEN C C/O TESSA HASPIL PHILADELPHIA PA 19102	ST
BUCHHEIT, MD, WILLIAM A DEPT NEURO SURG STE 1400 PHILADELPHIA PA 19107	* NS	BYRNES, MD, WILLIAM J 247-D SHAWMONT AVE PHILADELPHIA PA 19128	IM	CAPORUSSO, MD, FRANK D 1843 S BROAD ST PHILADELPHIA PA 19148	PUD	CARVER, MD, JOSEPH R 718 OXFORD RD BALA CYNWYD PA 19004-2112	CD	CHANG, JOHN C 117 N 15TH ST #1502 PHILADELPHIA PA 19102-1519	ST
BUCHINSKY, MD, FARREL J 505 GLEN ARBOR DR WYNNWOOD PA 19096-2611	GS	CACCIAMANI, JOHN D 336 S 42ND ST # 1R PHILADELPHIA PA 19104-4016	ST	CAPPOLA JR, MD, MICHAEL T 6212 N FAIRHILL ST PHILADELPHIA PA 19126-3826	GP	CASANOVAS, MD, STELLA 570 N 23RD ST APT 10A PHILADELPHIA PA 19130-3132	PD	CHANG, MD, KUN T 39 DEVONWOOD LN PITTSFORD NY 14534	AN
215-707-4545		CADY, MD, HERBERT M 7056 GERMANTOWN AVE PHILADELPHIA PA 19119-1826	PD	CAPPUCCIO, MD, MATTHEW S 125 HAVERFORD RD WYNNWOOD PA 19096-3632	OBG	CASORPH, MICHAEL L 1938 BRANDYWINE ST APT 4 PHILADELPHIA PA 19130-3203	ST	CHANG, SUSAN S 1747 W CHESTER PK #18 HAVERTOWN PA 19083-2937	ST

CHANNICK, MD, BERTRAM J 3401 N BROAD ST PHILADELPHIA PA 19140-5103 215-221-4746	END	CHIN, SONG S 3900 CITY LINE AVE #D819 PHILADELPHIA PA 19131-5929	ST	CLANCY, MD, MICHAEL 220 COMMERCE DR STE 100 FT WASHINGTON PA 19034-2404	ORS	COHEN, MD, THEODORE B 421 HIDDEN RIVER RD NARBERTH PA 19072-1112 610-667-2063	PYA	CONTINO, MD, JOHN A 1101 CLOVER HILL RD WYNNWOOD PA 19096-2339 610-645-2285	EM
CHAO, MD, WEN 425 CATHARINE ST PHILADELPHIA PA 19147-3105	ORS	CHINITZ, MD, JOEL L 265 WENNER WAY FT WASHINGTON PA 19034-2917 215-898-6911	NEP	CLARK, CHRISTOPHER C 856 MONTGOMERY AVE NARBERTH PA 19072	ST	COHEN, TRACEY E 1534 PINE ST APT 3F PHILADELPHIA PA 19102-4646	ST	COOK, MD, DAVID G 8TH AND SPRUCE STS PHILADELPHIA PA 19107 215-829-5165	N
CHAPLIN, MD, STANLEY S 36 CLWYD RD BALA CYNWYD PA 19004-2440	OBG	CHISHOLM, MD, PATRICIA A 1290 WELSH RD HUNTINGDON VLY PA 19006-6034	ST	CLARKE, MD, DEBORAH A 5125 AKRON ST PHILADELPHIA PA 19124-1901	ST	COHN, MD, EDWIN M 1109 ANSLEY AVE PHILADELPHIA PA 19027-3046	GE	COOK, MD, ROSEMARY A 211 S 9TH STREET PHILADELPHIA PA 19107-5506 215-440-8681	IM
CHAPMAN, MD, ANDREW E 2131 BIRCH DR LAFAYETTE HILL PA 19444-2116 215-728-6900	HEM	CHISUM, MD, MELVIN J 4120 APALOGEN RD PHILADELPHIA PA 19144-5404	OM	CLARKE, MD, LEON E 54TH & CEDAR AVE PHILADELPHIA PA 19143 215-748-9346	GS	COHN, MD, HERBERT E 111 S 11TH ST PHILADELPHIA PA 19107-5083 215-955-6802	GS	COOK-SATHER, MD, SCOTT D ONE CHILDRENS CTR PHILADELPHIA PA 19104-4399 215-590-1858	A
CHAPPELL, MD, JAMES C 248 W HAINES PHILADELPHIA PA 19144-3319 215-456-8520	IM	CHIU, DAVID M 325 N 15TH ST APT 1105B PHILADELPHIA PA 19102	ST	CLARKSON, M CHRISTOPHER 313 CONWAY AVE NARBERTH PA 19072-2102	ST	COHN, MD, JEFFREY B 9880 BUSTLETON AVE STE 208 PHILADELPHIA PA 19115-2185 215-969-6960	ON	COONEY, MD, MARINA J 4040 PECHEIN ST PHILADELPHIA PA 19128-3626 215-955-6200	P
CHASE, MD, HAROLD F 1945 GREENLAWN DRIVE ENGLEWOOD FL 34223-1635	AN	CHMIELEWSKI, MD, PAUL W 736 WOLCOTT DR APT C-1 PHILADELPHIA PA 19118-4329	IM	CLEARFIELD, MD, HARRIS R 230 N BROAD ST PHILADELPHIA PA 19102-1121 215-762-8101	GE	COHN, MD, JOHN R 111 S 11TH ST STE G4120 PHILADELPHIA PA 19107-4824 215-923-7685	* AI	COOPER, MD, DONALD R 8 CHAMOND DEVON PA 19333-1064	GS
CHASTENY III, MD, EDWARD A 140 LANKENAU MEDICAL BLDG WYNNWOOD PA 19096 610-649-0347	OBG	CHODAKEWITZ, MD, JEFFREY A MERCK RESEARCH LABS WEST POINT PA 19486 610-397-2454	ID	CLEMENTS, MD, DAVID H DEPT OF ORTHOPAEDIC SURG PHILADELPHIA PA 19140-5189 215-221-8355	ORS	COHN, MD, RONALD E 2 LOGAN SQ STE 2001 PHILADELPHIA PA 19103 215-575-3634	IM	COOPER, MD, EDWARD I 7351 WOODBINE AVE PHILADELPHIA PA 19151-2212 215-473-6093	GP
CHAT, MD, EMANUEL 11615 BUSTLETON AVE PHILADELPHIA PA 19116-2513	P	CHOI, MD, JOHN K 532 BLOOMFIELD AVE DREXEL HILL PA 19026-5210 215-662-6523	PTH	CLOSSOM, MD, EDWARD W HOMESTEAD FARM LAMBERTVILLE NJ 08530-1411	* GER	COLAVITA, DO, PASOUALE A 445 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1421	PM	COOPER, MD, EDWARD S HOSP UNIV OF PENNA PHILADELPHIA PA 19104-4219 215-662-3636	IM
CHAU, MD, DIANE L 4040-2203 PRESIDENTIAL BLVD PHILADELPHIA PA 19131-1712 215-842-6000	IM	CHOI, LISA J 2979 SCHOOLHOUSE LN #311K PHILADELPHIA PA 19144	ST	COADY, JENNIFER A 241 W ROSEMAR ST PHILADELPHIA PA 19120-1414	ST	COLBURN JR, MD, HAROLD L 921 LARKSPUR PL S MT LAUREL NJ 08054	D	COOPER, MD, GLENN S 1339 PORTER ST PHILADELPHIA PA 19148 215-389-0600	CD
CHECKOFF, JAIME L 947 BARNSWALLOW LN HUNTINGDON VLY PA 19006	ST	CHOMSKY, MD, DAVID E 8120 NEW 2ND ST ELKINS PARK PA 19117 215-224-6517	CD	COBERT, MD, HOWARD S 2236 E ALLEGHENY AVE PHILADELPHIA PA 19134-3830 215-634-8000	IM	COLCHER, MD, AMY 2115 NAUDAIN ST PHILADELPHIA PA 19146-1218 215-893-2440	N	COOPER, MD, HARRY S FOX CHASE CANCER CENTER PHILADELPHIA PA 19111 215-762-8911	PTH
CHEN, ELLIOTT H 2022 SPRING GARDEN AVE PHILADELPHIA PA 19130	ST	CHOO, MD, PHILLIP H WILLS EYE HOSP PHILADELPHIA PA 19107-5598 215-928-3000	OPH	CODISPOTI, MD, JOSEPH R 13001 WORTHINGTON RD PHILADELPHIA PA 19116-1805 610-454-8296	IM	COLE, MD, K NIKI 8118 OLD YORK RD STE D ELKINS PARK PA 19027-1496 215-635-2642	ST	COOPER, MD, MARJORIE R 42 KRATZ RD PERKIOMENVILLE PA 18074-9715 215-829-3000	P
CHEN, MIKE S 1718 PINE ST APT 2F PHILADELPHIA PA 19103-6702	ST	CHOUDHRY, MD, DINESH K 218-B CLUB HOUSE RD KING OF PRUSSIA PA 19406 215-427-5220	AN	COFFEY, MD, WILLIAM F 214 CARNEGIE CENTER PRINCETON NJ 08540-6236 609-243-7145	OS	COLLAZO, EDGAR R 5500 WISSAHICKON AVE PHILADELPHIA PA 19144-5653	ST	COOPER, MD, MARK W METHODIST HOSP PHILADELPHIA PA 19148-3594	DR
CHEN, PETER J 1 FRANKLIN TOWN BLVD # 2003 PHILADELPHIA PA 19103	ST	CHRISTIAN, MD, COLLEEN J OPHTHALMIC ASSOCIATES LANSDALE PA 19118-4211 215-368-1646	OPH	COHEN, MD, ARNOLD W MEDICAL DIRECTOR-US HLTH CARE BLUE BELL PA 19422 215-654-5624	* OBG	COLLAZO, MD, ERNESTO L 380 INVERNESS CT MOUNT LAUREL NJ 08054-3720 215-427-6370	OPH	COOPER, MD, MATTHEW K 16 DAYTON CIR MEDIA PA 19063 610-565-6408	AN
CHEN, WILLIAM T 1000 WALNUT ST # 1802 PHILADELPHIA PA 19107	ST	CHRISTIDES, MD, STEPHAN A 2117 HOPKINSON HOUSE PHILADELPHIA PA 19106 215-351-4110	ORS	COHEN, MD, DAVID A 7516 CITY LINE AVE STE 13 PHILADELPHIA PA 19151 215-473-3390	IM	COLLEY, MD, ALFRED L KNIGHTS AND RED LION RD PHILADELPHIA PA 19114-1436 215-934-4110	GS	COOPER, MD, MAX M CEDARBROOK HILL APT 822 WYNNCOTE PA 19095-2801	R
CHENEY, MD, MARYALICE 1015 CHESTNUT ST STE 601 PHILADELPHIA PA 19107-4306 215-923-7176	CRS	CHRONOWSKI, GREGORY M 1000 WALNUT ST APT 1105 PHILADELPHIA PA 19107-5518	ST	COHEN, MD, ERWIN A MEDICAL ARTS BLDG STE 335 ELKINS PARK PA 19027 215-333-0432	US	COLLIER, DAVID J 510 S 24TH ST PHILADELPHIA PA 19146-1002	ST	COOPER, SALADIN A 2200 BEN FRANKLIN PKY APT S10 PHILADELPHIA PA 19130-3510	ST
CHENG, MD, CHARLES 546 WALNUT LN 3RD FL PHILADELPHIA PA 19128-1741	US	CHU, DO, ALEX 6100 CASTOR AVE PHILADELPHIA PA 19149-3215 215-744-6061	IM	COHEN, MD, H EMMAUEL 51 N 39TH ST PHILADELPHIA PA 19104-2640 215-662-8579	* CD	COLLIER JR, MD, ANDREW J 2410-14 S BROAD ST STE 200 PHILADELPHIA PA 19145 215-334-3350	ORS	COPE, MD, CONSTANTIN 8246 FAIRVIEW RD ELKINS PARK PA 19117-2119	* DR
CHENG, MD, CYNTHIA 1000 WALNUT ST APT 500 PHILADELPHIA PA 19107-5536 215-955-8363	FP	CHU, MD, DONALD 6100 CASTOR AVE PHILADELPHIA PA 19149-3215 215-744-6061	IM	COHEN, MD, HERMAN P 152 TAVISTOCK CHERRY HILL NJ 08034-4005	IM	COLLINS, CARLA C 3444 CRAWFORD ST PHILADELPHIA PA 19129-1516	ST	COPELAND, MD, ADRIAN D C/O WARWICK HOTEL # 1922 PHILADELPHIA PA 19103-6107 215-923-1110	P
CHENG, MD, GRACE Y 3901 CONSHOHOCKEN # 7405 PHILADELPHIA PA 19131	OBG	CHU, MD, ELSIE H 1001 CITY AVE APT WA405 WYNNWOOD PA 19096-3934	* EM	COHEN, MD, JACOB J ELKINS PARK HOUSE 813-B ELKINS PARK PA 19117 215-635-3305	OBG	COLMENAR, MD, ANTONIO B RR 4 BOX 99A HUNTINGDON PA 16652-9639	IM	COPELAND, MD, NATHANIEL H 3901 CONSHOHOCKEN AVE PHILADELPHIA PA 19131-5427	IM
CHERNEGA-SPIEKERMANN, MD, JOY 703 SHAMROCK RD S CHARLOTTEVILLE VA 22903-4020	GP	CHU, MD, JENNIFER 4739 CEDAR AVE PHILADELPHIA PA 19143-2032 215-349-5598	PM	COHEN, MD, J STANLEY VALLEY FORGE TOWERS W APT 133 KING OF PRUSSIA PA 19406	GER	COLTMAN, MD, ARTHUR B 1126 ULTRACK RD MEADOWBROOK PA 19046	IM	COPELEY, MD, LAWSON A 3900 CITY AVE APT 908D PHILADELPHIA PA 19131-5931 215-662-4000	ORS
CHERNER, MD, RACHMEL BENJAMIN FOX PAVILION STE 414 JENKINTOWN PA 19046 215-885-4757	IM	CHU, MD, ELIAS T 520 S 19TH ST STE 1B PHILADELPHIA PA 19146 215-545-4173	AN	COHEN, DO, JILL B 2803 STANBRIDGE ST APT B-708 NORRISTOWN PA 19401-1632 215-842-6000	PD	COLTON, MD, MARC D TEMPLE UNIVERSITY HOSP PHILADELPHIA PA 19140-5189 610-767-3375	U	COOPER, MD, GERTRUDE 2 BALA CYNWYD PLZ STE IL51 BALA CYNWYD PA 19004 610-667-8160	FP
CHERNEY, MD, PAUL J ABINGTON MEM HOSP PATH DEPT ABINGTON PA 19001-3788 215-576-2350	* ATP	CHUNG, MD, SALEEM Z 4000 PRESIDENTIAL BLVD PHILADELPHIA PA 19131 610-237-4000	IM	COHEN, MD, KENNETH D 37 E PRINCETON RD BALA CYNWYD PA 19004-2242 610-667-2212	PYA	COMBS, MD, WILLIAM G 3259 AFTON RD DRESHER PA 19025-1801 215-707-3189	* CD	CORRELL, MD, CHARLES D CROSSLANDS 27 KENNETT SQUARE PA 19348-2006	OBG
CHERNOFF, MD, ARTHUR 6901 OLD YORK RD PHILADELPHIA PA 19126-2234 215-548-5060	* END	CHUKUMBA, BEATRICE C 3829 TERRACE ST PHILADELPHIA PA 19128-5213	ST	COHEN, MD, MARTIN H EINSTEIN MED CTR—CANCER CTR PHILADELPHIA PA 19141 215-456-3800	ON	COMER, MD, NATHAN L 111 N 49TH ST PHILADELPHIA PA 19139-2718 215-748-2288	P	COREN, MD, GARY S 339 S 5TH ST PHILADELPHIA PA 19106-4215 215-612-4020	R
CHERNOFF, MD, BENJAMIN 6901 OLD YORK RD PHILADELPHIA PA 19126-2234 215-548-7979	CD	CHUNG, D CHRISTOPHER 3333 MIDVALE AVE PHILADELPHIA PA 19129-1403	ST	COHEN, MD, MEYER A 605 BRIDLE RD GLENIDE PA 19038-2003 215-886-2655	OTO	COMPENDIO, MD, ROEL D 410 STRAFFORD AVE APT 2C STRAFFORD PA 19087-2538 215-762-8126	P	CORFF, MD, MEYER COVENTRY HOUSE APT 202 MELROSE PARK PA 19126-2434	GP
CHESAN, MD, DAVID CEDARBROOK HILL III WYNNCOTE PA 19095 215-248-3450	GP	CHUNG, MD, EDWARD K THOMAS JEFFERSON UNIV HOSP PHILADELPHIA PA 19107 215-955-7303	CD	COHEN, MD, MICHAEL M GSB BLDG STE 816 BALA CYNWYD PA 19004 610-664-3888	N	COMPTON JR, DAVID W 152 SUMMIT AVE UPPER DARBY PA 19082-3538	GS	CORMIER, DO, LESLIE L 3652 OAKWOOD TRL ALLENSTOWN PA 18103-4564 215-842-6000	HEM
CHESTER, MD, JANIS G 2601 PENNSYLVANIA AVE APT 124 PHILADELPHIA PA 19130-2315	P	CHUNG, JUDITH H 2031 LOCUST ST #1703 PHILADELPHIA PA 19103	ST	COHEN, MD, MURRAY J 241 S 6TH ST PHILADELPHIA PA 19106-3727 215-955-2600	TRS	CONBOY, DO, CAROLYN J 4000 GYPSY LN UNIT 407 PHILADELPHIA PA 19144-5527	CLP	CORNFIELD, MD, DENNIS B 9880 BUSTLETON AVE STE 208 PHILADELPHIA PA 19115-2185 215-379-4777	ON
CHI, MD, NUNGJA 9501 ROOSEVELT BLVD APT 400 PHILADELPHIA PA 19114-1029 215-464-4822	OBG	CHUNG, MD, WHAN S 424 FAWN HILL LN NARBERTH PA 19072-1109 215-423-5410	OBG	COHEN, MD, NORMAN N MERCY CATHOLIC MED CENTER DARBY PA 19023-1333 610-534-6270	GE	CONERY, JOHN P 20 PONTE LN NORTH KINGSTOWN RI 02852	ST	CORRELL, MD, DARIN J 834 CHESTNUT ST APT 631 PHILADELPHIA PA 19107-5138	IM
CHIANG, CARY H 2450 WHITE HORSE RD BERWYN PA 19312-2132	ST	CICHELLI, MD, ANDREW V 33 OLD LANCASTER AVE BALA CYNWYD PA 19004-3137 610-896-0280	PUD	COHEN, MD, ROBERT M 1539 PINE ST PHILADELPHIA PA 19102-4623 215-732-2448	NS	CONNOLLY, GEOFFREY T HOSP OF THE UNIV OF PENNA PHILADELPHIA PA 19104-4274	ST	CORSETTI, JEFFREY P 727 SPRUCE ST APT 2R PHILADELPHIA PA 19106	ST
CHILDS, MD, USHA M 432 W WALNUT LN PHILADELPHIA PA 19144-3715 215-482-3510	PD	CINCOTTA, DO, ANTHONY J 685 MEDIA LINE RD BROOMALL PA 19008-1038 610-363-2722	GP	COHN, MD, SARLE H LOGAN SQ MED ASSOCS PHILADELPHIA PA 19103-1239 215-563-1400	IM	CONROY, DO, JAMES F 230 N BROAD ST PHILADELPHIA PA 19102-1121 215-762-8026	ON	CORSON, MD, JOSEPH K 33 E CHESTNUT HILL AVE PHILADELPHIA PA 19118-2713 215-248-0292	D
CHILDS III, MD, JOHN N 432 W WALNUT LN PHILADELPHIA PA 19144-3715 215-848-4224	GS	CIRELLI, MD, MARIO G ADMIRALTY TOWERS APT 809 POMPAANO BEACH FL 33062	GS	COHEN, MD, SHERWOOD V 2375 WOODWARD ST PHILADELPHIA PA 19115-5120 215-677-3555	OPH	CONROY, MD, JOSEPH V 10800 CRESTMONT AVE PHILADELPHIA PA 19154-4499 215-750-1400	GS	CORSON, MD, STEPHEN L 815 LOCUST ST PHILADELPHIA PA 19107-5507 215-829-5030	OBG
CHIN, KATHLEEN L 8201 HENRY AVE APT L-11 PHILADELPHIA PA 19128-2983	ST	CIRELLY, DO, FRANCINE A 3801 OAKHILL RD PHILADELPHIA PA 19154-4227	NEP			CONROY, KELLY J 317 S 11TH ST PHILADELPHIA PA 19107	ST	CORVASCE, MD, JOSEPH M BUCKS MEDICAL CTR STE 12 LEVITTOWN PA 19057 215-547-0100	GE

PHILADELPHIA

COSGROVE, DANIEL J 1801 BUTTONWOOD ST #510 PHILADELPHIA PA 19130	ST	CURTIN, PAUL D 130 W CARACAS AVE HERSHEY PA 17033-1510	ST	DAVIDSON, MD, JAY H 1002 SPRUCE ST PHILADELPHIA PA 19107-6075	GE	DEITCH, JOHN R 3120 SCHOOLHOUSE LN APT M-B8 PHILADELPHIA PA 19144-5444	ST	DETIEGE, PIERRE G 420 W WALNUT LN APT B PHILADELPHIA PA 19144	ST
COSTARINO, MD, ANDREW T 34TH AND CIVIC CENTER BLVD PHILADELPHIA PA 19104	AN	CUTLER, MD, IRVIN 100 BREYER DR # 2DE ELKINS PARK PA 19027	* IM	DAVIDSON, RICHARD S 1 FRANKLIN TOWN BLVD APT 1809 PHILADELPHIA PA 19103-1249	ST	DEITCH, MD, MARC W BOX 8299 PHILADELPHIA PA 19101-0082	PD	DETKE, MICHAEL J 3131 MEETINGHOUSE RD #H-18 BOOTHWYN PA 19061-2966	ST
COSTELLO, BERNARD J 1619 SPRUCE ST APT 4 PHILADELPHIA PA 19103-6322	ST	CUTLER, MD, NEIL 801 N 24TH ST PHILADELPHIA PA 19130-1913	FP	DAVIDSON, MD, STEVEN J EMERGENCY MED SRVCS MCP PHILADELPHIA PA 19129-1121	EM	DEITZLER, MD, MARGARET M 2818 BAYVIEW DR ALAMEDA CA 94501-6348	AN	DETUARK, MD, JOHN J 1059 MONTGOMERY AVE NARBERTH PA 19072-1605	GS
COTLER, MD, JEROME M THOMAS JEFFERSON UNIV HOSP PHILADELPHIA PA 19107-5109	ORS	CZARNECKI, MD, CASIMIR 9412 ACADEMY RD PHILADELPHIA PA 19114-2693	* OPH	DAVIS, MD, JOHN W 1271 COUNTRY CLUB RD GLADWYNE PA 19035-1417	PS	DEKRET, MD, JEFFREY J 1500 LANSLOWNE AVE DARBY PA 19023-1291	P	DEUTSCH, MD, ELLEN S ST CHRISTOPHERS HOSP PHILADELPHIA PA 19134-1095	OTO
COTTER, JASON W 205 TEABERRY RD ST MARYS PA 15857-2003	ST	CZARNECKI, MD, DOROTHY G 9412 ACADEMY RD PHILADELPHIA PA 19114-2624	GYN	DAVIS, KAREN E 4247 LOCUST ST APT 405 PHILADELPHIA PA 19104-2970	ST	DELA PENA, MD, CONNIE M 11 CRESTVIEW DR CHERRY HILL NJ 08003-1101	PD	DEVAUGHN, MD, GERALD L 5249 CEDAR AVE PHILADELPHIA PA 19143-1524	* CD
COUSOUNIS, MD, GERRY T 6221 RIDGE AVE PHILADELPHIA PA 19128-2630	FP	CZARNECKI, JOSEPH J 210 LOCUST ST APT 10-C PHILADELPHIA PA 19106-3923	ST	DAVITCH, MD, LEONARD S 135 S 19TH ST APT 603 PHILADELPHIA PA 19103-4912	GP	DELONG JR, MD, WILLIAM G 3 COOPER PLAZA STE 411 CAMDEN NJ 08103	ORS	DEVINE, BRIAN D 238 S 9TH ST PHILADELPHIA PA 19107	ST
COWITZ, MD, BERNARD 111 PRESIDENTIAL BLVD STE 254 BALA CYNWYD PA 19004-1008	P	CZARNECKI, MD, NANCY S 9410 ACADEMY RD PHILADELPHIA PA 19114-2624	* FP	DAWSON, ROBERT L 633 W RITTENHOUSE ST APT A522 PHILADELPHIA PA 19144-4302	ST	DELUCA, MD, CHRISTOPHER 555 MARTIN ST PHILADELPHIA PA 19128-1620	EM	DEVINE, SEAN T 126 N CARUSLE ST PHILADELPHIA PA 19102	ST
COX, E DARRIN 33 RANDOLPH CT PHILADELPHIA PA 19147	ST	D'ALONZO, MD, WALTER A 1401 S 4TH ST PHILADELPHIA PA 19147-5907	GS	DE, MD, NIRMAL K 1923 E ALLEGHENY AVE PHILADELPHIA PA 19134-3121	IM	DELUCA, MD, TERESA M 621 8TH AVE NEW HYDE PARK NY 11040	P	DEVINE JR, JOHN G 1110 LOMBARD ST #14 PHILADELPHIA PA 19147	ST
COX, MD, N ADELE 101 TRENT RD WYNNWOOD PA 19096-3835	* CHP	D'ANDREA, DO, JEFFERY P 777 W GERMANTOWN PIKE STE 721 PLYMOUTH MTG PA 19462-1021	IM	DE ANGELIS, MD, MICHAEL A 1666 CALLOWHILL ST APT 503 PHILADELPHIA PA 19130-4117	CD	DEMARI JR, MD, PETER A 2 ARMSTRONG CIR NEWTOWN PA 18940-1865	P	DI CAMILLO, VITO J 2620 BANCROFT DR ASTON PA 19014-1702	ST
CRAIG, MD, ANN M 2801 ISLAND AVE STE 1 PHILADELPHIA PA 19153-2326	PD	DADPARVAR, MD, SIMIN D 250 MAPLE HILL RD GLADWYNE PA 19035-1308	NM	DE CAESTECKER, JAMES E 1229 BURNINGHAM RD WEST CHESTER PA 19382-8201	ST	DEMASI, MD, PANTALEONE 1111 BUTTONWOOD DR CHERRY HILL NJ 08003-2611	* FP	DI GIULIO, CHRISTOPHER P 561 N JUDDON ST PHILADELPHIA PA 19130-3122	ST
CRAIG, MD, ANN M 2801 ISLAND AVE STE 1 PHILADELPHIA PA 19153-2326	PD	DADPARVAR, MD, SIMIN D 250 MAPLE HILL RD GLADWYNE PA 19035-1308	NM	DE LIA, DO, FRANK A 714 MARKET ST PHILADELPHIA PA 19106	FP	DEMETER, MD, LELA 2200 BEN FRANKLIN PKY APT 101 PHILADELPHIA PA 19130-3510	IM	DIBATTISTE, MD, PETER M 100 LANCASTER AVE STE 3320 WYNNWOOD PA 19096	* CD
CREECH, MD, RICHARD H 7500 CENTRAL AVE APT 203 PHILADELPHIA PA 19111-2437	* ON	DADSON, MD, IRENE P 1000 WALNUT ST APT 1510A PHILADELPHIA PA 19107-5518	P	DE MOYA, MARC A 6417 WISSAHICKON AVE PHILADELPHIA PA 19119-3720	ST	DEMICHELE, MD, ANDREW H 2301 S 13TH ST PHILADELPHIA PA 19148-3505	GS	DIBELLO, MD, ANGELO M 8201 CRAIG ST PHILADELPHIA PA 19136-2304	GP
CRESCENZO, DO, ROCCO J 637 CHESWICK RD PHILADELPHIA PA 19128-3002	IM	DAGATA, CARIE A 14 SCHILLER AVE PENN VALLEY PA 19072-1534	ST	DE PIETRO, MD, MICHAEL R 1206 MEADOW DR BLUE BELL PA 19422-3302	N	DEMICKI, MD, PAMELA T 846 AUBREY AVE ARDMORE PA 19003-2002	GS	DIBIASE, MD, STEVEN J 21 FORGE LN CHERRY HILL NJ 08002	RO
CRILEY, DO, PAMELA ANN 4100 LOWER RD NEWPORTVILLE PA 19056-3223	HEM	DAIE, HAMID 2130 SPRUCE #2B PHILADELPHIA PA 19103-6504	ST	DE RENNE, AIDON H 3664 HAYWOOD ST PHILADELPHIA PA 19129-1531	ST	DEMOMPOULOS, MD, JAMES T TEMPLE UNIV HOSP PHYS REHAB PHILADELPHIA PA 19140-5189	PM	DICKENS, MD, HELEN O 34TH AND SPRUCE STS STE 106 PHILADELPHIA PA 19104	* OBG
CRINO, MD, JANET A 1233 LOCUST ST PHILADELPHIA PA 19107-6124	PD	DAITER, MD, DONALD 1221 COTTMAN AVE PHILADELPHIA PA 19111-3649	* P	DE VILGIER, MD, KELLI J 3914 CEDAR LN DREXEL HILL PA 19026-3201	ST	DEMPSEY, MD, DANIEL T 1100 STRATFORD AVE MELROSE PARK PA 19126-1214	GS	DICKSTEIN, MD, BENJAMIN 8325 FAIRVIEW RD ELKINS PARK PA 19027-2120	PD
CRISTESCU, MD, MIRCEA G 75 DREXELBROOK DR APT 9 DREXEL HILL PA 19026-5438	CD	DALSEY, MD, ROBERT M 3 COOPER PLZ STE 411 CAMDEN NJ 08103	ORS	DEBALLE, PETER 1906 RODMAN ST PHILADELPHIA PA 19146	ST	DEMPSEY, MD, EUGENE C 115 LEEDOM DR MEDIA PA 19063-1017	IM	DICKSTEIN, MD, BENJAMIN 8325 FAIRVIEW RD ELKINS PARK PA 19027-2120	PD
CRISTOL, MD, JAMES L 641 BROAD ACRES RD PENN VALLEY PA 19072-1510	* OPH	DALSEY, MD, WILLIAM C ALBERT EINSTEIN MEDIAL CTR PHILADELPHIA PA 19141	EM	DEBERARDINIS, MD, CAMILLO T 8314 JENKINTOWN RD ELKINS PARK PA 19117-2215	IM	DENIZARD, MD, CARL E 7916 LOUISE LN WYNDMOOR PA 19038	PD	DIETRICH, ALISON E PO BOX 243 KUTZTOWN PA 19530-0243	ST
CROLL, MD, MILLARD N 435 HUGHES RD STE 1000 KING OF PRUSSIA PA 19406-3715	NM	DAMSKER, JASON A 317 N BROAD ST APT 712 PHILADELPHIA PA 19107-1018	ST	DEBOER, MD, DAVID A 2429 LOCUST ST PHILADELPHIA PA 19103-5556	TS	DENNIS, MD, WILLIAM J 3823 J ST PHILADELPHIA PA 19124-5405	PD	DIGIACOMO, MD, OSCAR P 6810 RIDGE AVE PHILADELPHIA PA 19128-2445	GP
CRONHOLM, PETER F 400 BRYN MAWR AVE BALA CYNWYD PA 19004-2721	ST	DAMSKER, MD, JEFFREY I 7840 CEDAR LN ELKINS PARK PA 19117-1129	* RO	DECARLO, MD, JOHN P 14 OVERHILL RD BALA CYNWYD PA 19004-2246	GP	DEPAGE, MD, NICHOLAS L 2422-24 S BROAD ST PHILADELPHIA PA 19145	IM	DIGILO, MD, VICTOR A 611 N PARKTOWNE PL PHILADELPHIA PA 19130	CD
CRONLEY, MD, SHEA ANN 1233 LOCUST ST STE 400 PHILADELPHIA PA 19107-5414	* PD	DAMSKER, KEITH E 317 N BROAD ST APT 712 PHILADELPHIA PA 19107	ST	DANCHA, DO, ANDREW J 2274 GOLDEN ROD CT JAMISON PA 18929	IM	DEPAULA, MD, CARL J 1317 WENTZ DR FT WASHINGTON PA 19034-1732	ORS	DIGIOLAMO, CARLA M 317 N BROAD ST #409 PHILADELPHIA PA 19107	ST
CROZIER, MD, KELLEY S 328 WADSWORTH AVE PHILADELPHIA PA 19119-1127	PM	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DEPPERT, MD, ERIC J 223 CONGRESS AVE LANSLOWNE PA 19050-1438	IM	DILEONARDO, MD, MARIO 111 S 11TH ST STE 1420 PHILADELPHIA PA 19003-2954	D
CRUFT, MD, GEORGE E 1617 JF KENNEDY BLVD FL 860 PHILADELPHIA PA 19103	GS	DANIELS, MD, ROGER B 727 DELANCEY ST PHILADELPHIA PA 19106-4002	US	DANIELS, MD, ROGER B 727 DELANCEY ST PHILADELPHIA PA 19106-4002	US	DEPPE, MD, ERIC J 223 CONGRESS AVE LANSLOWNE PA 19050-1438	IM	DILLON, JOHANN E 3026 W QUEEN LN #B4E PHILADELPHIA PA 19129	GE
CUBINA, DO, MARIA D 604 S WASHINGTON SQ APT 1408 PHILADELPHIA PA 19106-4115	AN	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DERR, DAVID 3120 SCHOOLHOUSE LN #MA3 PHILADELPHIA PA 19144	ST	DIMARINO, MD, ANTHONY J PUPMC 39TH AND MARKET ST PHILADELPHIA PA 19104	ST
CUCINOTTA, MD, SALVATORE 1645 S BROAD ST PHILADELPHIA PA 19148-1003	GYN	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DESAI, MD, AJIT M 9880 BUSTLETON AVE PHILADELPHIA PA 19115-2185	ON	DION, MD, LOUIS R 435 LOMBARDY RD DREXEL HILL PA 19026-1328	CD
CUELLO-SUAREZ, MD, ROSA M 12571 BISCAYNE DR PHILADELPHIA PA 19154-3003	* IM	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DESAI, MD, KIRITKUMAR T 2095 KLOCKNER RD BLDG 5 HAMILTON SQUARE NJ 08690-3416	OPH	DINUBILE, MD, NICHOLAS A 510 DARBY RD HAVERTOWN PA 19083-4630	ORS
CULP, MD, NORRIS K 644 NORRISTOWN RD HORSHAM PA 19044-1104	GS	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DESHANE, MD, ROHIT M 7500 CENTRAL AVE STE 202 PHILADELPHIA PA 19111	IM	DION, MD, HARRY S 727-A CEDARBROOK HILL WYNCOTE PA 19095	GP
CULP, MD, RANDALL W THE PHILADELPHIA HAND CTR PHILADELPHIA PA 19107-5211	HS	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DESHANE, MD, ROHIT M 7500 CENTRAL AVE STE 202 PHILADELPHIA PA 19111	IM	DIPPL, MD, JULIA M 5 LENAPE LN TELFORD PA 18969-1951	IM
CUNNANE, MD, MARY F 726 MANATAWNA AVE PHILADELPHIA PA 19128-1019	PTH	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DESHANE, MD, ROHIT M 7500 CENTRAL AVE STE 202 PHILADELPHIA PA 19111	IM	DIRNBERGER, ELIZABETH M MARTIN BUILDING #734 PHILADELPHIA PA 19107-5518	ST
CUNNINGHAM, CHARLES D 4337 DOBSON ST PHILADELPHIA PA 19129	ST	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DESHANE, MD, ROHIT M 7500 CENTRAL AVE STE 202 PHILADELPHIA PA 19111	IM	DIRECCO, MD, VINCENT P # F205 PORT CHARLOTTE FL 33952-2109	GP
CURCULLO, MD, PAUL G 505 S TANEY ST PHILADELPHIA PA 19146-1044	GS	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DESHANE, MD, ROHIT M 7500 CENTRAL AVE STE 202 PHILADELPHIA PA 19111	IM	DISANDRO, MD, DANIEL G 1862 BERTRAM RD HUNTINGDON VLY PA 19006-7904	EM
CURLEY, DO, JOHN F 3380 MEMPHIS ST PHILADELPHIA PA 19134-4510	PD	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DESHANE, MD, ROHIT M 7500 CENTRAL AVE STE 202 PHILADELPHIA PA 19111	IM	DISE, KIRK R 151 S BISHOP AVE APT D-1 SECANE PA 19018-1913	ST
CURRIE, MD, RICHARD J 8815 GERMANTOWN AVE PHILADELPHIA PA 19118-2729	U	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DANIELS, JASON B 2820 MIDVALE AVE PHILADELPHIA PA 19129	ST	DESHANE, MD, ROHIT M 7500 CENTRAL AVE STE 202 PHILADELPHIA PA 19111	IM		

DISILVESTRO, MD, HELEN E	* IM	DORFMAN, MD, MICHAEL	P	DUNCAN, MD, THEODORE G	* DIA	EL SHARKAWY, MD, TAREK A	US	ESKIN, MD, BERNARD A	OBG
5735 RIDGE AVE STE 204		495 SHERIDAN RD APT 2		829 SPRUCE ST STE 302		PO BOX 7325		MADISON HOUSE STE 124	
PHILADELPHIA PA 19128-1745		EVANSTON IL 60202		PHILADELPHIA PA 19107-5752		PHILADELPHIA PA 19101-7325		PHILADELPHIA PA 19131	
215-483-6300		215-955-8420		215-922-0400		215-831-2145		215-878-4454	
DISILVESTRO JR, MD, JOHN M A	IM	DORMAN, MD, GORDON	GP	DUNCHESKIE, ROBERT C	ST	ELBAUM, DEBORAH A	ST	ESPINOZA, MD, LUIS A	IG
300 S NARBERTH AVE		1003 N 6TH ST		BOX 1016A JONES HALL		308 S 24TH ST APT 2B		7901 HENRY AVE APT G302	
NARBERTH PA 19072-2420		PHILADELPHIA PA 19123-1406		PHILADELPHIA PA 19140		PHILADELPHIA PA 19103-6402		PHILADELPHIA PA 19128-3071	
DISSINGER, JENNIFER A	ST	215-925-9968		DUNDEE, MD, DAVID T	NM	ELCOCK, MD, CLAUDIUS A	* IM	ESOUENAZI, MD, ALBERTO	PM
562 ATWOOD CT		DORSEY, DENISE M	ST	225 SCOTTDALE RD APT A506		215 S CHESTER RD		MOSS REHAB HOSP	
NEWTOWN PA 18940-1757		302 WHITNEY DR		LANSDOWNE PA 19050-2365		SWARTHMORE PA 19081-1929		215-456-9470	
DISTEFANO, MD, GRIMALDO C	AN	WILMINGTON DE 19803		DUNN, MD, JAMES C	US	215-823-7627		ETTINGER, MD, MORRIS S	OTO
22 GRENAIDA LN		DORSEY, E RAY	ST	US NAVAL HOSP		ELEFANT, MD, HOWARD L	IM	2607 WELSH RD APT J205	
OCEAN CITY NJ 08226-2615		UNIV OF PA BOX 36		FPO AP 96538		9501 ROOSEVELT BLVD FL 312		PHILADELPHIA PA 19114-3357	
DITTRICH, DO, RICHARD J	OBG	PHILADELPHIA PA 19104		617-344-9340		PHILADELPHIA PA 19114-1028		ETTINGER, MD, JEFFREY B	* PD
2301 S BROAD ST		DORSHIMER, MD, GARY W	IM	DUNN, MICHAEL J	ST	215-673-7070		7500 CENTRAL AVE	
PHILADELPHIA PA 19148-3542		727 DELANCEY ST		TINTON FALLS NJ 07724		ELENITSAS, MD, ROSALIE	D	PHILADELPHIA PA 19111-2432	
215-463-2122		PHILADELPHIA PA 19106-4002		313 BANGOR RD		145 CHINABERRY DR		215-728-7711	
DITUNNO JR, MD, JOHN F	PM	215-829-3523		DUNSKY, MD, ELIOT H	AI	LAFAYETTE HILL PA 19444		EUBANKS, MARCUS J	ST
THOMAS JEFFERSON UNIV HOSP		DORUNDA, JOHN W	ST	313 BANGOR RD		215-898-3241		437 W SCHOOL HOUSE LN	
PHILADELPHIA PA 19107		219 RINALDI DR		BALA CYNWYD PA 19004-2803		ELIADES, MD, WILLIAM	CD	PHILADELPHIA PA 19144-4513	
215-955-6573		TAYLOR PA 18517-9619		215-569-1111		1015 CHESTNUT ST		EVAN, MD, JACQUELYN R	NPM
DIXON, MD, HAROLD L	IM	DORWART, MD, BONNIE B	* RHU	DUROCHER, MD, JOHN R	* ON	PHILADELPHIA PA 19107-4316		34TH ST & CIVIC CENTER BLVD	
1626 HARRISON ST		124 MAPLE AVE		822 PINE ST STE 2A		215-923-2091		PHILADELPHIA PA 19104	
PHILADELPHIA PA 19124-2722		BALA CYNWYD PA 19004-3031		PHILADELPHIA PA 19107		ELLEN, MD, STEPHEN J	OBG	215-590-1853	
215-288-8900		610-667-3849		215-922-7200		115 BLOOMINGDALE AVE		EVAN, MD, KARIN E	OTO
DJERASSI, MD, ISAAC	ON	DOSHI, MD, KIRTI K	AN	DVORIN, MD, DONALD J	* AI	WAYNE PA 19087		3400 SPRUCE ST 5TH FLR RAYDIN	
MERCY CATHOLIC MED CTR		111 S 11TH ST		205 N BROAD ST 3RD FL		ELLIS, MD, HERMAN M	OM	PHILADELPHIA PA 19104	
PHILADELPHIA PA 19143		PHILADELPHIA PA 19107-4824		215-569-1111		PO BOX 584		215-349-5382	
215-748-9180		215-955-6161		DWORKIN, DO, GERALD E	PM	BRISTOL PA 19007-0584		215-463-5382	
DJIN, MD, BARNEY M	P	DOTY, CHRISTOPHER I	ST	821 LAFAYETTE RD		ELLIS, JEFFREY B	ST	EVANGELISTO, AMY M	ST
230 W ALLENS LN		1025 SPRUCE ST		BRYN MAWR PA 19010-1816		2402 SPRUCE ST #2F		25 EVAN RD	
PHILADELPHIA PA 19119-4138		PHILADELPHIA PA 19107		610-237-5006		PHILADELPHIA PA 19103-6423		HOLLAND PA 18966-2404	
215-247-1267		DOUGHERTY, MD, MALVIN J	OPH	DZWONCZYK JR, MD, JOHN	GS	ELLIS, MD, RICHARD A	OPH	EVANS, MD, JOSEPH B	PD
DLUTOWSKI, MD, BERNARD J	GP	MERCY FITZGERALD MED OFF BLDG		4 PINE VIEW DR		1521 LOCUST ST		3200 RAWLE ST	
9625 FRANKFORD AVE		DARBY PA 19023-1333		MEDIA PA 19063-4337		PHILADELPHIA PA 19102-3727		PHILADELPHIA PA 19149-2619	
PHILADELPHIA PA 19114-2846		DOUGHERTY, MD, TIMOTHY J	EM	EAGEN, KATHRYN A	ST	215-545-5900		215-338-2600	
215-637-9400		MEDICAL COLLEGE HOSP		1222 LOCUST ST APT 303		ELLIS JR, MD, LEANDER T	* P	EVANS, JOSEPH B	ST
DOBBS, MD, KENDALL R B	IM	PHILADELPHIA PA 19129-1191		PHILADELPHIA PA 19107-5612		100 S SWARTHMORE AVE		405-3A STRAFFORD AVE	
2601 PENN AVE APT 427		215-842-6000		EAKINS, MD, JAMES S	GS	SWARTHMORE PA 19081-1603		STRAFFORD PA 19087	
PHILADELPHIA PA 19130		DOUGLAS, MD, BARBARA S	IM	2200 BEN FRANKLIN PKWY		215-477-6444		EVERITT, MD, DANIEL E	IM
215-456-7890		26 JAMES RUN		PHILADELPHIA PA 19130-3601		ELLISON, MD, JULIUS	IM	SMITH KLINE BEECHAM	
DOBROWOLSKI, MD, ROBERT C	IM	CHERRY HILL NJ 08002-1855		EARLE, MD, LINDA A	PUD	ASSOC INTERNAL MEDICINE		PHILADELPHIA PA 19104-2640	
TEXAS A & M		DOVNARSKY, MD, JAMES H	PUD	241 S 6TH ST APT 1401		PHILADELPHIA PA 19114-1436		215-382-3200	
PHILADELPHIA PA		1726 S BROAD ST STE 103		PHILADELPHIA PA 19106-3732		215-637-6611		EWING, MD, JAMES H	P
DODGE, MD, HERBERT C	AN	PHILADELPHIA PA 19145-4417		215-955-6590		ELMALEH, MD, MIRIAM K	* FP	210 W POSSUM HOLLOW RD	
504 BARBARA CIR		215-463-5008		EARLE-BROWN, MD, JOYLEEN E	IM	8251 OLD YORK RD		WALLINGFORD PA 19086-6231	
MERION STATION PA 19066-1322		DOWLING, MD, JOHN J	ORS	1 PENN BLVD		ELKINS PARK PA 19027-1544		610-874-5335	
215-947-3000		233 E LANCASTER AVE		PHILADELPHIA PA 19144-1407		215-887-1451		EWING, MD, MADELEINE O	* OPH
DODGE, JESSICA L	ST	ARDMORE PA 19003-2321		215-969-1500		ELURI, MD, RAMESH B	P	700 SPRUCE ST STE 100	
8 ALLEGHENY CTR APT 812		610-649-0576		EATON, AUDREY M	ST	1-2 BLUOMFIELD AVE		PHILADELPHIA PA 19106-4015	
PITTSBURGH PA 15212		DOWNES, MD, JOHN J	AN	251 S 16TH ST APT 2F		DREXEL HILL PA 19026-5432		215-829-6802	
DODIA, VISHAL H	ST	2014 LOMBARD ST		PHILADELPHIA PA 19102		215-707-3360		EZELDIN, MD, ABDUL K	IM
437 W SCHOOL HOUSE LN APT 4D		PHILADELPHIA PA 19146-1315		EBERT, MD, KARL H	U	EMAMI, ELIZABETH R	ST	3910 POWELTON AVE APT 607	
PHILADELPHIA PA 19144-4516		215-590-1862		100 CARNIE BLVD STE A-3		8779 HARROGATE CT		PHILADELPHIA PA 19104-4621	
DOHERTY, MD, JAMES L	AN	DOWNING, MD, MICHAEL J	IM	VOORHEES NJ 08043		ROSEVILLE CA 95661		FABENS, MD, ELIZABETH L	* IM
LANKENAU HOSP		767 N 23RD ST		609-751-7772		EMERICK, GEORGE J	ST	345 E MT AIRY AVE	
WYNNWOOD PA 19096		PHILADELPHIA PA 19130-2619		EBY, JOSEPH B	ST	348 ASHBORNE RD APT 2		PHILADELPHIA PA 19119-1114	
610-645-2779		DOYLE, MD, HARRY A	P	230 S 22ND ST		ELKINS PARK PA 19027		215-242-5000	
DOLD, FREDERICK G	ST	PHILADELPHIA PA 19103-5520		1920 EDGEHILL RD		EMMONS, STEPHEN W	ST	FABER, MD, KALMAN	PD
1 FRANKLINTOWN BLVD APT 415		215-567-4335		ABINGTON PA 19001-1116		219 E WILLOW GROVE AVE	ORS	834 CHESTNUT ST STE 209	
PHILADELPHIA PA 19103		DOLENSKY, MD, CAROL A	PD	8815 GERMANTOWN AVE		PHILADELPHIA PA 19118		PHILADELPHIA PA 19107-5127	
DOLINSKY, MD, CAROL A	DR	7312 EMLEN ST		PHILADELPHIA PA 19118-2729		ENG, MD, CATHY	IM	215-922-7133	
215-829-3201		PHILADELPHIA PA 19119-2811		215-242-6670		2200 BEN FRANKLIN PKY		FABIANI, MD, JOSEPH A	* ORS
DOLINSKY, MD, JASON H	IM	215-227-3300		EDELMAN, MD, JONATHAN M	PUD	PHILADELPHIA PA 19130-3601		525 JAMESTOWN ST STE 105	
201 S 18TH ST APT 607		DRAPER, MD, NELLE E	GP	957 MAYBERRY RD		ENG, MD, RICARDO	DR	PHILADELPHIA PA 19128-1751	
PHILADELPHIA PA 19103-5905		308 HAVERFORD PL		GULPH MILLS PA 19428-2621		8505 CHIPPEWA RD		215-482-6693	
DOLPHIN, MD, JOHN M	PTH	SWARTHMORE PA 19081-2009		215-652-8654		PHILADELPHIA PA 19128-1209		FABIO, MD, MARY B	PD
400 EGYPT ROAD		DRATCH, MD, MICHAEL B	CD	EDELSTEIN, MD, JOEL K	CHP	215-955-5447		2037 MOUNT VERNON ST # 2-R	
NORRISTOWN PA 19403-3400		A EINHSTEIN MED CTR MT SINAI		BENSON MNR STE G1		ENGSTROM, MD, PAUL F	ON	PHILADELPHIA PA 19130-3235	
DOMBROWSKI, MARIANNE	ST	PHILADELPHIA PA 19147		JENKINTOWN PA 19046		FOX CHASE CANCER CTR		FADEVI, JASON T	ST
5691 FLORIDA AVE		215-663-1188		215-576-5977		PHILADELPHIA PA 19111-2430		3600 CHESTNUT ST BOX 1145	
BETHEL PARK PA 15102-2645		DRATMAN, MD, CATHY K	OBG	EDGERTON, MD, MARY E	IM	215-728-2989		PHILADELPHIA PA 19104	
DOMERACKI, GARY F	ST	121 DUMAS RD		36 JACOB CT		ENNIS, MD, PETER D	IM	FAIL, MD, PETER S	* OTO
205 EVERETT AVE		CHERRY HILL NJ 08003-3507		TRENTON NJ 08628-3341		2505 OLIVE ST		EPISCOPAL HOSP	
WILLOW GROVE PA 19090-3327		215-351-5507		215-842-6000		PHILADELPHIA PA 19130-2423		PHILADELPHIA PA 19125	
DOMESSEK, MD, JAMES M	R	DREER, MD, AARON M	GP	EDINGTON, MD, JOHN M	OM	ENTERLINE, MD, HORATIO T	PTH	215-427-7000	
108 INVERNESS DR		8905 CHELTENHAM AVE		PO BOX 52		16 CROSSLANDS		FAKHRAEE, MD, MICHAEL S	PS
BLUE BELL PA 19422-3202		PHILADELPHIA PA 19118-1127		FURLONG PA 18925-0052		KENNETT SQUARE PA 19348-2008		STE 101 7500 CENTRAL AVE	
DOMINGUEZ, MD, OSCAR G	IM	DREIFUS, MD, LEONARD S	CD	EFFINGER-KASSOW, MD, ELLIN B	OPH	EPPLEY, MD, MATTHEW J	NS	PHILADELPHIA PA 19111	
170 LAKESIDE RD APT A-1		HAHNEMANN UNIVERSITY		220 LOCUST ST APT 19B		269 LAWNDALE AVE		215-728-8200	
ARDMORE PA 19003-3223		PHILADELPHIA PA 19102		PHILADELPHIA PA 19106-3931		KING OF PRUSSIA PA 19406-3661		FAKIYESI, MD, OLUTOPE O	P
DON, MD, SIDNEY H	ST	215-762-3221		EGLUICK, MD, PAUL G	PD	EPSTEIN, MD, ALAN L	IM	5450 WISSAHICKON AVE	
167 YEW RD		DREW-LEONHARDT, ELIZABETH A	ST	10151 BUSTLETON AVE		822 PINE ST STE 1C		APT 853B	
CHELTENHAM PA 19012-1219		27 HARVEY LN		PHILADELPHIA PA 19116-3718		PHILADELPHIA PA 19107-6124		PHILADELPHIA PA 19144-5220	
DONALD, MD, RANITA	AN	MALVERN PA 19355-2907		215-464-7711		215-829-5358		FALCON, RONALD W	ST
359 SAYBROOK LN		DRINKER, MD, HENRY M	PD	EGOVILLE, MD, CHARLES R	PUD	EPSTEIN, MD, HERMAN	GP	3703 PAPER MILL RD	
WALLINGFORD PA 19086-6745		201 W EVERGREEN AVE		PENN JERSEY PULMONARY ASSOC		CEDARBROOK HILL APT B616		HUNTINGDON VALLEY PA 19006-3725	
DONALDSON, MD, JAMES B	* IM	APT 218		PHILADELPHIA PA 19144-1498		WYNCOTE PA 19095		FALLAHNEJAD, MD, MANOUCHEER	CDS
10 SUMMIT DR		PHILADELPHIA PA 19118-3829		215-951-8740		EPSTEIN, MD, ISADORE S	IM	19TH AND LOMBARD ST	
BRYN MAWR PA 19010-2217		DRUBETSKY, MD, NORMAN	* IM	EHRLICH, MD, FRANK	GS	3950 CONSHOHOCKEN AVE		PHILADELPHIA PA 19146	
610-525-5420		10151 BUSTLETON AVE		THE GRADUATE HOSP STE 1101		PHILADELPHIA PA 19131-2835		215-735-3923	
DONER, DO, IVAN A	GP	PHILADELPHIA PA 19116-3718		PHILADELPHIA PA 19146		215-877-5219		FALUDI, MD, GEORGINA	DIA
10101 ACADEMY RD		215-934-5555		215-893-7190		EPSTEIN, MD, PAUL E	PUD	829 SPRUCE ST STE 408	
PHILADELPHIA PA 19114-1120		DUBIN, MD, WILLIAM R	* P	EHRLICH, MD, GEORGE E	RHU	PEPPER PAVILION STE 501		PHILADELPHIA PA 19107-5752	
215-632-4000		1362 INDIAN CREEK DR		241 S 6TH ST UNIT 1101		PHILADELPHIA PA 19146		610-525-2111	
DONOGHUE, MD, GLENDA D	NM	WYNNWOOD PA 19096-3320		PHILADELPHIA PA 19106		ERHARD, MD, MICHAEL J	U	FARBER, MD, EMANUEL P	GYN
1071 BRYN MAWR AVE		215-581-3771		EISENBERG, JUDITH M	ST	250 S 13TH ST BOX 14		100 OLD YORK RD APT 814E	
PENN VALLEY PA 19072-1440		DUCA, MD, PETER R	CD	325 N 15TH ST APT 1111		PHILADELPHIA PA 19107-5616		JENKINTOWN PA 19046-3251	
215-842-7540		1 GRADUATE PLZ		PHILADELPHIA PA 19102-1013		ERKES, MD, NEAL	IM	FARBER, MD, HAROLD F	D
DONOVAN, MD, MARY E	P	PHILADELPHIA PA 19146-1407		EISENSTADT, MD, NORMAN	CD	135 KINGSTON RD		284 STOKES CIR	
1015 PINE ST APT 1F		215-893-7478		512 SABINE CIR		CHELTENHAM PA 19012-1213		HUNTINGDON VLY PA 19006-7974	
PHILADELPHIA PA 19107-6006		DUGGER, MD, DOROTHY E	P	WYNNWOOD PA 19096-1316		215-969-1500		610-564-4433	
215-955-6060		671 SAINT MATHEWS RD		215-755-5449		ERKI, MD, LENKE	IM	FARNON, MD, CHRISTA U	OM
DOOKHAN, MD, DIANNE B	PTH	CHESTER SPRINGS PA 19425-3719		EISMAN, MD, SYLVAN H	IM	117 N 15TH ST APT 1503		1418 SURREY LN	
3900 PRESIDENTIAL BLVD B1208		DUKE, D'ARCY N	ST	3400 SPRUCE ST		PHILADELPHIA PA 19102-1519		WYNNWOOD PA 19096-3818	
PHILADELPHIA PA 19131		8201 HENRY AVE APT I-12		PHILADELPHIA PA 19104-4219		ESCOVITZ, MD, GERALD H	* GE	610-270-6173	
215-955-6351		PHILADELPHIA PA 19128		215-662-3796		2009 SPRUCE ST		FARR, MD, ELIZABETH A	OPH
DOREY, MD, FRED O	U	DUMAS, MD, PETER A	P	EKBOTE, MD, SUNDEEP J	EM	PHILADELPHIA PA 19103-5623		900 WALNUT ST	
100 CARNIE BLVD STE A-3		4020 MECHANICSVILLE RD		MCP DEPT OF EMERGENCY MED		ESHELMAN, JEFFREY S	ST	PHILADELPHIA PA 19107	
VORRHEES NJ 08043		BENSALEM PA 19020		PHILADELPHIA PA 19129		413-B PAOLI AVE		215-928-3000	
609-751-7772		215-639-0371		215-842-6548		PHILADELPHIA PA 19128-4329			

PHILADELPHIA

FARRAR JR, MD, GEORGE E PENNSWOOD VILLAGE APT A106 NEWTOWN PA 18940-2401	IM	FIGUEROA, MD, WILLIAM G LANKENAU MEDICAL BLDG STE 230 WYNNWOOD PA 19096 610-642-3796	* PUD	FISHER, MD, SARAH M 10 QUEEN CT PHILADELPHIA PA 19147-4316	AN	FOSTER, JACQUELINE S 1530 MT VERNON ST APT 1R PHILADELPHIA PA 19130-3412	ST	FREITAG, MD, SUZANNE K 5500 WISSAHICKON AVE APT 605B PHILADELPHIA PA 19144-5641	US
FARRELL, MD, TIMOTHY P 40 JOYCE AVE MORRISVILLE NY 12962	US	FILICKO, MD, JOANNE E 834 CHESTNUT ST APT 1101 PHILADELPHIA PA 19107-5142	IM	FISHER, DO, SCOTT A GRADUATE HOSP ONCOLOGY PHILADELPHIA PA 19146-1419	RO	FOSTER, MD, KENNETH J PO BOX 21037 PHILADELPHIA PA 19114 215-427-7042	GS	FREIWALD, MD, MILTON J 2401 PENNSYLVANIA AVE # 2A4 PHILADELPHIA PA 19130 215-232-2482	OPH
FATTU, MD, JAMES M 502 NORTHFIELD RD DEVON PA 19333-1730 610-341-6162	IM	FILMYER JR, MD, EDWARD A 2220 MOUNT CARMEL AVE GLENSIDE PA 19038-4610	PD	FISHER, MD, SETH M 1201 LAKEMONT RD VILLANOVA PA 19085-2103	AN	FOWBLE, MD, BARBARA DEPT RADIATION ONCOLOGY PHILADELPHIA PA 19111-2497	R	FREMER, MD, ABRAHAM BENSON MANOR STE 116B JENKINTOWN PA 19046 215-886-5286	IM
FAULX, MICHAEL D 8201 HENRY AVE APT N22 PHILADELPHIA PA 19128	ST	FINE, MD, ERIC W 1200 WALNUT ST PHILADELPHIA PA 19107-5449	P	FISHER, TODD M 1521 SPRING GARDEN ST PHILADELPHIA PA 19130-4008	ST	FOX, CHRISTOPHER H 3413 CRAWFORD ST PHILADELPHIA PA 19129-1515	ST	FRIDAY, MD, JANET H 34TH AND CIVIC CENTER BLVD PHILADELPHIA PA 19104 215-590-1944	EM
FAYE, MD, ROBYN B 1201 BETHLEHEM PIKE STE 204 NORTH WALES PA 19454-2103 215-542-0385	OBG	FINESTONE, MD, ALBERT J TEMPLE UNIV HOSP PHILADELPHIA PA 19140 215-221-4741	IM	FISHER III, MD, GEORGE R 829 SPRUCE ST STE 308 PHILADELPHIA PA 19107-5752	* END	FOX, MD, JEAN C 834 CHESTNUT ST APT 1713 PHILADELPHIA PA 19107-5149	IM	FRIED, MD, GUY W 6 FRANKLIN PLZ PHILADELPHIA PA 19102-1177	PM
FAYNBERG, MD, MARK G KLEIN PROFESSIONAL BLDG PHILADELPHIA PA 19141-3030 215-456-7190	N	FINESTONE, MD, ISRAEL 7501 MANCHESTER RD MELROSE PARK PA 19126-1113	IM	FISHMAN, DO, MORRIS A 1400 POINT BREEZE AVE PHILADELPHIA PA 19146-4522	A	FOX, MD, ROBERT D BENJAMIN FOX PAVILION STE 312 JENKINTOWN PA 19046 610-576-1212	D	FRIEDENBERG, MD, ZACHARY B PRESBYTERIAN MOB STE 300 PHILADELPHIA PA 19104 215-386-4990	ORS
FEDERICI, MD, VALERIO J 1690 FITE TER LANGHORNE PA 19047-1204	GS	FINK, MD, GORDON B THOMAS JEFFERSON UNIV HOSP PHILADELPHIA PA 19131-2899	PTH	FISHMAN, DO, ROBERT F 1400 POINT BREEZE AVE PHILADELPHIA PA 19146-4522	GP	FOX IV, MD, JAMES W 135 S 18TH ST PHILADELPHIA PA 19103-5228	PS	FRIEDMAN, MD, ADELE K 200 SPRUCE ST PHILADELPHIA PA 19106-4307	DR
FESE, ERIC J RR2 BOX 127 CATAWISSA PA 17820-9610	ST	FINK, MD, PAUL J GSB BLDG STE 523 BALA CYNWYD PA 19004 610-664-5007	P	FLAGG, MD, ALICE W 910 ROUMFORD RD PHILADELPHIA PA 19150-3216	* OS	FRAIFEED, MD, MOISES 8201 HENRY AVE APT D-17 PHILADELPHIA PA 19128-2922	IM	FRIEDMAN, MD, ALAN LEE 9880 BUSTLETON AVE #208 PHILADELPHIA PA 19115-2185	ON
FEIG, MD, STEPHEN A THOMAS JEFFERSON UNIV HOSP PHILADELPHIA PA 19107-5563 215-955-7253	DR	FINKELSTEIN, MD, DAVID 1120 HILLCREST RD NARBERTH PA 19072-1224	CD	FLAMM, MD, EUGENE S 3400 SPRUCE ST PHILADELPHIA PA 19104-4219	NS	FRANCHINO, MD, CHARLES J 676 W JOHNSON ST PHILADELPHIA PA 19144-3706	P	FRIEDMAN, MD, CLAIRE L 432 GREENWOOD AVE WYNCOTE PA 19095-1821	P
FEIGENBERG, STEVEN J 100 RED RAMBLER DR LAFAYETTE HILL PA 19444-2109	ST	FINKELSTEIN, DAVID H BARRINGER RESIDENCE #712 PHILADELPHIA PA 19107-5596	ST	FLEEGER, MD, FRANCENE M 315 LAUREL LN HAVERFORD PA 19041-1930	ON	FRANCIS, JACQUELINE N 6350 GREEN ST #321 PHILADELPHIA PA 19144	ST	FRIEDMAN, MD, PAUL S 1422 CHESTNUT ST PHILADELPHIA PA 19102-2509	R
FEIGL, MD, FRANCES M 201 S 11TH ST RM 802 PHILADELPHIA PA 19107-5571 215-955-6610	P	FINKELSTEIN, MD, JEFFREY M 3400 N BROAD STREET PHILADELPHIA PA 19140 215-707-3689	OTO	FLEISHER, DO, RICHARD D 1027 CORN CRIB DR HUNTINGDON VLY PA 19006-3335	R	FRANK, MD, EVAN D 111 S 11TH ST PHILADELPHIA PA 19107-4824	AN	FRIEDMAN, MD, RICHARD A 703 GLENDA LOUGH RD ERDENHEIM PA 19118-1811	NEP
FEINSMITH, MD, NORMAN 39TH AND MARKET ST PHILADELPHIA PA 19104 215-386-2400	CD	FINKELSTEIN, STANLEY P 450 DOMINO LN APT E-11 PHILADELPHIA PA 19128-4321	ST	FLEMING, MD, BURTON A 214 SUNRISE LN PHILADELPHIA PA 19118-3934	* GE	FRANK, MD, WILLIAM O 2804 HILLCREST RD DREXEL HILL PA 19026-1316	* GE	FRIEDMAN, MD, RONALD H 7810 OLD YORK RD ELKINS PARK PA 19117-2509	IM
FELDMAN, MD, ARTHUR M 51 N 39TH ST PHILADELPHIA PA 19104-2640 215-662-8558	ON	FINKENSTADT, MD, ERIC V 623 RIGHTERS MILL RD NARBERTH PA 19072-1426	PUD	FLETMAN, DO, HERBERT 3114 FRANKFORD AVE PHILADELPHIA PA 19134-3821	D	FRANKEL, MD, HARRY A 2028 SPRING GARDEN ST PHILADELPHIA PA 19130-3805	FP	FRIEDMAN, MD, SIDNEY 34TH ST AND CIVIC CTR BLVD PHILADELPHIA PA 19104 215-590-4054	PDC
FELDMAN, MD, ELLA S 554 HANSELL RD WYNNWOOD PA 19096-1002 610-521-0150	RHU	FINN, MD, DANIEL T 1 FRANKLIN TOWN BLVD APT 1217 PHILADELPHIA PA 19103-1246	IM	FLORES, ALAN G 317 N BROAD ST APT 505 PHILADELPHIA PA 19107-1016	ST	FRANKEL, MD, LEON A 3600 CONSHOCKEN AVE # 1509 PHILADELPHIA PA 19131-5328	ABS	FRIEL, MD, MARGARET A 2401 PENNSYLVANIA AVE PHILADELPHIA PA 19130-3061	P
FELDMAN, MD, JULIAN D 829 SPRUCE ST PHILADELPHIA PA 19107-5752 215-829-3580	OBG	FINN, MD, JOSEPH L 1242 RED RAMBLER RD JENKINTOWN PA 19046-2917	OBG	FLYNN, JENNIFER A 2201 PENNSYLVANIA AVE PHILADELPHIA PA 19130	ST	FRANKEL, MD, MATTHEW C 135 S 19TH ST APT 1010 PHILADELPHIA PA 19103-4912	* IM	FRIEMAN, MD, BARBARA G 228 CHESWOLD LN HAVERFORD PA 19041-1804	ORS
FELDMAN, MD, ROBERT A 100 KINGFIELD RD PHILADELPHIA PA 19115-4011 215-725-8114	IM	FIOL-SILVA, MD, ZORAIDA M PO BOX 488 POMONA NJ 08240-0488	OPH	FOBIA, MD, JOHN B 39TH AND MARKET STS PHILADELPHIA PA 19104 215-662-9744	GS	FRANKL, MD, WILLIAM S 3300 HENRY AVE MAIN CAMPUS PHILADELPHIA PA 19129-1121	ORS	FRIEDMAN, MD, BARRY S 10125 VERREE RD STE 303 PHILADELPHIA PA 19116-3611	ST
FELGAR, MD, RAYMOND E PARK TOWN WEST PHILADELPHIA PA 19130-3631	PTH	FIRST, MD, STEWART E 240 SYCAMORE AVE MERION STATION PA 19066-1529	OBG	FODERARO, MD, JOHN C 1 CEDARWOOD LN CHADDS FORD PA 19317-9240	OM	FRANKLIN, MD, HOWARD J 9892 BUSTLETON AVE STE 206 PHILADELPHIA PA 19115	GS	FRIER, MD, BARRY S 10125 VERREE RD STE 303 PHILADELPHIA PA 19116-3611	D
FELLIN, MD, FREDERICK M 111 S 11TH ST STE G4100 PHILADELPHIA PA 19107-4824 215-955-6039	HEM	FISCHER, MD, DAVID H LANKENAU MEDICAL STE 256 WYNNWOOD PA 19096 610-649-1970	OPH	FORBES, MD, WINSTON F 155 WASHINGTON LN APT 0-3 JENKINTOWN PA 19046 215-456-7890	IM	FRANZI, MD, JOSEPH J 1547 BARNSWALLOW DR BENSALAM PA 19020-4654	FP	FROESE, MD, ALFRED E 1245 HIGHLAND AVE ABINGTON PA 19001-3714	GS
FENLIN JR, MD, JOHN M 211 S 9TH ST 4TH FL PHILADELPHIA PA 19107-5506 215-955-4300	ORS	FISCHER, MD, STEWART E 240 SYCAMORE AVE MERION STATION PA 19066-1529	OBG	FORD, MD, THOMAS B 1304 FAIRY HILL RD RYDAL PA 19046-2926	OBG	FRAYER, MD, WILLIAM C 910 WELDON LN BRYN MAWR PA 19010-2226	N	FROST, MD, STEPHEN S PRESBYTERIAN MED CTR AMB240 PHILADELPHIA PA 19104 215-386-4700	* GE
FERGUSON, KEVIN F ORLOWITZ BLDG APT 1011 PHILADELPHIA PA 19107-5518	ST	FISCHER, MD, H KEITH PENN WOOD FLOUTOWN PA 19031-2052	P	FORD, MD, D PATRICK 750 S RANDOLPH ST PHILADELPHIA PA 19147-3028	P	FREDANE, MD, LEWIS M 727 WELSH RD STE 202 HUNTINGDON VLY PA 19006-6357	OPH	FRUMIN, MD, ABRAHAM M 1930 CHESTNUT ST PHILADELPHIA PA 19103-4522	HEM
FERGUSON JR, MD, GUERRANT H 116 BALA AVE BALA CYNWYD PA 19004-3025 610-664-3506	FP	FISCHER, MD, SHARON P 1401 LINDSAY LN MEADOWBROOK PA 19046-1830	HEM	FORD, LLOYD C PO BOX 12992 PHILADELPHIA PA 19108	ST	FREDERICK, MD, MYRON W PRESBYTERIAN MED CTR STE 120 PHILADELPHIA PA 19104 215-222-2297	* N	FRUNCILO, MD, RICHARD J 1740 SOUTH ST 2ND FL PHILADELPHIA PA 19146 215-790-8030	IM
FERNANDEZ, MD, JAVIER DEBORAH HILLS AND LUNG CTR BROWNS MILLS NJ 08015-1705 609-893-6611	CDS	FISCHER, MD, MICHELLE A 1400 E WEST HIGHWAY #1120 SILVER SPRING MD 20910	ST	FORE, MD, WILLIAM W 211 S 9TH ST STE 600 PHILADELPHIA PA 19107-5506	NM	FREDERICKS, MD, LILLIAN E 3360 S OCEAN BLVD APT 3H2 PALM BEACH FL 33480-5668	AN	FRY, MD, ROBERT D 1100 WALNUT ST STE 700 PHILADELPHIA PA 19107 215-923-5010	CRS
FERRAN, CLAUDIA M 34 W 65TH ST APT 2E NEW YORK NY 10023	ST	FISCHER, MD, HOWARD E LANDENAU HOSP WYNNWOOD PA 19096 610-642-8844	IM	FOREMAN, DEJEN R 7901 HENRY AVE APT D306 PHILADELPHIA PA 19128-3067	ST	FREED, MD, MARTIN I 832 PINE TREE RD LAFAYETTE HILL PA 19444-1608	IM	FRYE, DO, JOYCE 1128 WALNUT ST STE 201 PHILADELPHIA PA 19107-5513	* OBG
FERRARA, MD, VINCENT L 1010 FOX CHASE RD PHILADELPHIA PA 19046 215-379-2600	NS	FISCHER JR, MD, CARL R 1138 NORSAM RD GLADWYNE PA 19035-1420	IM	FORMAN, MD, JOSEPH E 309 FLORENCE AVE APT 314N JENKINTOWN PA 19046-2605	GP	FREEDMAN, MD, ABRAHAM G 725 BEACON LN MERION STATION PA 19066-1603	PYA	FRYLING, BRENT A 1108 CHESTNUT LN FLOUTOWN PA 19031-2033	ST
FERRINGER, TAMMIE C 3323 TILDEN ST PHILADELPHIA PA 19129	ST	FISCHER JR, MD, CARL R 1138 NORSAM RD GLADWYNE PA 19035-1420	IM	FORN, LLOYD C PO BOX 12992 PHILADELPHIA PA 19108	IM	FREEDMAN, MD, ALLAN P 51 N 39TH ST PHILADELPHIA PA 19104-2640	OS	FUEDELL, DO, STEPHEN A 7619 WOODLAWN AVE MELROSE PARK PA 19126-1429	R
FETTERMAN, HILARY C 4901 W 93RD AVE APT 531 WESTMINSTER CO 80030-6322	ST	FISH, MD, JAMES E 1025 WALNUT ST RM 804 PHILADELPHIA PA 19107-5001	IM	FORN, LLOYD C PO BOX 12992 PHILADELPHIA PA 19108	IM	FREEDMAN, DO, MITCHELL K 1109 MELROSE AVE PHILADELPHIA PA 19126-1204	PM	FULLER JR, MD, LONNIE E 345 MT AIRY AVE PHILADELPHIA PA 19119	IM
FETTERMAN, HILARY C 4901 W 93RD AVE APT 531 WESTMINSTER CO 80030-6322	ST	FISHER, MD, JOSEPH S 1650 HUNTINGDON PIKE STE 317 MEADOWBROOK PA 19046-8097	END	FORN, LLOYD C PO BOX 12992 PHILADELPHIA PA 19108	IM	FREIMAN, MD, DAVID B 39TH & MARKET STS PHILADELPHIA PA 19104 215-662-9137	CD	FUMO JR, MD, PETER F 275 S BRYN MAWR AVE APT 63K BRYN MAWR PA 19010-4081	* NEP
FEUSSNER, MD, JAMES W CHILDRENS SERVICE CTR WILKES BARRE PA 18702-3897 717-825-6425	CHP	FISHER, DO, GARY A 1 NORWEGIAN PLZ POTTSVILLE PA 17901-3056	TR	FORN, LLOYD C PO BOX 12992 PHILADELPHIA PA 19108	IM	FREIRE, MD, JORGE E 230 N BROAD ST PHILADELPHIA PA 19102 215-762-8409	R	FUNCH, MD, ROSS S 1211 BRITANNY POINTE ESTATES LANSDALE PA 19446	AN
FICKE, MD, J RONALD 3919 MARTIN RD HUNTINGDON VLY PA 19006-2340 609-989-3497	OM	FISHER, MD, JOANNA M 2818 COTTAM AVE PHILADELPHIA PA 19149-1419	OPH	FORN, LLOYD C PO BOX 12992 PHILADELPHIA PA 19108	IM				
FIEDLER, ELIZABETH I 4066 BALWYNN PARK RD PHILADELPHIA PA 19131-1602	ST	FISHER, MD, JOSEPH S 1650 HUNTINGDON PIKE STE 317 MEADOWBROOK PA 19046-8097	END	FORN, LLOYD C PO BOX 12992 PHILADELPHIA PA 19108	IM				
FIEDLER, MD, JAMES J 1480 BALBOA BLUE BELL PA 19422-3665	GP	FISHER, MD, MARY S 3401 N BROAD ST PHILADELPHIA PA 19140-5103	* R	FORN, LLOYD C PO BOX 12992 PHILADELPHIA PA 19108	IM				
FIELD, MD, HOWARD L 1020 SANSOM ST PHILADELPHIA PA 19107-5002 215-955-6683	P	FISHER, MD, ROBERT S 3401 N BROAD ST PHILADELPHIA PA 19140-5103	GE	FORN, LLOYD C PO BOX 12992 PHILADELPHIA PA 19108	IM				
FIFE, WILLIAM C 8201 HENRY AVE APT S-8 PHILADELPHIA PA 19128-2983	ST			FORN, LLOYD C PO BOX 12992 PHILADELPHIA PA 19108	IM				

FUNK JR, MD, ELMER H 3300 DARBY RD APT C904 HAVERFORD PA 19041-1065 610-834-2668	* PA	GARDEN, MD, JACK L 8229 ASPEN WAY PHILADELPHIA PA 19117-1517 215-389-0600	CD	GENTILE, MD, VICTOR G 37 BROOKSHIRE TER PHILADELPHIA PA 19116-1229 215-221-3665	OTO	GILBERT-HILLS, REBECCA D R R 2 BOX 3003 GRANTVILLE PA 17028-9508 GILDAY, MD, FRANK J 94 22ND ST E AYALON NJ 08202-2021 215-955-6180	ST	GLASS, MD, PHILLIP 701 E MAIN ST MOORESTOWN NJ 08057-3032 609-234-3311	OBG
FUREY JR, MD, CHARLES A 3705 S FLAGLER DR WEST PALM BEACH FL 33405-2349	PM	GARDINER JR, MD, GEOFFREY A STE 5390 GIBBON BLDG PHILADELPHIA PA 19107-4824 215-955-5162	R	GEORGE, ROBERTA 5450 WISSAHICKON AVE # 1041B PHILADELPHIA PA 19144-5220	ST	GILFORD, JEFFREY M 8104 DOUGLAS RD WYNDMOOR PA 19038-7506	AI	GLASSBURN, MD, JOHN R PENNSYLVANIA HOSP PHILADELPHIA PA 19107 215-829-3399	TR
FURMAN, MD, JAIME V 8201 HENRY AVE APT C-10 PHILADELPHIA PA 19128-2920 215-456-7890	IM	GARDNER, DO, BONNIE J ROWLAND HALL STE 507 PHILADELPHIA PA 19131-1610 215-871-1981	END	GERBER, MD, HARRIS S 1036 MAGEE AVE PHILADELPHIA PA 19111-4816 215-342-0965	IM	GILGORE, MD, GARY S 130 LANKENAU MED BLDG WYNNWOOD PA 19096 610-649-1175	ST	GLASSMAN, MD, JOEL M 961 DELENE RD RYDAL PA 19046-3311 215-685-6767	* IM
FURNESS, PATRICK T 1666 CALLOWHILL ST #2D PHILADELPHIA PA 19130	ST	GARDNER, DO, MARSHALL K 15 ANTHONY DR RICHBORO PA 18954-1328 215-969-3013	FP	GERBER, MD, WALTER L KLEIN PROF BLDG STE 502 PHILADELPHIA PA 19141-3030 215-455-2345	IM	GILL, MD, DONALD J 205 N MORGAN AVE HAVERSTOWN PA 19083-5009 215-471-2022	NEP	GLASSMAN, MD, SOLOMON 1507 SHEFFIELD LN WYNNWOOD PA 19096 215-225-5087	IM
FUTCHER, MD, PALMER H 13801 YORK RD APT D11 COCKEYSVILLE MD 21030	IM	GARDNER, MD, TIMOTHY J 3400 SPRUCE ST PHILADELPHIA PA 19104-4228 215-662-2022	TS	GERDES, MD, JEFFREY S PA HOSP NEONATOLOGY DEPT PHILADELPHIA PA 19107 215-829-3301	U	GILL, MD, ROBERT J 715 SPRUCE ST PHILADELPHIA PA 19106-4006 215-922-6262	P	GLAUSER, MD, ELINOR M 641 LANCASTER PIKE STE 1031 FLANZER PA 19355-1831 610-647-2998	PUD
GABRIEL, MD, JOSUE P 1548 S 7TH ST PHILADELPHIA PA 19147-6411	ORS	GARFINKEL, MICHAEL D 1801 BUTTONWOOD ST APT 502 PHILADELPHIA PA 19130-3949	ST	GERGITS, DO, FRANKLYN R 678 RENZI ST PHILADELPHIA PA 19128-5519 215-871-1000	* NPM	GILLAN, MD, MUHAMMAD M 117 N 15TH ST APT 1605 PHILADELPHIA PA 19102-1519 215-762-7676	IM	GLAZER, MD, ROBERT M 1740 SOUTH ST STE 401 PHILADELPHIA PA 19146-1529 215-546-2443	ORS
GABUZDA, MD, THOMAS G 164 LATCHES LN BALA CYNWYD PA 19004-3015 610-645-2667	* HEM	GARG, ANJU 11 BARNARD PL PRINCETON JCT NJ 08550	R	GERHARDT, MICHAEL B 3317 ARNOLD ST PHILADELPHIA PA 19129-1705	OTO	GILLESPIE, MARCIA A 280 HAVERFORD AVE #D1 NARBERTH PA 19072-2336	ST	GLICK, MD, ABRAHAM 454 WOLF ST PHILADELPHIA PA 19148-5711	IM
GAFFNEY, DANA E 4000-1212 PRESIDENTIAL BLVD PHILADELPHIA PA 19131	ST	GARG, RUCHIRA 4000 GYPSY LN UNIT 521 PHILADELPHIA PA 19144-5535	ST	GERHART, SUSAN G 325 N 15TH ST APT 1301A PHILADELPHIA PA 19102	ST	GILLESPIE, MATTHEW J 4257 MAIN ST PHILADELPHIA PA 19127-1527	ST	GLIKMAN, MD, NADEZHDA 9763 WISTARIA ST PHILADELPHIA PA 19115-2608 215-671-1700	* GP
GAGNON, MD, SUZANNE 500 ARCOLA RD COLLEGEVILLE PA 19426 610-454-8472	IM	GARIBIAN, MD, GARO S 1366 REVELATION RD MEADOWBROOK PA 19046-1022 215-741-4100	CD	GERMAIN, TIMOTHY J 117 N 15TH ST PHILADELPHIA PA 19102	ST	GILLUM, MD, DIANE R 111 S 11TH ST STE 8254 PHILADELPHIA PA 19107-4824 215-955-8813	GS	GLOGER, MD, MARK S 1801 BUTTONWOOD ST APT 1509 PHILADELPHIA PA 19130 215-568-6910	IM
GAIN, MD, THOMAS B 1420 RACE STREET PHILADELPHIA PA 19102-1419 215-665-0354	GS	GARINO, MD, JONATHAN P 3400 SPRUCE ST PHILADELPHIA PA 19104 215-349-8723	ORS	GERSHKOFF, MD, ARTHUR M 1200 W TABOR RD PHILADELPHIA PA 19141-3099 215-456-9585	* PM	GILMAN, MD, PAUL B LANKENAU HOSP CANCER CTR WYNNWOOD PA 19096 610-642-4800	ON	GLOVER, MD, DONNA J 39TH AND MARKET ST PHILADELPHIA PA 19104 215-662-8756	ON
GALANTE, MD, LISA 2006 SPRING MILL RD CONSHOHOCKEN PA 19428-2126 215-673-7070	IM	GAROZZO, MARYANN C 1630 S CLARION ST PHILADELPHIA PA 19148-1009	PD	GERSTADT, MD, KIMBERLY A 1202 SPRUCE ST APT 1B PHILADELPHIA PA 19107-5911	IM	GINIECZKI, MD, CHESTER J PAULS RUN APT A311 PHILADELPHIA PA 19115-2146	GYN	GO, MD, WELLES P 240 LEXINGTON AVE HAVERSTOWN PA 19083-5006 610-446-9197	GS
GALENA IV, MD, EDWARD C 100 REDFORD RD ORELAND PA 19075-1924	PD	GARRETT, DO, WAYNE L 1500 LOCUST ST APT 1606 PHILADELPHIA PA 19102-4314 215-762-8512	OTO	GERSTLEY III, MD, LOUIS 900 HOMESTEAD RD JENKINTOWN PA 19046-2807	* OBG	GINSBERG, MD, DAVID K 2221 S BROAD ST PHILADELPHIA PA 19148-2938 215-336-0635	IM	GOBERN, CARMITA A 5555 WISSAHICKON AVE APT 709 PHILADELPHIA PA 19144-4540	ST
GALEO, MD, ANTHONY J 298 GREAT RD MAPLE SHADE NJ 08052 215-955-7109	ST	GARTLAND, MD, JOHN J 922 CEDAR GROVE RD WYNNWOOD PA 19096-1630 215-955-4042	ORS	GERTNER, MD, ERIC J 2829 W QUEEN LN APT A PHILADELPHIA PA 19129-1031	IM	GINSBERG, DO, PHILLIP C AEMC KLEIN BLDG STE 204A PHILADELPHIA PA 19141 215-456-1177	U	GOCIAL, MD, BENJAMIN 815 LOCUST ST PHILADELPHIA PA 19107-5507 215-922-2206	REN
GALINS, LINDA S 117 N 15TH ST #602 PHILADELPHIA PA 19102-1517	ST	GARY, MD, GERALD L 305 LORIMER DR WYNCOTE PA 19095 215-871-8664	PD	GETTO, CHRISTOPHER A 2879 SCHOOLHOUSE LN #1412K PHILADELPHIA PA 19144	ST	GINSBURG, MD, HOWARD H 222 W THOMAS RD STE 307 PHOENIX AZ 85013-4422 602-264-7111	ORS	GODINEZ, MD, RODOLFO I CHILDRENS HOSP PHILADELPHIA PA 19104-4385 215-956-9822	AN
GALLAGHER, MD, ERIC L 2109 PRIOR RD APT E WILMINGTON DE 19809-1138	ST	GASCON, MD, PERLA G 18820 ROCHELLE AVE CERRITOS CA 90701-6013	AN	GETZ, MD, WILLIAM B 251 BROOKDALE DR HUNTINGDON VLY PA 19006-2428 215-742-0150	OPH	GIRARDO, MD, SALVATORE P 1317 WOLF ST PHILADELPHIA PA 19148-2934 215-389-0700	CD	GODSHALL, CHRISTOPHER J 925 DOGWOOD LN HATFIELD PA 19440-3112	ST
GALLAGHER, KIMBERLY M 2109 PRIOR RD APT E WILMINGTON DE 19809-1138	* RO	GASH, MD, ARNOLD K 413 VERNON RD JENKINTOWN PA 19046-2847 215-762-4444	CD	GHEGAN, CARRIE A 3024 W QUEEN LN APT A1D PHILADELPHIA PA 19129	ST	GIRONE, MD, JOSEPH A C ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141-3098 215-456-6786	PD	GOLD, MD, ALLAN 5245 OXFORD AVE PHILADELPHIA PA 19124-1847 215-288-2102	OTO
GALLAGHER, J FRANKFORD HOSP PHILADELPHIA PA 19114 215-612-4300	IM	GASH, MD, RICHARD M 1401 REDWOOD LN WYNCOTE PA 19095-1905 215-241-4939	IM	GHOBRAL, MD, ALBER L 4918 C ST PHILADELPHIA PA 19120-4311 215-762-6660	PD	GIRONE, MD, JOSEPH F 32 KNIGHTSWOOD DR MARLTON NJ 08053-2522 215-551-4606	PD	GOLD, MD, BARBARA W 2039 MOUNT VERNON ST PHILADELPHIA PA 19130-3235 215-969-4917	PD
GALLAGHER, ERIC L 2109 PRIOR RD APT E WILMINGTON DE 19809-1138	ST	GAVIN, MD, LAURENCE J 6400 OVERBROOK AVE PHILADELPHIA PA 19151-2413 215-662-9350	ST	GHOSH, MD, BIJOY K 6551 ROOSEVELT BLVD PHILADELPHIA PA 19149 215-535-7111	ORS	GIRoux, BRUCE J 123 W TULPEHOCKEN AVE #410 PHILADELPHIA PA 19144-2640	NEP	GOLD, MD, HENRY J 200 RADBURN RD PHILADELPHIA PA 19115-2726 215-673-4636	* FP
GALLIVAN, RYAN P 715 WALNUT ST APT 2F PHILADELPHIA PA 19106	ST	GAVARONE, DO, DONNA M 3600 508 CONSHOHOCKEN AVE PHILADELPHIA PA 19131 215-673-7067	PD	GHOSH, MD, SUMIT B 3024 W QUEEN LN APT A4C PHILADELPHIA PA 19129-1056	OBG	GIRVIGIAN, MICHAEL R 317 N BROAD ST APT 818 PHILADELPHIA PA 19107-1019	ST	GOLDBACHER, MD, LAWRENCE R 2361 E ALLEGHENY AVE PHILADELPHIA PA 19134-4431 215-423-6666	FP
GALLO, KRISTIN J 59 THOROUGHREDD DR HOLLAND PA 18966-2571	ST	GELFAND, MD, JONATHAN L 8100 ROOSEVELT BLVD STE 103 PHILADELPHIA PA 19152-2911 215-331-3700	IM	GHOSH, MD, SURESH C 1335 W TABOR RD APT 301 PHILADELPHIA PA 19141-3041 215-424-2414	CDS	GISLASON, MD, G JOHN ABINGTON HOSP ABINGTON PA 19001	A	GOLDBERG, MD, ANDREW N 5 RAYDIN PHILADELPHIA PA 19104-4228 215-349-8490	OTO
GALPERIN, MD, ZHANNA V 1822 BENTON ST PHILADELPHIA PA 19152-1007 215-745-8838	* IM	GELLER, MD, JOSEPH 7TH ST AND CHELTEN AVE PHILADELPHIA PA 19126	* GS	GHOBI, MD, KENNETH V 2317 SOUTH 23RD STREET PHILADELPHIA PA 19145-3329 215-336-3553	PD	GIST-WATSON, MD, PATRICIA L 1999 W HUNTING PARK AVE PHILADELPHIA PA 19140 215-228-9300	U	GOLDBERG, MD, BARRY B 1904 LANTERN LN ORELAND PA 19075-2510 215-955-8535	DR
GALUS, MD, MARIA A 1100 SPRUCE ST APT 4D PHILADELPHIA PA 19107-6008 215-829-3000	IM	GELFAND, MD, JONATHAN L 8100 ROOSEVELT BLVD STE 103 PHILADELPHIA PA 19152-2911 215-331-3700	ST	GIANNINI, LAUREN E 5500 WISSAHICKON AVE APT 510-B PHILADELPHIA PA 19144	ST	GITTELMAN, MD, MICHAEL A 3422 OSMOND ST PHILADELPHIA PA 19129-1431 215-427-5000	PD	GOLDBERG, MD, HARRY ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141 215-456-7265	CD
GAMBETTA, MD, ESMERALDA 834 HILLDALE RD GLENSIDE PA 19038-3810 215-878-7444	* GP	GELMAN, MD, BRUCE P 617 ASHMEAD RD CHELTENHAM PA 19012-1505 215-745-7400	R	GIBSON, MD, BARBARA B 208 N RIDING DR MOORESTOWN NJ 08057-1314 609-835-3065	IM	GIUDICE, MD, VIRGINIO J CLEARVIEW MANOR ALLENSTOWN PA 18103	PD	GOLDBERG, MD, JACQUELINE M 844 N 29TH ST APT G PHILADELPHIA PA 19130-1142 215-977-8693	OBG
GAMBHIR, ANSHUL V 4032 SPRUCE ST APT 4 PHILADELPHIA PA 19104-4025	ST	GELMAN, MD, KENNETH J 3123 PLYMOUTH ROCK RD NORRISTOWN PA 19401-2213	PUO	GILBERT, MD, ROBERT P 304 KEITHWOOD RD WYNNWOOD PA 19096-1224	ST	GIUNTOLI, MD, ROBERT L 2 INDEPENDENCE PLACE PHILADELPHIA PA 19106-3749 215-627-8500	ST	GOLDBERG, MD, LEE R 4000 PRESIDENTIAL BLVD PHILADELPHIA PA 19131-1713 215-977-8693	IM
GANGESTAD, ANGELINA K 2215 GREEN ST APT C1 PHILADELPHIA PA 19130	ST	GELMAN, MD, RICARDO 14 AMHERST AVE SWARTHMORE PA 19081-1612 610-431-5150	OS	GILBERT, DO, MAX 6409 VIA ROSA BOCA RATON FL 33433-6471	ATP	GIURGIU, MD, DAN I N 1600 HAGYS FORD RD 87 NARBERTH PA 19072 215-842-6000	ND	GOLDBERG, MD, LARRY H 2441 OLIVE ST PHILADELPHIA PA 19130-2523 215-977-8693	IM
GARBAK, MD, FRANK 2601 HOLME AVE PHILADELPHIA PA 19152-2007 215-335-6215	AN	GELOVICH, STEPHEN P 4511 ASHBURNER ST PHILADELPHIA PA 19136-2808	GE	GIL, VICTOR H 7901 HENRY AVE #A403 PHILADELPHIA PA 19128	ST	GIVEN, MD, KENNETH M BRISTOL-MYERS SQUIBB CO PRINCETON NJ 08543-4000	GS	GOLDBERG, MD, TODD H 215 HOLMECREST RD JENKINTOWN PA 19046-3817 215-456-2969	* OPH
GARBNERA, MATTHEW J 1019 EDGE HILL RD ABINGTON PA 19001-4411	ST	GELVICH, STEPHEN P 4511 ASHBURNER ST PHILADELPHIA PA 19136-2808	PD	GILBERT, DO, MAX 6409 VIA ROSA BOCA RATON FL 33433-6471	PM	GIVEN, MD, KENNETH M BRISTOL-MYERS SQUIBB CO PRINCETON NJ 08543-4000	IM	GOLDBERG, MD, SHELDON JEFFERSON MEDICAL COLLEGE PHILADELPHIA PA 19107-5001 215-955-8677	IM
GARCIA, MD, CELSO R 109 MERION RD MERION STATION PA 19066-1734 215-662-2974	OBG	GELVICH, STEPHEN P 4511 ASHBURNER ST PHILADELPHIA PA 19136-2808	IM	GILBERT, MD, ROBERT P 304 KEITHWOOD RD WYNNWOOD PA 19096-1224	IM	GIVEN, MD, KENNETH M BRISTOL-MYERS SQUIBB CO PRINCETON NJ 08543-4000	ST	GOLDBERG, MD, TODD H 215 HOLMECREST RD JENKINTOWN PA 19046-3817 215-456-2969	IM
GARCIA, MD, LAUREANO P 328 W GODFREY AVE PHILADELPHIA PA 19120-1410 215-549-1100	IM	GELVICH, STEPHEN P 4511 ASHBURNER ST PHILADELPHIA PA 19136-2808	PD	GILBERT, MD, STEVEN L 908 AUGUSTA CIR MT LAUREL NJ 08054-2756	DR	GIVEN, MD, KENNETH M BRISTOL-MYERS SQUIBB CO PRINCETON NJ 08543-4000	ST	GOLDBERG, MD, TODD H 215 HOLMECREST RD JENKINTOWN PA 19046-3817 215-456-2969	IM
GARCIA, MD, VICENTE R ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141-3098 215-456-7890	PD	GELVICH, STEPHEN P 4511 ASHBURNER ST PHILADELPHIA PA 19136-2808	ST	GILBERT, MD, STEVEN L 908 AUGUSTA CIR MT LAUREL NJ 08054-2756	DR	GIVEN, MD, KENNETH M BRISTOL-MYERS SQUIBB CO PRINCETON NJ 08543-4000	IM	GOLDBERG, MD, TODD H 215 HOLMECREST RD JENKINTOWN PA 19046-3817 215-456-2969	IM
GARCIA MANERO, MD, GUILLERMO 130 SPRUCE ST APT 37-A PHILADELPHIA PA 19106 215-955-6000	IM	GELVICH, STEPHEN P 4511 ASHBURNER ST PHILADELPHIA PA 19136-2808	* PS	GILBERT, MD, STEVEN L 908 AUGUSTA CIR MT LAUREL NJ 08054-2756	DR	GIVEN, MD, KENNETH M BRISTOL-MYERS SQUIBB CO PRINCETON NJ 08543-4000	ST	GOLDBERG, MD, TODD H 215 HOLMECREST RD JENKINTOWN PA 19046-3817 215-456-2969	IM

PHILADELPHIA

GOLDBURGH, MD, WARREN P RR 1 BOX 118-B LYME NH 03768	CD	GONZALEZ, MD, CARLOS F 22 MERION RD MERION STATION PA 19066-1814 215-955-5447	R	GOULEY, MD, BENJAMIN A LOGAN SQUARE EAST APT 805 PHILADELPHIA PA 19103-1221 215-563-1400	CD	GREENACRE, MD, JUDITH K 1201 GRENEX RD WYNNWOOD PA 19096-2218 215-829-3521	IM	GUESON, MD, EMERITA T 6305 FORGE TURN BENSALEM PA 19020 215-322-6992	OBG
GOLDEN, MD, GERALD S NATL BOARD OF MED EXAMINERS PHILADELPHIA PA 19104 215-590-9500	CHN	GONZALEZ-MASO, MD, GUILLERMO E 461 W ROOSEVELT BLVD PHILADELPHIA PA 19120-4147 215-457-2023	FP	GOVINDARAO, DINESH 1801 JFK BLVD APT 1517 PHILADELPHIA PA 19103 215-562-2800	ST	GREENBARG, MD, JEFFREY B 1591 BROOKFIELD RD NEWTOWN PA 18940-9414 215-662-2800	P	GULISH, HEATHER A RR 7 BOX 205 PARIS TN 38242-8910	ST
GOLDEN, GIL A 3664 HAYWOOD ST PHILADELPHIA PA 19129-1531	ST	GOOD, MD, GARTH M 4234 BENNINGTON ST PHILADELPHIA PA 19124-4815	ST	GOWDEY, MD, M AGNES 256 CLIFTON AVE APT M2 MOUNT HOLLY NJ 08060-1361	FP	GREENBAUM, MD, CHARLES H 1420 LEWIS RD RYDAL PA 19046-1412	D	GULLOTTI, MD, MICHAEL J 1027 INDIAN CREEK RD WYNNWOOD PA 19096-3408	CD
GOLDEN, MD, MICHAEL A 3400 SPRUCE ST PHILADELPHIA PA 19104-4219 215-662-7831	VS	GOODE JR, MD, JOHN G 421 GARRISON WAY GULPH MILLS PA 19428-2515 215-893-2185	AN	GOWEN, MD, GEORGE F 700 SPRUCE ST STE 101 PHILADELPHIA PA 19106-4015 215-829-5000	GS	GREENBERG, MD, JACK O NORTHEASTERN MAGNETIC IMAG PHILADELPHIA PA 19124-2314	N	GUMMEINER, MD, STEVEN C 102 BLACK CHERRY CIR ELKINS PARK PA 19027-1334 215-951-8000	AN
GOLDEN, THADDEUS W 313 S 10TH ST PHILADELPHIA PA 19107-6107	ST	GOODMAN, JAY D 1 MARY WATERSFORD RD BALA CYNWYD PA 19004-2018	ST	GOWING, MD, JEAN 600 E CATHEDRAL RD PHILADELPHIA PA 19128-1933	US	GREENBERG, JEFFREY 2991 W SCHOOL HOUSE LN PHILADELPHIA PA 19144-5357	ST	GUMMIT, MD, ROBERT Y 1407 STARLING LN CHERRY HILL NJ 08003-2718	AN
GOLDENBERG, MARAT 424-A PARLIN ST PHILADELPHIA PA 19116	ST	GOODMAN, MD, MATTHEW A 1001 CREEK DR AMBLER PA 19002	ST	GOYAL, MD, AJAY K 101 CONSHOCKEN STATE RD #A3 BALA CYNWYD PA 19004-2341 215-662-9137	DR	GREENBERG, LINDA W 1500 LOCUST ST #2013 PHILADELPHIA PA 19102-4316	ST	GUPTA, AKASH B 1 FRANKLIN TOWN BLVD APT 719 PHILADELPHIA PA 19103-1244	ST
GOLDFARB, MD, STANLEY 2129 CHESTNUT ST PHILADELPHIA PA 19103 215-448-1576	IM	GOODMAN, SALLY L 3664 HAYWOOD ST PHILADELPHIA PA 19129	ST	GOYAL, MD, MAHEEP K 114 HONEYLOCUST CT COLLEGEVILLE PA 19426-2949 610-327-7584	DR	GREENBERG, MD, RICHARD M 101 PEPPER PAVILION PHILADELPHIA PA 19146 215-893-2495	HEM	GUPTA, MD, ATUL ORLOWITZ BLDG PHILADELPHIA PA 19107-5520	GS
GOLDING, MD, DANIEL M 14 MALLARD MILL RUN WALLINGFORD PA 19086-6670 215-955-6226	DR	GOODNER, MD, DAVID M 111 S 11TH ST PHILADELPHIA PA 19107-4824 215-955-8707	OBG	GRABAR, MD, JOYCE M 1269 WRIGHT DR HUNTINGDON VLY PA 19006-2723 215-357-5400	ST	GREENBERG, MD, STEVEN M 1114 CHARLESTON GREENE MALVERN PA 19355 610-983-1123	CD	GUPTA, MD, CHITRA L 400 EGYPT RD NORRISTOWN PA 19403-3400 610-631-4247	* PTH
GOLDMAN, MD, H WARREN 313 LINDY LN BALA CYNWYD PA 19004-1329 215-842-6558	NS	GOOLSARRAN, VANESSA J STILES HALL APT 506A PHILADELPHIA PA 19102	ST	GRACE, MD, HELEN K 23 PARKWAY BLVD MT HOLLY SPRINGS PA 17065	OPH	GREENE, GLENN J 72 JACOBS CREEK RD WEST TRENTON NJ 08628-1704	ST	GUPTA, MD, DIPILKUMAR C 9181 ACADEMY RD APT A211 PHILADELPHIA PA 19114 215-762-7179	PTH
GOLDMAN, MD, MICHAEL S 1600 GERSON DR NARBERTH PA 19072-1232	US	GOONWARDENE, MD, SHANTH A 162 LAWNSIDE AVE COLLINGSWOOD NJ 08108	ST	GRACEY, VICKIE L 2911 WOODPIPE LN APT C PHILADELPHIA PA 19129	ST	GREENE, RONALD B 255 S 17TH ST FL 2205 PHILADELPHIA PA 19103-6222	* ORS	GUPTA, MD, DIPIN 950 WALNUT ST APT 803 PHILADELPHIA PA 19107	ST
GOLDMAN, MD, SCOTT M 2220 LANKENAU MED SCIENCE BLD WYNNWOOD PA 19096 610-896-9255	TS	GORDIN, MD, STEPHEN J 1818 MARKET ST PHILADELPHIA PA 19103 215-823-8600	DR	GRAD, MD, L CHRISTINE 419 GLEN ARBOR KING OF PRSSA PA 19406 610-354-9762	ST	GREENFIELD, MD, VAL S 4500 ARTHUR KILL RD STATEN ISLAND NY 10309-1318 718-984-7559	OPH	GUPTA, MD, VED P 2137 WELSH RD STE 2E PHILADELPHIA PA 19115-4775 215-464-8008	RHU
GOLDMAN, MD, STEPHEN M 1655 OAKWOOD DR APT N119 NARBERTH PA 19072-1017 215-829-5311	OPH	GORDON, MD, NANCY D 3120 SCHOOL HOUSE LN APT J85 PHILADELPHIA PA 19144	U	GRAHAM, JOHN M 8201 HENRY AVE APT C20 PHILADELPHIA PA 19128	IM	GREENSPAN, MD, ALLAN M 5501 OLD YORK RD PHILADELPHIA PA 19141-3001 215-456-8248	* CD	GURUTHY, RONALD P 5500 WISSAHICKON AVE APT 610A PHILADELPHIA PA 19144-5641	ST
GOLDSMITH, MD, JOYCE 205 HENFIELD AVE CHERRY HILL NJ 08003-1560 215-763-9564	GP	GORDON, MD, ROBERT H 6828 WAYNE AVE PHILADELPHIA PA 19119-3422 215-456-2900	IM	GRAHAM, MD, MARK G 2603 S BROAD ST PHILADELPHIA PA 19148 215-334-2087	ST	GREGG, PATRICK J 2809 W QUEEN LN APT 100 PHILADELPHIA PA 19129	ST	GURUSHANTHAIAH, DEEPAK 3024 W QUEEN LN #A3B PHILADELPHIA PA 19129	ST
GOLDSTEIN, MD, ARTHUR M 1726 S BROAD ST PHILADELPHIA PA 19145-2321 215-463-3400	OPH	GORDON, MD, SUSAN J JEFFERSON MED COLL PHILADELPHIA PA 19107 215-955-7546	GE	GRAHAM, JOHN M 8201 HENRY AVE APT C20 PHILADELPHIA PA 19128	* IM	GREIFER, JONATHAN R 217 E SEDGWICK ST PHILADELPHIA PA 19119-1807	ST	GUPTA, MD, VED P 2137 WELSH RD STE 2E PHILADELPHIA PA 19115-4775 215-464-8008	ST
GOLDSTEIN, MD, BERNARD 709 OXFORD RD BALA CYNWYD PA 19004-2111 215-456-6850	AN	GOREN, MD, ROBERT A 722 SUSSEX RD WYNNWOOD PA 19096-2414 215-271-2000	* DR	GRANICK, MD, MARK S 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-7600	IM	GRIEBEL, STEPHEN R RR 3 BOX 303 CLARION PA 16214-8915	ST	GUTKUNST, MD, PAUL E 7046 MCCALLUM ST PHILADELPHIA PA 19119-2920	* IM
GOLDSTEIN, MD, FRANZ 252 LANKENAU MED BLDG E WYNNWOOD PA 19096-3427 610-896-7360	GE	GOREN, MD, RONALD C 318 OLD GULPH RD WYNNWOOD PA 19096-1021	ID	GRANA, MD, VICENTE P 1720 AUTUMN LEAF LN HUNTINGDON VLY PA 19006-1515	TS	GRIFFIN, MD, THOMAS D 44 HILLCREST RD PHILADELPHIA PA 19118-2620 215-886-3074	* DMP	GUTTMANN, MD, JACQUELINE N 815 LOCUST ST PHILADELPHIA PA 19107-5507	REN
GOLDSTEIN, MD, JACOB ONE ABINGTON PLZ STE 401 JENKINTOWN PA 19046-2895 215-885-1173	CD	GOREN, MD, STANLEY E 198 W CHELTENHAM AVE PHILADELPHIA PA 19120-1041 215-927-1613	* PD	GRANICH, MD, MARK S 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-7600	PS	GRIFFITH, MD, CHARLES O PO BOX 46 JENKINTOWN PA 19046-0046	PTH	GUTTMANN, MD, DAN 8720 GERMANTOWN AVE PHILADELPHIA PA 19118-2717 215-456-6930	GS
GOLDSTEIN, MD, JEROME 10151 BUSTLETON AVE PHILADELPHIA PA 19116-3718 215-677-1155	D	GORMAN, MD, ROBERT C 132 MEDINAH DR BLUE BELL PA 19422-3212	GS	GRATZ, DO, DAVID M 604 S WASHINGTON SO PHILADELPHIA PA 19106-4115 215-955-6161	AN	GRIFFITH, MD, JOHN R 1015 CHESTNUT ST PHILADELPHIA PA 19152-3304 215-923-2091	CD	GUTTMANN, MD, GAD G 7201 RISING SUN AVE PHILADELPHIA PA 19111-3926 215-742-6303	ORS
GOLDSTEIN, MD, LARRY E 2501 S BROAD ST PHILADELPHIA PA 19148-4309 215-465-2475	U	GORMLEY, MD, TIMOTHY S 1709 LAWRENCE AVE KAILUA HI 96734	IM	GRATZ, DO, IRWIN 411 S WOODBINE AVE NARBERTH PA 19072-2020	AN	GRISKA, MD, JOEL A 3901 MARKET ST BOX 1955 PHILADELPHIA PA 19104	* IM	GUTTMANN, MD, MARLANE C 1340 PEPPER RD RYDAL PA 19046-2946 215-728-2164	DR
GOLDSTEIN, MD, MARC F 14 WALDEN WAY CHERRY HILL NJ 08003-2568 215-569-1111	AI	GORTI, MD, SUBBARAO 3224 CARROLL CT BENSALEM PA 19020-1816 215-535-7722	FP	GRAVES JR, MD, BEVERLY 1822 W GIRARD AVE PHILADELPHIA PA 19130-1516 215-232-3957	IM	GROGAN, MD, WENDELL A SLEEP DISORDERS CENTER UPLAND PA 19013 610-447-2688	N	GWIRTZMAN, WENDY G 201 S 18TH ST APT 517 PHILADELPHIA PA 19103-5904	ST
GOLDSTEIN, MICHAEL J 1321 LOMBARD ST PHILADELPHIA PA 19147-1003	ST	GOSFIELD JR, MD, EDWARD 2113 SPRUCE ST PHILADELPHIA PA 19103-4811 215-564-2025	CD	GRAY, MD, CHARLES R ORLOWITZ BLDG PHILADELPHIA PA 19107-5520	CD	GROSS, MD, BENJAMIN A 220 S 8TH ST 1ST FL PHILADELPHIA PA 19107-5505	D	HAAS, MD, KENT S 2137 WELSH RD STE 1C PHILADELPHIA PA 19115-4963 215-735-3923	VS
GOLDSTEIN, MD, ROBERT C 1331 E WYOMING AVE STE B 19 PHILADELPHIA PA 19124-3808 215-289-1999	GE	GOSNELL, MARK S 3332 TILDEN ST PHILADELPHIA PA 19444-1209	ST	GRAY, MD, FRIEDA G 5 POND LANE BRYN MAWR PA 19010-1771	ST	GROSS, GRETTE A 465 ZIONS VIEW RD MANCHESTER PA 17345-9691	ST	HAASE, MD, GUNTER R PENNSYLVANIA HOSP-NEUR PHILADELPHIA PA 19107 215-829-5163	N
GOLDSTEIN, MD, SCOTT D 1015 CHESTNUT ST STE 601 PHILADELPHIA PA 19107-4306 215-923-0766	CRS	GOSSETT, JEFFREY G 406 H S CROSKY ST PHILADELPHIA PA 19146	ST	GRAY JR, MD, FRANK D 5 POND LN BRYN MAWR PA 19010-1771	IM	GROSS, GRETTE A 465 ZIONS VIEW RD MANCHESTER PA 17345-9691	ST	HAAS, MD, WILLIAM S 1650 HUNTINGDON PIKE MEADOWBROOK PA 19046-8094 215-947-9218	* CD
GOLDSTEIN, DO, STEVEN H 714 SOCIETY HILL CHERRY HILL NJ 08003 215-329-0633	* CD	GOTTHEIL, MD, EDWARD 1201 CHESTNUT ST FL 15 PHILADELPHIA PA 19107-4124 215-955-6105	P	GRAYSON, KEVIN D 3332 TILDEN ST PHILADELPHIA PA 19129-1412	ST	GROSSMAN, MD, GILBERT 8241 FAIRVIEW RD ELKINS PARK PA 19117-2139 215-885-1173	CD	HABER, MD, HOWARD L 301 S 8TH ST STE 4B PHILADELPHIA PA 19106 215-829-7900	CD
GOLDWEIN, MD, MANFRED I 3400 SPRUCE ST PHILADELPHIA PA 19104-4228 215-386-1549	HEM	GOTTILIEB, MD, HARRY CLINICAL PROFESSOR MEDICINE PHILADELPHIA PA 19129-1121 610-667-7525	* DIA	GRAZIANI, MD, VIRGINIA 111 S 11TH ST STE 9604 PHILADELPHIA PA 19107-4824 215-955-6572	PM	GROSSMAN, MD, PAUL J 2121 VALLEY RD HUNTINGDON VLY PA 19006-6003	GS	HABER, MD, MICHELE A 1710 OAKWOOD NARBERTH PA 19006 215-898-1547	GER
GOMBERG, MD, JACK A 748 BETHLEHEM PIKE PO BOX 246 SPRING HOUSE PA 19477-1013 215-628-8585	P	GOTTLIEB, MD, PHILIP M 1242 OLIVER DR APT 803 HUNTINGDON VLY PA 19006-8420 215-947-1501	A	GRECO, DAVID T 16 W RIDGE RD NEW FAIRFIELD CT 06812	ST	GROSSMAN, MD, JOSEPH G 111 S 11TH ST STE 8210 PHILADELPHIA PA 19107-4824 215-955-8707	OBG	HABER, MD, SHERYL A 317 N BROAD ST APT 504 PHILADELPHIA PA 19107-1016	IM
GOMEZ, JOHN-PAUL 351 HIDDEN RIVER RD NARBERTH PA 19072-1110	ST	GOTTILIEB, MD, RONALD S 1 GRADUATE HOSP PHILADELPHIA PA 19146 215-893-2495	CD	GRECO, MD, TIMOTHY M 5417 HUNT CLIFF RD BIRMINGHAM AL 35242	OTO	GRUCHACZ, MD, MARK J 3315 TILDEN ST PHILADELPHIA PA 19129 215-707-4545	IM	HACHEN, MD, RACHEL K 2709 OAKFORD RD ARDMORE PA 19003-1912	PD
GONICK, MD, PAUL 227 N BROAD ST PHILADELPHIA PA 19107-1511 215-563-1199	U	GOTTILIEB, MD, STANLEY 10 WITHERS LN BLUE BELL PA 19422-2468 215-233-7324	PA	GRECO, MD, TOBY A 2506 S 20TH ST PHILADELPHIA PA 19145-4205 215-463-6622	OBG	GRUENBERG, MD, ALAN M 111 N 49TH ST PHILADELPHIA PA 19139-2797 215-471-2584	P	HADLEY, DO, PAMELA L 2350 W CHELTENHAM AVENUE PHILADELPHIA PA 19150	IM
GONNELLA, MD, JOSEPH S 1025 WALNUT STREET PHILADELPHIA PA 19107-5083 215-955-6980	IM	GOULD, MD, RICHARD B 8210 CRITTENDEN ST PHILADELPHIA PA 19118-2912 215-242-3262	P	GREEN, DO, ALFRED I 1001 CITY AVE WYNNWOOD PA 19096-3902	PD	GRUNEWALD, MD, KARL E HAHNEMANN UNIVERSITY HOSP PHILADELPHIA PA 19102 215-762-7802	CDS	HAEBERLE, MD, WILLIAM A 3057 WINCHESTER AVE PHILADELPHIA PA 19136-1805 215-831-2062	ON
GONZALES, MD, JERRY M 3400 SPRUCE ST PHILADELPHIA PA 19104-4219 215-662-3784	AN	GOULDY, CHRISTINE A 2900 STATE HILL RD APT I5 WYOMISSING PA 19610-1440	ST	GREEN, MD, WILLIAM 7326 REVERE STAVE PHILADELPHIA PA 19152 215-338-5836	IM	GUBERNICK, MD, JULIE A 1612 HEARD DR MAPLE GLEN PA 19002-3161 215-456-6200	DR	HAEGELE, MD, LINDA A 1505 MONK RD GLADWYNE PA 19035-1316 215-831-8611	US

HAHM, MD, JEE HO 60 TOWNSHIP LINE RD ELKINS PARK PA 19117-2249 215-663-6086	R	HARBISON, MD, SEAN P 226 U RITTENHOUSE SO #1911 PHILADELPHIA PA 19103 215-893-2588	GS	HAYES, MD, BRIAN L 2151 SAINT ALBERTS CIR HUNTINGDON VALLEY PA 19006-6538	IM	HERR, JILL M 316 SALAIGNAC ST APT 3 PHILADELPHIA PA 19128-5122	ST	HOFFMAN, MD, J DAVID 2050 LOCUST ST PHILADELPHIA PA 19103-5614 215-563-7500	ORS
HAHN, CHRISTINE 1081 DREW DR YARDLEY PA 19067	ST	HARDENBROOK, MITCHELL A PARK TOWNE PL E APT # E1802 PHILADELPHIA PA 19130-3692	ST	HEASLETT, MD, ANN M 2047 WALLACE ST APT 1 PHILADELPHIA PA 18130-3221 215-662-2800	P	HERRERO, MD, CARMELO 3107 HARBOUR DR PALMYRA NJ 08065 215-762-7000	IM	HOFFMEIER, MD, CHARLES L 2441 HUNTINGDON RD HUNTINGDON VLY PA 19006-4311	OBG
HAILES, DARBY-A 746 HUNTSWOOD CT SAN JOSE CA 95120	ST	HARGROVE III, MD, WALTER C PHILADELPHIA HEART INSTITUTE PHILADELPHIA PA 19104 215-662-9598	* TS	HEATH, MD, KIMBERLY A 1742 GREEN ST APT K PHILADELPHIA PA 19130-3912	IM	HERRERO, MD, REBECCA L 3107 HARBOUR DR PALMYRA NJ 08065 215-842-7183	OBG	HOFMANN, MD, MARY T 567 MANOR RD WYNNWOOD PA 19096-1024 215-878-6150	GER
HAILS, MD, KEVIN C ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141-3098 215-456-7240	P	HARIADI, JOHN W 5500 WISSAHICKON AVE APT 811A PHILADELPHIA PA 18144-5653	ST	HECHT, MD, PAUL J 838 WALNUT ST PHILADELPHIA PA 19107-5109 215-955-6688	ORS	HERRING, MD, ALLEN B 8017 CASTOR AVE PHILADELPHIA PA 19152-2701 215-722-2253	IM	HOLAK, FRANCINE C 216 S 11TH PHILADELPHIA PA 19107-5501	ST
HAIMOWITZ, MD, SAMUEL I 1 GARDENIA RD LEVITTOWN PA 19057-3411 215-943-2222	IM	HARKINS, MD, HERBERT P 100 E LANCASTER PIKE S WYNNWOOD PA 19096-3411 215-477-1114	OTO	HECKER, MD, WILLIAM P 263 HIGH RD APT C BENSALEM PA 19020-7731 215-762-7000	GS	HERRING, MD, GIOLA M 5555 WISSAHICKON AVE APT 703 PHILADELPHIA PA 19144-4540	IM	HOLDING, MD, MICHELE Y 8701 BUSTLETON AVE PHILADELPHIA PA 19115-3201 215-677-3000	PM
HAJI-AGHAI, MD, MASSOUD 5500 WISSAHICKON AVE APT 206B PHILADELPHIA PA 19144-5644	GS	HARMADY, DEBBIE 1802 CALLOWHILL ST PHILADELPHIA PA 19130-4110	ST	HEDGEPEETH, CHESTER M 2300 WALNUT ST APT 727 PHILADELPHIA PA 19103-5547	ST	HERRING, MD, WILLIAM 2150 WHARTON RD GLENESIDE PA 19038-5326	R	HOLFELNER, MD, EDWARD D 114 THE MEWS HADDONFIELD NJ 08033-1346	U
HAKKI, MORGAN B 8201 HENRY AVE APT B-28 PHILADELPHIA PA 19128	ST	HARMATZ, MD, ALEXANDER J 2 BALA PLAZA STE IL-22-24 BALA CYNWYD PA 19004-1501 610-664-9700	IM	HEFFELFINGER, SEAN M 408 E 2ND ST NORTHAMPTON PA 18067-1916	ST	HERSH, CRAIG P 2101 CHESTNUT ST # 608 PHILADELPHIA PA 19103	ST	HOLLANDER, MD, ALEXIS C 249 GLENMORE RD GLADWYNE PA 19035-1501	RH
HALL, MD, DANIEL A 8202 STENTON AVE PHILADELPHIA PA 19118-2943 215-653-8012	* PH	HARNED, MD, E MICHAEL 137 W GODFREY AVE PHILADELPHIA PA 19120-1517 215-291-3645	DR	HEFFLER, MD, KAREN F 225 ARDLEIGH RD NARBERTH PA 19072-1301 215-762-8044	OPH	HERSHOCK, MD, DIANE M 2245 EDGE HILL RD HUNTINGDON VALLEY PA 19006-5616 302-421-4304	IM	HOLLANDER, MD, GEORGE 1061 SUSQUEHANNA RD RYDAL PA 19046-1822 215-338-4100	CD
HALL, MD, JOHN H 604 GENERAL SCOTT RD WAYNE PA 19087-1310	GS	HARP, MD, JAMES R 314 BRYN MAWR AVE BALA CYNWYD PA 19004-2822 215-221-8496	P	HEIL, KURT M 1106 SPRUCE ST PHILADELPHIA PA 19101	ST	HESS, MD, STEVEN G 1437 HUNTINGDON RD ABINGTON PA 19001-2103 215-537-5288	* CD	HOLLANDER, MD, JOSEPH L 3400 SPRUCE ST PHILADELPHIA PA 19104-4219 215-662-2454	RHU
HALL, MD, ROBERT H 3940 STEVENSON ST PHILADELPHIA PA 19114-2016 215-955-6060	P	HARPER, DEIRDRE W 2814 MIDVALE AVE APT A PHILADELPHIA PA 19129-1024	ST	HEINE, MD, WILLIAM I ELKINS PARK HOUSE ELKINS PARK PA 19117-2334 215-635-2407	CD	HEVEY, MATTHEW P 340 MEDIA STATION RD APT C227 MEDIA PA 19063-4740	ST	HOLMAN, DAWN M 3120 W SCHOOLHOUSE LN PHILADELPHIA PA 19144-5436	ST
HALLETT, MD, JOSEPH W 191 PRESIDENTIAL BLVD APT 200 PHILADELPHIA PA 19004	OPH	HARRINGTON JR, MD, ROBERT W 7925 RIDGE AVE #28 PHILADELPHIA PA 19128-3012 302-447-3300	FP	HEISER, MD, MARK S DEPT ANES AND CRITICAL CARE PHILADELPHIA PA 19104-4385 215-596-1877	AN	HEWLETT, MD, GUY S 106 S PELHAM RD VOORHEES NJ 08043-1161 215-456-7700	* OBG	HOLMES, ANDREW S 1007 ADDISON ST PHILADELPHIA PA 19147-1212	ST
HALPERN, MD, BARRY R 1210 GAINSBORO RD BALA CYNWYD PA 19004-2015 215-334-4420	U	HARRIS, MD, DAVID T 100 LANCASTER AVE WYNNWOOD PA 19096 610-645-2494	ON	HEITMAN, MD, DEBRA W 602 S WASHINGTON SO APT 602 PHILADELPHIA PA 19106-4121	EM	HIDAJI, MD, FARAMARZ F 266 S 4TH APT B PHILADELPHIA PA 19106-3721	OPH	HOLUMZER, CLINTON C 5515 WISSAHICKON AVE PHILADELPHIA PA 19144	ST
HAMANN, MD, JOSE G PENNDOL MEN HLTH CTR PENNDOL PA 19047-5707 215-752-1541	* P	HARRIS, DOUGLAS C 1106 SPRUCE ST PHILADELPHIA PA 19107 649 S HENDERSON RD APT C308 KING OF PRUSSIA PA 19406-3583	ST	HELLER, MD, MELVIN S 2 SCHILLER AVE NARBERTH PA 19072-1534 610-667-3060	P	HIGGINS, MD, YING L 1118 BRIGHTON ST PHILADELPHIA PA 19111-4252 215-427-7178	PD	HOM, MATTHEW H 3120 SCHOOLHOUSE LN #MC11 PHILADELPHIA PA 19144	ST
HAMILTON, MD, RALPH W 3400 SPRUCE ST PHILADELPHIA PA 19104-4219 215-662-2046	* PS	HARRIS, MD, ESTHER R 649 S HENDERSON RD APT C308 KING OF PRUSSIA PA 19406-3583	PD	HELVIG JR, MD, JOHN GERMANTOWN HOSP PHILADELPHIA PA 19144-1498 215-438-4944	CD	HILBIG, CLARKE A 612-A COUNTRY LN MORTON PA 19070	ST	HOMEIER, BARBARA P 2922 RISING SUN RD ARDMORE PA 19003-1823	ST
HAMILTON, MD, WILLIAM C 7500 CENTRAL AVE STE 108 PHILADELPHIA PA 19111-2432 215-745-4050	ORS	HARRIS, MD, JAMES S 1000 W CLIVEDEN ST PHILADELPHIA PA 19119-3701 215-483-9900	GS	HEMACHANDRAN, ANUSHA H 3601 CONSHOHOCKEN AVE #501 PHILADELPHIA PA 19131-5371	ST	HILL, MD, CYNTHIA A 1233 LOCUST ST STE 400 PHILADELPHIA PA 19107-5414 215-454-8188	* PD	HONEBRINK, MD, ANN L 111 S 11TH ST STE G4150 PHILADELPHIA PA 19107 215-627-3670	OBG
HAMILTON, MD, WILLIAM L 5501 GREENE ST PHILADELPHIA PA 19144-2805 215-848-7600	D	HARRIS, JEFFREY H 317 N BROAD ST #406 PHILADELPHIA PA 19107	ST	HENDLER, MD, BARRY H BERRIS PLAZA SUITE 304 PHILADELPHIA PA 19152-3302 215-333-0777	* OS	HILTY, CHERYL A 8201 HENRY AVE APT D-11 PHILADELPHIA PA 19128-2923	ST	HONG, MD, JANICE R 2020 WALNUT ST APT 20L PHILADELPHIA PA 19103-5641	GS
HAMPEL, MD, AVRAHAM 375 TOWNSHIP LINE RD ELKINS PARK PA 19027 215-663-1121	OTO	HARRIS, JOHN S 8201 HENRY AVE APT J-15 PHILADELPHIA PA 19128	ST	HENDREN, MD, WILLIAM G 1800 LOMBARD ST STE 1100 PHILADELPHIA PA 19146-1414 215-893-4442	CDS	HINNEBUSCH, BRIAN F 500 WEST AVE APT B-1 JENKINTOWN PA 19046	ST	HONG, MD, KEUMSOON 8815 GERMANTOWN AVE PHILADELPHIA PA 19118-2729 215-242-2867	* OBG
HAMPTON, MD, JANET A 592F ELIZABETH DR LANCASTER PA 17601-4406 717-291-5664	FP	HARRIS, JONATHAN S 238 S 11TH ST APT A PHILADELPHIA PA 19107	ST	HENRY, JEAN M 35 HIGHLAND RD APT 1312 BETHEL PARK PA 15102	ST	HIRSCH, MD, IRVIN H 1025 WALNUT ST RM 1112 PHILADELPHIA PA 19107-5001 215-928-6961	U	HONIGMAN, MD, FREDERIC H GERMANTOWN HOSP PHILADELPHIA PA 19144-1498 215-951-8824	PTH
HAMPTON, REGINA M 7950 HENRY AVE APT 28B PHILADELPHIA PA 19128	ST	HARRIS, MD, KENNETH H 1409 CANDLEBROOK DR DRESHER PA 19025-1021 215-291-3630	DR	HERBISON, MD, GERALD J THOMAS JEFFERSON UNIV PHILADELPHIA PA 19107 215-955-6567	PM	HIRSHMAN, MD, PHILIP G 900 BARNSWALLOW LN HUNTINGDON VALLEY PA 19006-2002	OBG	HOPP, JENNIFER L 1000 WALNUT ST APT 1008 PHILADELPHIA PA 19107	ST
HAMRANG, MD, GINA E 5500 WISSAHICKON AVE APT 9036 PHILADELPHIA PA 19144-5653	OBG	HARRIS, MD, MERLEEN 6231 CHESTNUT ST PHILADELPHIA PA 19139-2906 215-748-8303	IM	HERBST, MD, ALLISON B 5500 WISSAHICKON AVE APT 403A PHILADELPHIA PA 19144-5638	IM	HLAVAC, JULIEANNE M 950 WALNUT ST APT 506 PHILADELPHIA PA 19107	ST	HORAN, MD, GERALD W 1029 FOSS AVE DREXEL HILL PA 19026-1901	OPH
HAN, MD, AARON C 341 RIVERVIEW RD KING OF PRUSSIA PA 19406-2020 610-378-6088	PTH	HARTZ, MD, WILLIAM H 511 WALDRON PARK DR HAVERFORD PA 19041-1929 215-728-2164	DR	HERBST, MD, BERNADETTE A 1630 E HIGH ST POTTSTOWN PA 19464-3244	N	HLAVAC, MARK A 175 PARKER AVE APT 1 PHILADELPHIA PA 19128-4443	ST	HOROWITZ, MD, CAROLYN J 18 OLD MILL RUN MEDFORD NJ 08055-8303 609-988-1400	R
HANAU, MD, CHERYL A 1 FRANKLINTOWN BLVD APT 517 PHILADELPHIA PA 18103 215-955-6351	PTH	HARVEY, MD, EDITH E 723 NORRISTOWN RD LOWER GWYNEDD PA 19002	OPH	HERMAN, MD, CARL D 1200 W TABOR RD PHILADELPHIA PA 19141-3019 215-456-9483	P	HO, MD, LISA Y 1383 STRATHMANN DR SOUTHAMPTON PA 18966-4368	EM	HOROWITZ, DO, GARY R A EINSTEIN MED CTR N DIV PHILADELPHIA PA 19141 215-456-7190	N
HANAWAY, MD, ANDREA S 1369 KAREN LN WAYNE PA 19087-2706 215-831-7281	* EM	HARWICK, MD, ROBERT D TEMPLE UNIVERSITY HOSP PHILADELPHIA PA 19140-5189 215-221-3383	HNS	HERMAN, MD, HAROLD 803 PRESTON RD PHILADELPHIA PA 19118-1328 215-537-4110	OM	HO, MD, VICTOR S 328 S 12TH ST APT 201 PHILADELPHIA PA 19107 215-955-6844	ST	HOROWITZ, MD, GLENN D 9892 BUSTLETON AVE STE 206 PHILADELPHIA PA 19115-2184 215-762-8680	GS
HANES, MD, MARYANN 512 WYNN AVE HAVERTOWN PA 19083-5615	EM	HASAN, MD, MOSAAB A 2423 ASHWOOD AVE PHILADELPHIA PA 19154-1655	US	HERMAN, MD, JERRY H 7318 CASTOR AVE 2ND FLR PHILADELPHIA PA 18152 215-722-8880	OBG	HOBBIB, GEORGE C 302 DRUMMERS LN WAYNE PA 19087-1544	ST	HORSTMAN, MD, ROSEMARY 6029 LAWNDALE ST PHILADELPHIA PA 19111-5723 215-762-8680	EM
HANJANI, MD, PARVIZ ABINGTON MEMORIAL HOSP ABINGTON PA 19001 215-885-0220	ON	HASSEY, MD, JOSEPH A 12 ANN ST WEST PITTSFORD PA 18643-1702 215-829-3000	IM	HERMAN, MD, LEONARD Y 7400 ROOSEVELT BLVD APT R-201 PHILADELPHIA PA 19152-4318 215-331-8365	EM	HOCHBERG, MD, ROBERT D 1119 N WOODBINE AVE NARBERTH PA 19072-1244 609-342-2380	R	HORT, KURTIS R 640 HORIZON AVE NORTHUMBERLAND PA 17857-9671	ST
HANKINS, MD, ALTHEA 3001 WALNUT ST PHILADELPHIA PA 19104-3414 215-842-1075	IM	HASSLACHER, MD, ELISABETH A 117 CLWYD RD BALA CYNWYD PA 19004-2302 215-471-2079	P	HODGES, MD, JOHN H 436 SABINE AVE WYNNWOOD PA 19096-1402	IM	HOE, MD, PHILIP J 7102 N CORRIDA DE VENADO TUCSON AZ 85718-1148	ST	HORVITZ, NANCY J 3900 CITY LINE AVE APT D1122 PHILADELPHIA PA 19131-5909	ST
HANKS, MD, GERALD E FOX CHASE CANCER CTR PHILADELPHIA PA 19111-2430 215-728-2940	TR	HAUPT, MD, GEORGE J 708 OLD LANCASTER RD BRYN MAWR PA 19010-3109	TS	HODGES, MD, JOHN H 436 SABINE AVE WYNNWOOD PA 19096-1402	CD	HOELLEIN, MD, DEBORAH E 7056 GERMANTOWN AVE PHILADELPHIA PA 19119-1826 215-247-2996	* PD	HOSCH, AMY J 2901 WOOD PIPE LN APT D PHILADELPHIA PA 19129-1041	ST
HANNA, NADINE B 2979 W SCHOOLHOUSE LN PHILADELPHIA PA 19144-5356	ST	HAUPT, MD, HELEN M PENNSYLVANIA HOSP PHILADELPHIA PA 19107 215-629-3544	PTH	HERMAN, JEFF W 1365 GATES CIR YARDLEY PA 19067-4421	ST	HOERNER, MD, RALPH W 608 ABINGTON AVE GLENESIDE PA 19038-5414 215-884-3901	A	HOSSAIN, MD, KASHFIA D 834 CHESTNUT ST APT 1405 PHILADELPHIA PA 19107-5145 215-955-6104	P
HANNANI, MD, AFSHIN K 8 BLACK PINE DR HAMILTON NJ 08610-1306 215-842-6988	NEP	HAUPTMAN, MD, WILLIAM A 1801 MARKET ST STE 200 PHILADELPHIA PA 19103 215-569-9500	* GE	HERNANDEZ, MD, ENRIQUE MCP 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-6937	GO	HOFF, KOLIN K 317 N BROAD ST APT 416 PHILADELPHIA PA 19107	ST	HOSSAIN, MD, ZAFAR 834 CHESTNUT ST # 1405 PHILADELPHIA PA 19107-5145 215-829-3307	IM
HANNO, MD, PHILIP M 15 BRIARCREST DR WALLINGFORD PA 19086-6710 215-221-4445	U	HAUT, MD, MICHAEL J 822 PINE ST STE 2A PHILADELPHIA PA 19107-6124 215-922-7200	* HEM	HEROLD, MD, SANFORD L GERMANTOWN HOSP PHILADELPHIA PA 18144-1498 215-844-3340	GE	HOFFMAN, MD, BRUCE I 164 SUMMIT LN BALA CYNWYD PA 19004-2931 215-842-6449	* IM	HOSTEN, MD, EDWARD B PO BOX 8683 PHILADELPHIA PA 19101-8683 215-844-2091	P
		HAWRYLUK, MD, OREST 321 LINDEN DR ELKINS PARK PA 19117-1342	GPM			HOFFMAN, DOUGLAS M 205 DAVID DR APT D-3 BRYN MAWR PA 19010	ST	HOWARD, CANDACE M TEMPLE UNIVERSITY HOSP PHILADELPHIA PA 19140-5189	ST

PHILADELPHIA

HOZACK, MD, WILLIAM J RECONSTRUCTIVE ORTHO ASSOCS PHILADELPHIA PA 19107-6130 215-829-3458	ORS	IANNAONE, MD, WILLIAM M 3 COOPER PLZ STE 411 CAMDEN NJ 08103-1438 609-342-3253	ORS	JACOBS, MD, JOSEPH A PEPPER PAVILION STE 601 PHILADELPHIA PA 19146 215-893-4190	U	JELEN, MD, JOSEPH A 2701 HOLME AVE STE 301 PHILADELPHIA PA 19152-2029 215-335-3315	ORS	JOSHI, MD, VIJAYA M CHILDRENS HOSP OF PHILA PHILADELPHIA PA 19104 215-590-1792	CD
HSIEH, MICHAEL H 1000 WALNUT ST #1409-A PHILADELPHIA PA 19107-5518	ST	IDDENEN, MD, DAVID A 1328 RITNER ST PHILADELPHIA PA 19148-3537 215-336-2896	OBG	JACOBS, MD, LEWIS M 1408 N 17TH ST PHILADELPHIA PA 19121-4207 215-232-9977	* FP	JENG, BENNIE H 2400 CHESTNUT ST APT 208 PHILADELPHIA PA 19103 JERDAN, DENNIS A 2705 PIONEER RD HATBORO PA 19040-2558	ST	JOSON, MD, RAYMOND M 1501 LANSLOWNE AVE STE 308 DARBY PA 19023-1333	NS
HSU, CONNIE W 2555 HUNTINGDON DR APT 160 SAN MARINO CA 91108	ST	IDICULLA, MD, ANNE A 12TH AND TABOR RDS PHILADELPHIA PA 19141 215-456-9513	IM	JACOBS, MICHAEL B 1321 LOMBARD ST PHILADELPHIA PA 19147-1003	ST	JESSAR, MD, RALPH A 21 DEAPER PLACE WYNCOTE PA 19095-1726 215-000-0000	ST	JUDGE, MD, SHEILA THE INST OF PA HOSP PHILADELPHIA PA 19139-2718 215-471-2590	P
HSU, EDWIN Y CHESTNUT HALL APT 426 PHILADELPHIA PA 19104-3109	ST	IIDA, ERIC S 457 W HANSBERRY ST 2ND FL PHILADELPHIA PA 19144-4026	ST	JACOBS, MD, STANLEY R GIBBON BLDG PHILADELPHIA PA 19107-4824 215-955-6580	PM	JEWELL, MD, MELANIE 638 WOODBINE ROAD WEST CHESTER PA 19382-8539 215-365-9322	RHU	JUDY, MD, KEVIN D HOSP OF THE UNIV OF PA PHILADELPHIA PA 19104-4228 215-662-7854	NS
HSU, MD, STEVE S 1317-19 WOLF ST PHILADELPHIA PA 19148 215-389-0700	CD	ILSON, MD, BERNARD E 51 N 39TH ST PHILADELPHIA PA 19104-2640 215-662-8548	NEP	JACOBSTEIN, MD, JEROME G GRADUATE HOSP PHILADELPHIA PA 19146-1497 215-893-2041	* NM	JHALA, MD, NIRAG C 7950 HENRY AVE APT 10-B PHILADELPHIA PA 19128-3006 215-842-7673	IM	JUNEJA, MD, DAMYANTI PO BOX 373 GLADWYNE PA 19035-0373	IM
HSU, MD, WEN-RAY T 2400 CHESTNUT ST APT 503 PHILADELPHIA PA 19103-4314 215-662-3513	P	IMBER, CHRISTOPHER D 7400 ROOSEVELT BLVD APT A214 PHILADELPHIA PA 19152-4317	ST	JACOBY, MD, RICHARD A 2 CORTLANDSHIRE DR MOORESTOWN NJ 08057-3944 215-955-5604	DMP	JHANG, SHAN 1911 E SEDGLEY AVE PHILADELPHIA PA 19124-5621	PTH	JUSTMAN, MD, JUDITH I 130 SPRUCE ST APT 31-C PHILADELPHIA PA 19106-4325 215-955-6844	EM
HUANG, MD, CHAO H PRESBYTERIAN HOSP PHILADELPHIA PA 19104 215-662-8000	IM	IMRO, AMY K 2201 PENNSYLVANIA AVE PHILADELPHIA PA 19130	ST	JADALI, MD, NASSIR 18 SCARLET OAK DR HAVERFORD PA 19041-1077 215-471-2761	OBG	JIMBO, MD, MASAHITO 4401 OLD YORK RD STE 401 PHILADELPHIA PA 19141-3030 215-329-0633	FP	KAHN, MD, BERNARD L 1320 W SOMMERVILLE AVE PHILADELPHIA PA 19141-2913	OS
HUFFMAN, MD, PAMELA A 105 WEST SCHOOL HOUSE LANE PHILADELPHIA PA 19144-3348 215-848-9000	PD	INGAGLIO, MD, PHILIP E 1838 S BROAD ST PHILADELPHIA PA 19145 215-389-2100	FP	JAFAR, MD, MOHAMMAD A 68 W CHELTENHAM AVE PHILADELPHIA PA 19120-1002 215-548-8822	IM	JOHANSON, MD, NORMAN A TEMPLE UNIV HOSP PHILADELPHIA PA 19140 215-221-3405	ST	KAHN, MD, DONALD L 5401 OLD YORK RD STE 401 PHILADELPHIA PA 19141-3030 215-329-0633	* CD
HUGHES, MD, JANE S 365 STATION AVE HADDONFIELD NJ 08033-3720 215-955-5411	DR	INGERMAN, MD, MARK J LANKENAU MED BLDG E STE 467 WYNNWOOD PA 19096 610-896-0210	* ID	JAFFARI, MD, MOHAMMED EPISCOPAL HOSP PHILADELPHIA PA 19125 215-427-7379	PM	JOHNSON, MD, BERNETT L UNIVERSITY HOSP PHILADELPHIA PA 19104 215-662-6153	ORS	KAHN, MD, HYMAN R 8 TALLY HO LN BLUE BELL PA 19422-2430 215-646-7891	ST
HUGHES, LESLEY A RD 1 914 FOREST RD PERKASIE PA 18944	ST	INGERSOLL, MD, CHARLES J 611 BRADLEY PL LAFAYETTE HILL PA 19444-1521	FP	JAFFEE, DO, LEE 1939 W CHELTENHAM AVE ELKINS PARK PA 19117 215-884-5715	PD	JOHNSON, MD, DAVID L 39TH AND MARKET STS STE 2D PHILADELPHIA PA 19104 215-662-9167	D	KAHN, MD, MARK B DEPT OF SURGERY PHILADELPHIA PA 19107-8304 215-955-8304	VS
HUHTA, MD, JAMES C PERINATAL CARD PINE BLDG BSMT PHILADELPHIA PA 19107 215-829-6841	PDC	IOBAL, MD, SARWAT A 4018 N 5TH ST PHILADELPHIA PA 19140-2612 215-223-0200	PD	JAIN, MD, ASHA C/O R FISHER BROOKLYN NY 11204 215-677-3000	PM	JOHNSON, MD, DON E 347 N SPRING MILL RD VILLANOVA PA 19085-1924 610-525-3440	* TS	KAHN, MD, S BENHAM 324 SURREY RD CHERRY HILL NJ 08002-1540 215-762-4426	ON
HUME, MD, ERIC L 501 CURTIS BLDG PHILADELPHIA PA 19107-5005 215-955-6922	ORS	IRANI, MD, ROSHEN N 1015 WALNUT ST PHILADELPHIA PA 19107-5005 215-955-6922	ORS	JAKUB, MD, JAMES W 154 FOX RUN LN COLUMBIA SC 29210	ST	JOHNSON, MD, LAUREL R 701 SUMMIT AVE APT B11 PHILADELPHIA PA 19128 JOHNSON, MD, KRISTINA H STONER RUN RT 73 APT 21E MAPLESHADE NJ 08052	P	KAHN, MD, SANDRA J GRADUATE HOSP PHILADELPHIA PA 19146 215-893-2185	AN
HUMMEL, JAMES P 8201 HENRY AVE APT P6 PHILADELPHIA PA 19128-2241	ST	IRIZARRY, MD, CARMEN P 344 OVERLOOK LN GULPH MILLS PA 19428-2634 215-748-9172	P	JALALI, MD, SHAILEN 8 TALLOWOOD COURT MANTUA NJ 08051 215-955-6161	AN	JOHNSON, MD, THOMAS A RYDAL PARK MED CTR # 426 JENKINTOWN PA 19046 215-776-7719	ST	KAIAFAS, COSTAS A 606 N 21ST ST PHILADELPHIA PA 19130-3232	ST
HUMPHREY, MD, DAVID M 6 HARFORD LN RADNOR PA 19087-4529 215-248-8208	* AN	IRWIN, JOSEPH J 1320 LONGSHORE AVE PHILADELPHIA PA 19111-4510	ST	JAMES, CATHERINE A BSMNT STEMMLER HALL BOX 241 PHILADELPHIA PA 19104-6092	ST	JOHNSON, MD, WAINE C 137 S EASTON RD GLENSIDE PA 19038-4535 215-886-3074	GS	KALIBEY, MD, KAYS 2220 LOMBARD ST PHILADELPHIA PA 19146-1108 215-387-7009	D
HUNT, MD, PATRICK J 437 MAYNARD DR STRAFFORD PA 19087-2019 215-955-6161	AN	IRWIN, SIOBHAN L 2206 MONICA BLVD WILMINGTON DE 19808	ST	JAMES, MD, DAVID L COVENTRY FAMILY PRACTICE PHILIPSBURG NJ JAMIESON, MD, DARA G 801 SPRUCE ST PHILADELPHIA PA 19107-5701 215-829-7550	ST	JOHNSON, MD, THOMAS A RYDAL PARK MED CTR # 426 JENKINTOWN PA 19046 215-776-7719	ST	KAIRYS, MD, MARIE Z 509 GLENDALE AVE WESTMONT NJ 08108-2233	FP
HUNT JR, MD, WILLIAM T 2000 CAMBRIDGE AVE WYOMISSING PA 19610-2714	OPH	ISAACSON, MD, HOWARD 217 WILTSHIRE RD WYNNWOOD PA 19096-3332 215-477-1306	* OBG	JAN, JAY C 950 WALNUT ST APT 905 PHILADELPHIA PA 19107	ST	JOHNSON, MD, THOMAS A RYDAL PARK MED CTR # 426 JENKINTOWN PA 19046 215-776-7719	ST	KAJANI, MD, MEHDI K 5401 OLD YORK RD STE 509 PHILADELPHIA PA 19141-3030 215-456-8440	HEM
HUNTER, MD, JAMES M 901 WALNUT ST PHILADELPHIA PA 19107-5211 215-629-0980	HS	ISAACSON, MD, WAYNE 111 S 11TH ST G-6460 PHILADELPHIA PA 19107-4824 215-955-6161	AN	JAN, JAY C 950 WALNUT ST APT 905 PHILADELPHIA PA 19107	ST	JOHNSON, MD, THOMAS A RYDAL PARK MED CTR # 426 JENKINTOWN PA 19046 215-776-7719	ST	KAJI, MD, ARJUN V 4000 GYPSY LN APT 419 PHILADELPHIA PA 19144-5529 215-842-6000	DR
HUNTER, LINDA L 2991 W SCHOOL HOUSE LN PHILADELPHIA PA 19144-5323	ST	ISARD, MD, HAROLD J GERSHON-COHEN BREAST CLINIC PHILADELPHIA PA 19141-3030 215-456-6250	DR	JAN, MD, REHANA A 415 GARRISON WAY GULPH MILLS PA 19428-2515	AN	JOHNSON III, MD, JOSEPH E AMERICAN COLLEGE OF PHYS PHILADELPHIA PA 19106-1572 215-351-2690	IM	KALANI, MD, GHASSEM 244 OLD LANCASTER RD MERION STATION PA 19066-1750	* PM
HURLEY, MD, JOHN N 314 MEADOW LN MERION STATION PA 19066-1331 302-892-1880	AI	ISANER, MD, NEIL L 357 WYNDMOOR LN HUNTINGDON VLY PA 19006-7823 215-745-7411	OBG	JAN, MD, RONALD S 2222 S BROAD ST PHILADELPHIA PA 19145-3923 215-467-8292	GS	JOHNSON JR, MD, HOWARD J 127 LINDEN AVE RUTLEDGE PA 19070-2102 215-434-8888	FP	KALISH, MD, ROBERT W 8812 HAWTHORNE LN WYNDMOOR PA 19118-1148 215-233-1636	P
HURLOCK, MD, JOAN E ROXBOROUGH MEMORIAL HOSP PHILADELPHIA PA 19128-1789 215-482-4542	FP	ISENBERG, MD, GERALD A 1015 CHESTNUT ST STE 601 PHILADELPHIA PA 19107 215-923-2450	CRS	JANG, SUNGYON 1254 KNOLL MIST LN GAITHERSBURG MD 20879-3233	ST	JOHNSON-HAMERMAN, MD, LOIS M PENNSYLVANIA HOSP PHILADELPHIA PA 19107 215-829-3141	ST	KAMBIN, MD, PARVIZ 1125 LANCASTER AVE BERWYN PA 19312-1243 610-889-3080	* ORS
HUROWITZ, DO, MARC P 2915 PENNSYLVANIA AVE PHILADELPHIA PA 19130-1107 215-423-9930	FP	ISMAIL, MD, MUHAMMAD S 1143B 5450 WISSAHICKON AVE PHILADELPHIA PA 19144 215-842-4148	P	JANI, BINORY R 3420 CRAWFORD ST PHILADELPHIA PA 19129	ST	JOHNSTON, MD, FRANK B 433 HOWARD RD GLADWYNE PA 19035-1408	PO	KAMEN, DO, JONATHAN W 7500 CENTRAL AVE STE 102 PHILADELPHIA PA 19111 215-745-2333	FP
HURT, MD, ROCHELLE D 11 LANDMARK DR MALVERN PA 19355-2468 215-762-8722	DR	ISRAEL, MD, HAROLD L 111 S 11TH ST PHILADELPHIA PA 19107-4824 215-955-6590	PUD	JANOFF, HAL B 304 MILL CREEK RD HAVERFORD PA 19041-1819	ST	JONES, MD, EDWARD R 70 HOGAN LN AMBLER PA 19002-5237 215-844-2508	IM	KAMEN, DO, LEONARD B MOSS REHAB HOSP PHILADELPHIA PA 19141 215-673-6552	OTO
HURTADO, DAVID 101 S 39TH ST #F101 PHILADELPHIA PA 19104-3119	ST	ITSKOWITZ, MD, HARVEY Z 4641 ROOSEVELT BLVD PHILADELPHIA PA 19124-2343 215-831-4698	P	JARDINE, MD, LISA M 604 S WASHINGTON SQ APT 611 PHILADELPHIA PA 19106-4115	ST	JONES, HORATIO C 1935 WALLACE ST APT 2F PHILADELPHIA PA 19130-3219	* NEP	KAMENI, MD, UMA 300 WESTWOOD DR #SHER WOODBURY NJ 08096-7125 215-426-3377	* GP
HUSAIN, MD, SALEEM 614 SOCIETY HILL CONDOS CHERRY HILL NJ 08003 215-221-4085	OTO	IVES, CHARLENE A 2805 W QUEEN LN # 1F PHILADELPHIA PA 19129-1031	ST	JARDINES, MD, LORI A MEDICAL COLL OF PA DEPT SURG PHILADELPHIA PA 19129 215-842-7667	GS	JONES, ROBYN R 40 W EVERGREEN AVE PHILADELPHIA PA 19118-3315 215-242-4442	* OBG	KANCHHA, MD, KOTESWARI 3528 AINSIE ST PHILADELPHIA PA 19129 215-842-6957	IM
HUSMANN, DEREK L 5034 SCHUYLER ST PHILADELPHIA PA 19144	ST	IZZO, MD, KENNETH L 1811 BETHLEHEM PIKE FLOUERTOWN PA 19031-1111 215-233-2810	PM	JARVIS, MD, F WAYNE 45 KATHERINE BLVD PALM HARBOR FL 34684	US	JORGENSEN, MD, BRIAN K 70 S CHESTER RD SWARTHMORE PA 19081-2226 610-326-5455	ST	KANDADASH, MD, MANOUCHEHR BROMLEY HOUSE PHILADELPHIA PA 19126-2223 215-456-6595	PD
HUSSON, MD, MICHAEL A PENNSYLVANIA HOSP PHILADELPHIA PA 19107 215-829-5136	PTH	JACKSON, MD, MELVIN L 5501 GREENE ST PHILADELPHIA PA 19144-2805 215-849-3553	* IM	JARVIS, MD, ROYALD S 5110 CAMPUS DR PLYMOUTH MTNG PA 19462-1123 610-941-5218	ST	JORKASKY, MD, DIANE K 2155 WAYLAND RD BERWYN PA 19312-2140 215-662-8548	NEP	KANE, BRYAN G UNIV OF PA SCH OF MED PHILADELPHIA PA 19104-6087 KANE, DIANA L 454 E SOUTH ST KENNETT SQUARE PA 19348-3648	ST
HUTZ, DAVID P 325 N 15TH ST APT 211 PHILADELPHIA PA 19102	ST	JACOB, MD, LEONARD S 5110 CAMPUS DR PLYMOUTH MTNG PA 19462-1123 610-941-5218	IM	JEFFERS, MD, JOHN B WILLS EYE HOSP PHILADELPHIA PA 19107 215-440-3167	OPH	JOSEPH, DO, JEFFREY I 1335 JUNE LN PENN VALLEY PA 19072-1114 215-955-6161	AN	KANEFIELD, DO, MARVIN 4641 ROOSEVELT BLVD PHILADELPHIA PA 19124-2343 215-831-6900	P
HWAN, WARDEN H 2200 BEN FRANKLIN PKY PHILADELPHIA PA 19130-3692	ST	JACOB, MD, PRADEEP K 5 COVENTRY CT BLUE BELL PA 19422-2517	NM	JELLEN, MD, JOSEPH A 4403 COMLY ST PHILADELPHIA PA 19135-4013 215-743-9454	FP	JOSHI, MD, HARENDRA V 60 TOWNSHIP LINE RD ELKINS PARK PA 19117-2249 215-379-4600	GS		
HYATT, MD, ROBERT W EPISCOPAL HOSP PHILADELPHIA PA 19125	GYN	JACOBS, ELIZABETH S 8201 HENRY AVE APT G21 PHILADELPHIA PA 19128-2203	ST						

KANEHANN, MD, LISA B 311 KEITHWOOD RD WYNNWOOD PA 19096-1213 610-891-3305	R	KATES, MD, MALCOLM 2301 S BROAD ST PHILADELPHIA PA 19148-3542 215-271-7575	IM	KELBICK, MD, ELAINE H 507 CINDY CIR PENLLYN PA 19422-1152 610-270-2000	AN	KHANNA, MD, OM P 230 N BROAD ST PHILADELPHIA PA 19102-1121 215-762-8178	U	KIRKPATRICK, MD, WILLIAM H HAND SURGICAL ASSOC BRYN MAWR PA 19010 610-527-3096	ORS
KANG, MD, PAUL B 63 CHASE MILL CIR OWINGS MILLS MD 21117	ST	KATOLIK, LEONID I 2008 SPRUCE ST #2F PHILADELPHIA PA 19103	ST	KELHOFFER, MD, ERIC R 2020 WALNUT ST APT 20C PHILADELPHIA PA 19103-5641 215-893-2000	IM	KHAROD, AMIT S 2201 PENNSYLVANIA AVE APT 418 PHILADELPHIA PA 19130-3513	ST	KIRSCHBAUM, DO, MICHAEL J 9 KILBURN CT CHERRY HILL NJ 08003-1965 810-667-8558	CD
KANN, BRIAN R 33-A WOODLAWN AVE COLLINGSWOOD NJ 08108	ST	KATZ, MD, JACOB SUTTON TERRACE STE 702 BALA CYNWYD PA 19004	OPH	KELLEY, MD, MARK A UNIV OF PA CLINICAL AFFAIRS PHILADELPHIA PA 19104-4228 215-662-7277	*PUD	KHAW, BERNARD 253 ANTHONY RD KING OF PRUSSIA PA 19406-1655	ST	KISSICK, MD, WILLIAM L UNIV OF PENNSYLVANIA PHILADELPHIA PA 19104-6020 215-898-6385	GPM
KANOFF, DO, RICHARD B GSB BUILDING STE S14 BALA CYNWYD PA 19004 610-667-0659	NS	KATZ, MD, JANICE D 2212 N STONERIDGE LN VILLANOVA PA 19085-1728	IM	KELLEY, MICHAEL P 2300 WALNUT ST APT 205 PHILADELPHIA PA 19103	ST	KHAW, OMMER 3329 INDIAN QUEEN LN APT 1 PHILADELPHIA PA 19129	ST	KITEI, MD, MILTON N 2243 S 9TH ST PHILADELPHIA PA 19148-3102 215-334-4049	GP
KANTNER, MD, THEODORE R MCP DEPT OF FAMILY MEDICINE PHILADELPHIA PA 19129 215-842-7660	FP	KATZ, MD, JULIAN 701 DODDS LN GLADWYNE PA 19035-1516 610-664-9700	GE	KELLEY, MD, WILLIAM N UNIV OF PA MED CENTER PHILADELPHIA PA 19104-6055 215-898-5181	*IM	KHELLA, MD, LEWIS 45 OLD GULPH RD GLADWYNE PA 19035-1526	PM	KLANCNIK JR, JAMES M 505 S 21ST ST PHILADELPHIA PA 19146-1325	ST
KANTOR, EDWARD M 1726 GREEN ST PHILADELPHIA PA 19130-3912	ST	KATZ, MD, LEO UNIV GASTRO AND HEPAT ASSOC PHILADELPHIA PA 19107 215-955-1915	GE	KELLY, MD, ANNE M 1117 SPRUCE ST APT 2A PHILADELPHIA PA 19107-6737 215-448-7584	AN	KHODADADI, NAVID JONES HALL RM 806-B PHILADELPHIA PA 19140-5297	ST	KLASS, MD, DANIEL J 3750 MARKET ST PHILADELPHIA PA 19104 215-590-9644	IM
KANTOR, DO, JAMES G 3380 MEMPHIS ST PHILADELPHIA PA 19134-4510 215-672-7272	PD	KATZ, MD, LESLIE J WILLS EYE HOSP PHILADELPHIA PA 19107 215-928-3197	OPH	KELLY, MD, HABIB R 6112 TORRESDALE AVE PHILADELPHIA PA 19135-3718 215-333-7437	U	KHONA, MD, NITHYASHUBA B 28 ASHBROOKE DR VOORHEES NJ 08043-2817 215-339-4260	PM	KLEES, MD, JULIA E 1679 LEHIGH PKY N ALLENTOWN PA 18103-2913 215-955-8381	IM
KAPLAN, DAVID B 3 HICKORY LN WALLINGFORD PA 19086-6329	ST	KATZ, MD, M RICHARD 5401 OLD YORK RD STE 409 PHILADELPHIA PA 19141-3030 215-457-3322	*NS	KELLY, MD, HERBERT T 396 SCOTT ROAD PIPERVILLE PA 18947-9729	IM	KHOURI, MD, MARGARET HAHNEMANN UNIV MAIL STOP 131 PHILADELPHIA PA 19102-1178 215-448-8101	GE	KLEIN, ANN T 259 W JOHNSON ST #C-4 PHILADELPHIA PA 19144-2541	CD
KAPLAN, MD, LEWIS J 414 MONASTERY AVE PHILADELPHIA PA 19128-3433	GS	KATZ, MD, MAX 2005 DELANCEY PL PHILADELPHIA PA 19103-6509 215-732-3223	PYA	KELLY, MD, WILLIAM E 1026 LA PALOMA BLVD NORTH FORT MYERS FL 33903-1343	P	KHOURY, MD, DENNIS J 8118 BUSTLETON AVE PHILADELPHIA PA 19152-2803 215-342-8118	OPH	KLEIN, MD, DOROTHY E 3300 S PENINSULA DR DAYTONA BEACH FL 32118-6301	IM
KAPLAN, MD, RICHARD H 1015 CHESTNUT ST STE 1205 PHILADELPHIA PA 19107-4312 215-923-4001	PM	KATZ, MD, RICHARD H 2212 N STONERIDGE LN VILLANOVA PA 19085-1728 215-662-8060	IM	KELLY IV, MD, JOHN D TEMPLE UNIV CTR OF SPORTS MED MARLTON NJ 08053 609-596-0906	ORS	KHOURY, MD, RAMEZ M 312 E RIDLEY AVE RIDLEY PARK PA 19078-3124 215-893-2000	IM	KLEIN, MD, HARLAN P 325 N 15TH ST #1009B PHILADELPHIA PA 19102-1030	ST
KAPLAN, MD, ROSALIND D 191 PRESIDENTIAL BLVD BALA CYNWYD PA 19004-1207 610-667-1034	IM	KATZ, MD, RICHARD I 5401 OLD YORK RD PHILADELPHIA PA 19141-3030 215-324-3300	N	KELVIN, MD, CARL B CEDARBROOK HILL APTS BPH11 WYNNCOTE PA 19095-2701	US	KIEHN, MARK W 3647 HAYWOOD ST PHILADELPHIA PA 19129	ST	KLEIN, MD, LINDA 2967 W SCHOOL HOUSE LN # 1005 PHILADELPHIA PA 19144-5210	IM
KAPLAN, DO, STACY M 845 KENDRICK ST PHILADELPHIA PA 19111-1358	GS	KATZ, MD, SHEILA M BROAD AND VINE STS #660 PHILADELPHIA PA 19102-1121 215-762-7994	CDS	KEMERER, CHERYL L 3900 CITY AVE APT 422-D PHILADELPHIA PA 19131-5919	ST	KIM, ANJE 2400 CHESTNUT ST APT 508 PHILADELPHIA PA 19103	ST	KLEIN, MD, SHELDON SCOTCHBROOK DR PHILADELPHIA PA 19115-4201 215-464-9000	GP
KAPLOW, MD, GWEN H 1015 CHESTNUT ST STE 312 PHILADELPHIA PA 19107-4303 215-925-8865	OBG	KATZ, DO, STEVEN LEE 1502 BOYER BLVD NORRISTOWN PA 19401-2647 215-581-9741	ID	KEMMERER, KELLY M 34 W MONTGOMERY AVE APT 107 ARDMORE PA 19003-1420	ST	KIM, CHONG M 5922 ELMHURST ST PHILADELPHIA PA 19149-3614	ST	KLEIN, MD, THOMAS A 241 S 6TH ST APT 1801 PHILADELPHIA PA 19106-3727 215-955-6623	ST
KARAFIN, MD, LESTER 3300 HENRY AVE PHILADELPHIA PA 19129-1121 215-842-6566	U	KATZ, MD, THEODORE T 260 S BROAD ST STE 1820 PHILADELPHIA PA 19102-5018 215-732-9600	PS	KEMPFF JR, MD, FRANCIS C 1148 MORRIS RD WYNNWOOD PA 19096-2313 215-829-6089	CD	KIM, MD, DAVID Y 1801 BUTTOWNWOOD ST # 1415 PHILADELPHIA PA 19130-3955	ST	KLEINER, MD, ROBERT C MANOR MED BLDG NORTH WALES PA 19454-1803 215-699-7600	OPH
KARASICK, MD, SHELTON R 240 STACEY RD PENN VALLEY PA 19072-1321 215-456-6200	R	KATZ, MD, WARREN A PRESBYTERIAN MED CTR PHILADELPHIA PA 19104-6018 215-662-9292	RHU	KENDALL, MD, BENJAMIN 231 BRYDON ROAD WYNNWOOD PA 19096-3306 215-928-8707	GYN	KIM, MD, EDWARD 823 LOMBARD ST PHILADELPHIA PA 19147-1316 215-928-3033	P	KLIGERMAN, MD, MORTON M 1220 W RITTENHOUSE SO PHILADELPHIA PA 19103-5709 215-662-2428	TR
KARETAS, MD, ALEXANDRA I 309 LONGFIELD RD ERDENHEIM PA 19038 215-221-3328	AN	KAUFFMAN, CHRISTOPHER I 1930 PINE ST PHILADELPHIA PA 19103-6626	ST	KENNEDY, COLLEEN M 3120 SCHOOL HOUSE LN # M-A-11 PHILADELPHIA PA 19144-5444	ST	KIM, MD, HO JIN 2020 WALNUT ST APT 15M PHILADELPHIA PA 19103-5640	PD	KLIGMAN, MD, ALBERT M CLINICAL RESEARCH BLDG RM 219 PHILADELPHIA PA 19104-6140 215-898-3230	*D
KARLIN, DO, PAUL S 2350 WALTON RD HUNTINGDON VLY PA 19006-6120 215-662-8060	IM	KAUFMAN, MD, RICHARD E 314 COTTMAN STREET JENKINTOWN PA 19046-2821 215-885-6220	PUD	KENNEDY, MD, DAVID S 617 CAMBRIDGE CT PALMYRA PA 17078	ST	KIM, MD, JOHN H 834 CHESTNUT ST #1018 PHILADELPHIA PA 19107-5142	OBG	KLIGMAN, MD, DOUGLAS E 683 BROOKWOOD RD WAYNE PA 19087-2351 215-242-2300	ST
KARLSTADT, MD, ROBYN GAIL 402 DORAL DR CHERRY HILL NJ 08003-3320 215-751-5204	GE	KAVESH, MD, WILLIAM N 7032 MARION LN PHILADELPHIA PA 19119-3443 215-456-3900	GER	KENNEY, MD, GERARD F 5950 DREXEL RD PHILADELPHIA PA 19131-1216 610-645-2000	GE	KIM, MD, JUNG S 7901 ROLLING GREEN RD CHELTENHAM PA 19012-1709 215-663-0515	PD	KLINE, MD, MATTHEW T 7901 BUSTLETON AVE STE 10 PHILADELPHIA PA 19152-0000 215-624-8145	AN
KARP, MD, JOSEPH S 202 BOWMAN AVE MERION STATION PA 19066-1222 610-667-6760	OPH	KAY, MD, GORDON FRANKFORD HOSP PHILADELPHIA PA 19114 215-612-4403	PTH	KEON, MD, THOMAS P CHILDRENS HOSP OF PHILA PHILADELPHIA PA 19104-4385 215-590-1878	AN	KIM, MD, KWAN E 7901 ROLLING GREEN RD CHELTENHAM PA 19012-1709 215-448-8047	NEP	KLINEK, MD, MICHELLE M 5500 WISSAHICKON AVE APT 305B PHILADELPHIA PA 19144-5621 215-590-2549	ST
KARP, MD, LOUIS A PENNSYLVANIA HOSP PHILADELPHIA PA 19106-4015 215-829-5311	OPH	KAY, MD, MICHAEL L 130 S 9TH ST STE 1430 PHILADELPHIA PA 19107-5225 215-925-6402	OPH	KEPNER, ANDREW M 210 S 18TH ST APT 1705 PHILADELPHIA PA 19103	ST	KIM, MINA H STILES ALUMNI HALL APT 1404 PHILADELPHIA PA 19102-1012	ST	KLINGENSMITH, MD, WALTER C 3161 CREAMERY RD NEW HOPE PA 18938-5636 KUNSTOFFER, MD, JUNE F MCP 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-6962	IM
KASDIN, MD, SHARON L 1212 LENOX RD JENKINTOWN PA 19046-3902 610-834-2319	GP	KAYE, MD, DONALD 3300 HENRY AVE PHILADELPHIA PA 19129-1121 215-842-6950	IM	KERMAN, MD, KEITH M 520 LAKE COOK RD STE 450 DEERFIELD IL 60015 708-940-1700	IM	KIM, MD, PETER W 4041 RIDGE AVE BLDG 5 APT 109 PHILADELPHIA PA 19129-1550 215-842-6000	IM	KLINGSMITH, MD, WALTER C 3161 CREAMERY RD NEW HOPE PA 18938-5636 KUNSTOFFER, MD, JUNE F MCP 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-6962	IM
KASE, MD, GAIL Y 1219 WAVERLY ST PHILADELPHIA PA 19147-1147 215-829-3000	P	KAZEM, MD, ISMAIL 78 DENOW RD LAWRENCEVILLE NJ 08648-2047 201-982-5365	RO	KERN, MD, FRANKLIN M 25 PIERCE ST KINGSTON PA 18704-4631 717-283-1035	OBG	KIM, SOO Y 4617 PINE ST STE H310 PHILADELPHIA PA 19143-1832	ST	KLINGSMITH, MD, WALTER C 3161 CREAMERY RD NEW HOPE PA 18938-5636 KUNSTOFFER, MD, JUNE F MCP 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-6962	IM
KASE, MD, WILLIAM A 111 N 49TH ST PHILADELPHIA PA 08033-2710 215-739-7078	P	KEAN, MD, HERBERT 1518 SPRUCE ST 1ST FL PHILADELPHIA PA 19102-4552 215-546-5900	OTO	KERNUS, DO, JAY 9023-B AYRDAL CRESCENT PHILADELPHIA PA 19128	EM	KIM, MD, VIVIAN Y 51 N 39TH ST PHILADELPHIA PA 19104 215-662-8066	OPH	KLINGSMITH, MD, WALTER C 3161 CREAMERY RD NEW HOPE PA 18938-5636 KUNSTOFFER, MD, JUNE F MCP 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-6962	ST
KASEFF, MD, LEON G 1783 EL CAMINO REAL BURLINGAME CA 94010-3205	R	KEANE, MD, WILLIAM M 8TH AND SPRUCE STS PHILADELPHIA PA 19107 215-829-5180	OTO	KERSTEIN, MD, MORRIS D BROAD AND VINE ST PHILADELPHIA PA 19102-1178 215-762-1033	VS	KIMBALL, MD, HARRY R 3624 MARKET ST PHILADELPHIA PA 19104-2614 215-243-1500	IM	KLINGSMITH, MD, WALTER C 3161 CREAMERY RD NEW HOPE PA 18938-5636 KUNSTOFFER, MD, JUNE F MCP 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-6962	IM
KASHATUS, MD, WILLIAM C 400 EGYPT RD NORRISTOWN PA 19403-3400 610-631-4677	*PTH	KEATES, MD, EDWIN U 500 OLD YORK RD STE 102 JENKINTOWN PA 19046-2852 215-885-6830	OPH	KESSEL, MD, LAWRENCE J 8200 HENRY AVE APT G1 PHILADELPHIA PA 19128-2959 215-482-2336	*IM	KIMMEL, MD, MURRAY H 2301 PENNSYLVANIA AVE PHILADELPHIA PA 19130-3124 215-563-0847	U	KLINGSMITH, MD, WALTER C 3161 CREAMERY RD NEW HOPE PA 18938-5636 KUNSTOFFER, MD, JUNE F MCP 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-6962	IM
KASPARIAN, MD, HRATCH GRADUATE HOSP PHILADELPHIA PA 19146-1497 215-893-2495	CD	KEEFE, MD, GEORGE P 610 MONTGOMERY SCHOOL LN WYNNWOOD PA 19096-1014	R	KESWANI, MD, ASHOK K 8875 RIDGE AVE STE 37 PHILADELPHIA PA 19128-2025	OBG	KING, MD, LOIS I 8840 GERMANTOWN AVE PHILADELPHIA PA 19118-2725	R	KLINGSMITH, MD, WALTER C 3161 CREAMERY RD NEW HOPE PA 18938-5636 KUNSTOFFER, MD, JUNE F MCP 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-6962	CRS
KASS, DO, RICHARD W 5 CAMEO DR RICHBORO PA 18954-1376 215-750-6657	*CD	KEELER, MD, LOUIS L 301 WHITE HORSE PIKE HADDON HEIGHTS NJ 08035 609-547-1115	U	KETTERER, MD, CYNTHIA L 1901 SANSOM ST APT 1 PHILADELPHIA PA 19103 215-893-2558	GS	KING, MD, LORRAINE C 12140 2ND AVE STONE HARBOR NJ 08247-1057 215-922-2442	*END	KLINGSMITH, MD, WALTER C 3161 CREAMERY RD NEW HOPE PA 18938-5636 KUNSTOFFER, MD, JUNE F MCP 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-6962	IM
KASTENBERG, MD, DAVID M 223 CHESTNUT ST HADDONFIELD NJ 08033-1814 215-955-1915	GE	KEENAN, MD, MARY ANN E ALBERT EINSTEIN MEDICAL CTR PHILADELPHIA PA 19141 215-456-6051	ORS	KEYKHAH, MD, MOHAMMAD M 329 FAIRHILL RD WYNNWOOD PA 19096-1803	AN	KING JR, MD, WILLIAM F 4301 LARCHWOOD APT 3 PHILADELPHIA PA 19104-3903 215-590-1000	PD	KLINGSMITH, MD, WALTER C 3161 CREAMERY RD NEW HOPE PA 18938-5636 KUNSTOFFER, MD, JUNE F MCP 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-6962	ST
KASTENBERG, MD, JUDITH S 2120 PINE ST PHILADELPHIA PA 19103-6535	P	KEFALIDES, PATRICIA A 225 MEETINGHOUSE LN MERION STATION PA 19066-1243	ST	KHALUPSKY, MD, LARISA 404 BELLWOS LN FEASTERVILLE PA 19053-7840 215-831-7000	IM	KINIRRY, PAUL A 1517 N FIEDLER RD MAPLE GLEN PA 19002-2718	ST	KLINGSMITH, MD, WALTER C 3161 CREAMERY RD NEW HOPE PA 18938-5636 KUNSTOFFER, MD, JUNE F MCP 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-6962	*IM
KATALAN, MD, MAURICE M 2601 S BOUVIER ST PHILADELPHIA PA 19145-4506 215-755-1701	*FP	KEGEL, MD, JEFFREY G 200 LOCUST ST APT 10B PHILADELPHIA PA 19106-3917 215-662-8000	OTO	KHAN, MD, ARSHAD A 436 S LANDSOWNE AVE APT D201 LANDSOWNE PA 19050	IM	KIRKLAND, MD, MATT L 301 S 8TH ST PHILADELPHIA PA 19106-4014 215-829-3697	GS	KLINGSMITH, MD, WALTER C 3161 CREAMERY RD NEW HOPE PA 18938-5636 KUNSTOFFER, MD, JUNE F MCP 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-6962	ST

PHILADELPHIA

KNOX, MD, DEENT W 5 RAVIN DEPT OF ORL PHILADELPHIA PA 19104-4283 215-662-6017	OTO	KOUVELIOTES, MD, PETER J 317 N BROAD ST APT 821 PHILADELPHIA PA 19107	ST	KRIEDMAN, MD, TERRY F 8815 GERMANTOWN AVE STE 40 PHILADELPHIA PA 19118 215-836-1300	OBG	LABORDE, MD, ANDREA T 1200 W TABOR RD PHILADELPHIA PA 19141-3019 215-456-9537	PM	LAROSSA, MD, DONATO D 3400 SPRUCE ST PHILADELPHIA PA 19104-4219 215-662-2044	PS
KO, MD, MIN-HSIUNG 10890 BUSTLETON AVE STE 209 PHILADELPHIA PA 19116-3313 215-245-5120	*FP	KOVALSKY, MD, DON A DELAWARE COUNTY MEDICAL CTR BROOMALL PA 19008-3504 610-353-1113	ORS	KRIEGER, MD, BENSON 2401 PENNA AVE APT 12C45 PHILADELPHIA PA 19130	FP	LADENHEIM, MD, MILES C 817 WYNNEWOOD RD ARMORE PA 19003-3031 215-787-2060	P	LASALVIA, MD, LUCY A METHODIST HOSP MED BLDG PHILADELPHIA PA 19148-3542 215-467-5300	GYN
KOBAK, GREGORY E 564 N 17TH ST PHILADELPHIA PA 19130-3921	ST	KOVEN, MD, NORMAN L 720 2ND ST PIKE STE 102 SOUTHAMPTON PA 19366-3949 215-364-3688	AI	KRIZA, KAREN L 3584 INDIAN QUEEN LN PHILADELPHIA PA 19129	ST	LADENHEIM, MD, STEVEN E 1920 CHESTNUT ST PHILADELPHIA PA 19103-4634 215-561-2546	OTO	LAU, MD, DIAN C 66-C GARDENIA DR MAPLE SHADE NJ 08052	AN
KODSI, MD, MAGDI S 1245 HIGHLAND AVE STE G05 ABINGTON PA 19001-3714	*PS	KOVUTN, MD, NATALIA 117 N 15TH ST APT 906 PHILADELPHIA PA 19102-1518 215-762-7000	IM	KRON, MD, KENNETH M WYNCOOTE HOUSE BOX A WYNCOOTE PA 19095 215-576-0350	P	LAFFERTY, MD, KEITH A 7336 RYERS AVE PHILADELPHIA PA 19111-3051 215-842-6548	IM	LAU, MD, HAR CHI MEDICAL COLLEGE OF PA PHILADELPHIA PA 19129-1191	GS
KOHL, MD, E JAMES 931 HAVERFORD RD BRYN MAWR PA 19010-3838 610-527-1544	ORS	KOZERA, MD, RICHARD J 3400 N BROAD ST PHILADELPHIA PA 19140-5104 215-707-4516	IM	KROOP, MD, HOWARD S PUPMC 39TH AND MARKET STS PHILADELPHIA PA 19104 215-662-8900	GS	LAFONTANT, MD, RAYMOND F MOSS REHAB HOSP PHILADELPHIA PA 19141	EM	LAUCIUS, MD, J FREDERICK 1025 ARBORETUM RD WYNCOOTE PA 19095-2109 215-923-5676	IM
KOHN, MD, MARK I 437 N HIGHLAND AVE MERION STATION PA 19066-1709 215-612-4020	DR	KOZUB, MD, ROBERT E 2301 S BROAD ST PHILADELPHIA PA 19148-3542 215-468-5123	CD	KROSER, MD, JONATHAN M 2855 WELSH RD PHILADELPHIA PA 19152-1647	GE	LAI, MD, NALINE L 1500 LOCUST ST # 3518 PHILADELPHIA PA 19102-4324	ST	LAUGHINGHOUSE, MD, KENNETH A 111 WAYSIDE DR CHERRY HILL NJ 08034-3350 610-667-2720	IM
KOIWAI, MD, EICHI K 11 FORRESTER RD HORSHAM PA 19044-1726	PTH	KRAEBBER, MD, MARKUS J 2124 PINE ST #3R PHILADELPHIA PA 19103-6535	ST	KROSER, MD, JOYANN A 7901 HENRY AVE APT A-507 PHILADELPHIA PA 19128-3062 215-842-6000	*GE	LAM, MD, ALLISON C 221 S 12TH ST APT 505 SOUTH PHILADELPHIA PA 19107-5556	PM	LAUTZ, MD, VIRGINIA H BRYN MAWR TER APT 88 BRYN MAWR PA 19010 610-526-0135	OTO
KOLANSKY, MD, HAROLD ELKINS PARK HOUSE 109B ELKINS PARK PA 19027 215-635-1666	PYA	KRAFT, MD, ELIZABETH A 2500 BELMONT AVE APT B305 PHILADELPHIA PA 19131-2723 215-842-6545	EM	KROSER, MD, LILA S 2855 WELSH RD PHILADELPHIA PA 19152-1647 215-464-2121	*GP	LAMBERT, MD, BARBARA A 1751 STOCKTON RD MEADOWBROOK PA 19046-1152 215-335-6323	PD	LAVAN, MD, DONALD W 1420 LOCUST ST STE 100 PHILADELPHIA PA 19102-4223 215-735-1200	IM
KOLATIS, MARY ELLEN 8201 HENRY AVE APT 19 PHILADELPHIA PA 19128	ST	KRAKOVITZ, MD, JAY A 1162 DIXON LN RYOAL PA 19046-1802	IM	KROUSE, MD, THEODORE B EPISCOPAL HOSP PHILADELPHIA PA 19125 215-427-7280	PTH	LAMBERT, MD, ROBERT L 409 ALLENDALE WAY CAMP HILL PA 17011-8407	OPH	LAVAN, MD, DONALD W 1420 LOCUST ST STE 100 PHILADELPHIA PA 19102-4223 215-735-1200	IM
KOLDE, DAVID A 1 FRANKLIN TOWN BLVD # 1705 PHILADELPHIA PA 19103	ST	KRAMER, MD, E MICHAEL 130 S 9TH ST STE 1410 PHILADELPHIA PA 19107 215-955-6123	DMP	KUBER, MD, MATTHEW E 1534 HUNTINGDON PIKE HUNTINGDON VLY PA 19006-7702	ST	LAMBERTSON, MD, CHRISTIAN J 3500 WEST CHESTER PK NEWTOWN SQUARE PA 19073-4101	US	LAVAN, MD, DONALD W 1420 LOCUST ST STE 100 PHILADELPHIA PA 19102-4223 215-735-1200	IM
KOLTES, MD, JOHN A 530 SPRING LN PHILADELPHIA PA 19128-1002 215-482-2337	P	KRAMER, MD, FREDERICK L 7 WORTHINGTON DR MEDIA PA 19063-1157 215-442-6337	DR	KUBER, MD, MATTHEW E 1534 HUNTINGDON PIKE HUNTINGDON VLY PA 19006-7702	CD	LAME, MD, EDWIN L 1400 WAYERLY RD GLADWYNE PA 19035-1254 610-645-8697	TR	LAW, DO, STEPHEN W 602 COVINGTON RD HAVERTOWN PA 19083 215-456-7890	EM
KONDRAATOWSKI, MD, RICHARD Z 124 SWEDES FORD RD MALVERN PA 19355	OTO	KRAMER, MD, GARY S 2209 MT VERNON ST PHILADELPHIA PA 19130-3114 215-707-2000	DR	KUMAR, KAVITA 2809 W QUEEN LN #303 PHILADELPHIA PA 19102-1192 215-762-1856	ST	LAMONT, MD, MARIAN P 4721 FOWLER ST PHILADELPHIA PA 19127-1001 215-829-7550	LM	LAWRENCE, MD, JAMES B 25 JAMES RD BROOMALL PA 19008-1409	P
KONERU, MD, RAMESH 2991 SCHOOL HOUSE LN APT E21E PHILADELPHIA PA 19144-5303	P	KRAMER, MD, MARK S 10 SENTRY PKWY BL-2-5 BLUE BELL PA 19422 610-397-2606	*P	KUMAR, MD, MYSOORE S A HAHNEMANN UNIV HOSP SURG PHILADELPHIA PA 19102-1192 215-762-1856	GS	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	PA	LAWRENCE, MD, JODY 570 N 23RD ST APT 5-B PHILADELPHIA PA 19130-3132 215-448-7000	IM
KONG, MD, ANNA W S 4000 PRESIDENTIAL BLVD # 410 PHILADELPHIA PA 19131-1716 215-842-6640	GS	KRAMER, MD, MARK S ALBERT EINSTEIN MEDICAL CTR PHILADELPHIA PA 19141 215-456-6970	NEP	KUMAR, MD, SHASHI L 727 WELSH RD STE 102 HUNTINGDON VLY PA 19006-6357 215-938-8838	ST	LANCIANO, MD, RACHELLE M 7701 BURHOLME AVE PHILADELPHIA PA 19111 215-728-2963	R	LAZAR, MICHAEL H 8201 HENRY AVE APT J12 PHILADELPHIA PA 19128	ST
KONG, PEI ANN 118 KENT RD UPPER DARBY PA 19082-3211	ST	KRAMER, MD, SELMA 3902 NETHERFIELD RD PHILADELPHIA PA 19129-1014 215-849-7272	CHP	KUMAR, MD, VEERANDRA 161 E LEHIGH AVE PHILADELPHIA PA 19125-1011 215-426-5100	PDS	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	N	LAZAR, MICHAEL H 8201 HENRY AVE APT J12 PHILADELPHIA PA 19128	ST
KONKLIN, SHARON A 325 N 15TH ST APT 1512 PHILADELPHIA PA 19102-1011	ST	KRAMER, MD, SIDNEY O 1434 ACADEMY LN ELKINS PARK PA 19117-2515 215-635-2235	CD	KURTH, MD, CHARLES D CHILDRENS HOSP PHILADELPHIA PA 19104 215-590-1883	IM	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	LE, HOANG T 640 N VALLEY SPRINGS WALNUT CA 91789	LAZAR, MICHAEL H 8201 HENRY AVE APT J12 PHILADELPHIA PA 19128	ST
KOBY, MD, DAVID A 2020 WALNUT ST APT 24A PHILADELPHIA PA 19103-5643	GS	KRANTZ, MD, KATHRYN E 3029 W QUEEN LN PHILADELPHIA PA 19129-1034	OBG	KURTH, MD, CHARLES D CHILDRENS HOSP PHILADELPHIA PA 19104 215-590-1883	IM	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	RO	LEAMON, TIMOTHY J 5908 LANGDON ST PHILADELPHIA PA 19149-3618	ST
KOOLPE, MD, HARVEY A 161 SERRILL RD ELKINS PARK PA 19027-1616 609-346-7844	DR	KRASNOFF, MD, SIDNEY O 1434 ACADEMY LN ELKINS PARK PA 19117-2515 215-635-2235	OBG	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	OBG	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	ST	LEARNER, MD, NORMAN 2401 PENNSYLVANIA AVE PHILADELPHIA PA 19130-3061	IM
KOOLPE, MD, LOUIS 8228 WESTMINSTER RD ELKINS PARK PA 19117-1409	IM	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	CD	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	AN	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	ON	LEARNER, MD, NORMAN 2401 PENNSYLVANIA AVE PHILADELPHIA PA 19130-3061	ST
KOPNICKY, AIMEE J 376-C RIDGE RD NATRONA HGTS PA 15065	ST	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	*GP	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	*DR	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	ATP	LEATHERWOOD II, MD, DONALD F 2 PENN BLVD STE 220 PHILADELPHIA PA 19118 215-848-1000	ORS
KORNTZWITZ, MD, EDITH 7 SORREY ROAD MELROSE PARK PA 19126-1409	IM	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	IM	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	OBG	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	EM	LEAVITT, DO, RICHARD JAY 210 RIDINGS WAY AMBLER PA 19002-5246 215-535-5522	IM
KOREY, MD, JOSEPH J SACRED HRT FOR CANCER PATIENT PHILADELPHIA PA 19140-2094 215-634-4159	GS	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	PD	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	IM	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	ST	LEBBY, ERIC B 1227 DILLON RD FT WASHINGTON PA 19034-1755	ST
KORNSGOLD, MD, LAURA M 1622 NAPFLE AVE PHILADELPHIA PA 19111-3440	ST	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	CD	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	ST	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	OTO	LEBER, ERNEST H 260 LYCEUM AVE APT 2 PHILADELPHIA PA 19128-4829	ST
KOSHINSKI, DO, RITA S 515 PLYMOUTH RD STE H-3 PLYMOUTH MTNG PA 19462-1611 215-762-7000	IM	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	IM	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	IM	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	DR	LEBERMAN, MD, PAUL R 17TH AND LOCUST STS PHILADELPHIA PA 19103	U
KOSLOW, ANDREW H 3024 QUEEN LN APT A1B PHILADELPHIA PA 19129-1056	ST	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	GP	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	PS	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	IM	LECKS, MD, LEONARD E RITTENHOUSE CLARIDGE PHILADELPHIA PA 19103 215-546-3587	CD
KOSMAS, MD, CONSTANTINE E 221K S MACADAM BLVD GLENOLDEN PA 19036-2010	CD	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	*IM	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	*CD	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	*GP	LEDDY, MD, CHERYL 2701 HOLME AVE STE 105 PHILADELPHIA PA 19152-2029 215-335-4944	CD
KOSSEIM, MD, LAURA M 226 W RITTENHOUSE SO # 1515A PHILADELPHIA PA 19103	IM	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	GE	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	IM	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	OTO	LEDER, MD, DAVID S 332 MERION AVE HADDONFIELD NJ 08033-1132	DR
KOTAKIS, MD, JOHN 23 N LANDSDOWNE AVE LANDSDOWNE PA 19050-2205 610-626-4397	IM	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	R	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	ST	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	PD	LEDESMA, MD, ELIHU J 330 S 9TH ST PHILADELPHIA PA 19107-6153 215-922-7901	GS
KOTAPKA, MD, MARK J 5 SILVERSTEIN PHILADELPHIA PA 19104-4228 215-349-8325	NS	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	*IM	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	ORS	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	R	LEE, MD, BERNARD L FOX CROFT SQUARE JENKINTOWN PA 19046	U
KOTLER, MD, BARRY M 244 IRONWOOD CIR ELKINS PARK PA 19117-1315 215-224-7775	OM	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	PD	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	DIA	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	IM	LEE, IRIS J 271 S 15TH ST #1902 PHILADELPHIA PA 19102-5051	ST
KOTLOFF, MD, LEON 1001 CITY AVE WYNNEWOOD PA 19096-3902	IM	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	CD	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	GS	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	FP	LEE, JONG O 639 S BROAD ST APT O-12 LANSDALE PA 19446-3760	ST
KOTWAL, MD, NEVILLE H RR 1 BOX 2437 SCHNECKSVILLE PA 18078-9801	P	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	PD	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	IM	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	IM	LEE, JOSEPH R 3695 MANOR RD BETHLEHEM PA 18017-8609	AN
KOUTCHER, MD, MARTIN E 2221 S BROAD ST PHILADELPHIA PA 19148-2938 215-336-0655	IM	KRAUS, MD, THEODORE J 3153 RICHMOND ST PHILADELPHIA PA 19134-5808 215-739-5978	CD	KURTZ, MD, ALFRED B 1050 INDIAN CREEK RD WYNNEWOOD PA 19096-3407 215-955-6343	IM	LANGE, MD, EDWARD G 1441 LEWIS RD RYDAL PA 19046-1411 717-947-0151	IM	LEE, MD, KWANG W CHILDRENS HOSP OF PHILA PHILADELPHIA PA 19104-4385	AN

LEE, PETER P	ST	LERNER, MD, ARTHUR M	IM	LEVY, STEVEN A	ST	LIMBERAKIS, MD, ANTHONY J	* DR	LIVORNESE, MD, DOUGLAS S	PUD
950 WALNUT ST APT 614		7524 FRANKFORD AVE		8201 HENRY AVE APT N20		636 CROSSWICKS RD		6 PIONEER CT	
PHILADELPHIA PA 19107-5570		PHILADELPHIA PA 19136-3533		PHILADELPHIA PA 19128	END	RYDAL PA 19046-3002		TRENTON NJ 08628-3604	
LEE, PO-SHUN	ST	215-224-8980		LEWIS, MD, ALAN E		215-698-1000		609-538-8345	
3900 CHESTNUT ST APT 603		LERNER, MD, HARVEY J	ON	VALLEY ENDOCRINE ASSOC		LIMOGES, MD, RICHARD F	* P	LIVORNESE JR, MD,	* ID
PHILADELPHIA PA 19104		1 PENN BLVD		MESA AZ 85202		111 N 49TH ST		LAWRENCE L	
LEE, MD, ROTAN	GP	PHILADELPHIA PA 19072		602-827-1220		PHILADELPHIA PA 19139-2718		LANKENAU MEDICAL BLDG	
7999 RTE 130 SOUTH		215-951-8014		LEWIS, MD, DANIEL W	CD	215-471-2428		STE 467	
PENNSAUIDEN NJ 08110		LESCHKE, MD, LISA M	IM	255 S 17TH ST		LIN, HENRY	ST	WYNNWOOD PA 19096	
LEE, SUSIE I	ST	3 VIBURNUM CT		PHILADELPHIA PA 19103-6231		3600 CHESTNUT ST BOX 735		610-896-0210	
120 WHIPPUE AVE		LAFAYETTE HILL PA 19444-2515		215-545-2521		PHILADELPHIA PA 19104-6106		LOBERANT, LESLIE A	ST
CRANSTON RI 02920		LESHNER, DO, RICHARD T	CD	LEWIS, HENRY J	ST	LIN, MD, PAUL M	NS	242 S 13TH ST APT 1-B	
LEE, TERRENCE H	ST	ST MARY MEDICAL STE 102		118 MONTANA DR		1100 MILL RD		PHILADELPHIA PA 19107	
325 N 15TH ST #1408		LANGHORNE PA 19047		CHADDS FORD PA 19317-9283		RYDAL PA 19046-2527		LOCK, W SCOTT	ST
PHILADELPHIA PA 19102		215-750-6657		LEWIS, MD, JAMES W	IM	LINDENMAYER, MD, A EARLE	PTH	1000 WALNUT ST #504	
LEE, MD, W ROBERT	RO	LESSER, MD, RAYMOND W	OTO	7601B GERMANTOWN AVE		717 SPRUCE ST APT 3F		PHILADELPHIA PA 19107	
FOX CHASE CANCER CENTER		HAHNEMANN UNIV HOSP		PHILADELPHIA PA 19119		PHILADELPHIA PA 19106		LODISE, MD, RAYMOND J	* IM
PHILADELPHIA PA 19111		215-762-3700		215-248-0112		215-955-6351		2950 OAK RIDGE FARM RD	
215-728-2581		LESSIG, MD, HARRY J	NM	LEWIS, MD, PAUL L	PTH	LINDQUIST, MD, JOHN N	IM	HUNTINGDON VLY PA 19006-4902	
LEE, MD, YI-CHUN	OBG	MEDICAL COLLEGE HOSP		521 BAIRD RD		422 SABINE AVE		215-735-8459	
1015 AFTON ST APT 16		ELKINS PARK PA 19117		MERION STATION PA 19066-1301		WYNNWOOD PA 19096-1402		LOFTUS, MD, THOMAS A	P
PHILADELPHIA PA 19111-3234		215-663-6044		215-952-0962		215-923-5413		278 MAPLE ST	
LEE JR, MD, CHARLES T	IM	215-663-6044	PTH	LEWIS, RYAN D	ST	LING, MD, DAVID	FP	HAWORTH NJ 07641-1122	
8811 GERMANTOWN AVE		LESSIG, MD, MARVIN A		68 APPLE DR		314 YORK RD		212-288-3364	
PHILADELPHIA PA 19118-2718		78 ROCK ROAD W		EXTON PA 19341-2108		JENKINTOWN PA 19046		LOGAN, CAROLINE V	ST
215-247-6212		GREEN BROOK NJ 08812		LEWIS, MD, ZOE A	IM	215-884-7620		2200 BEN FRANKLIN PKWY 903E	
LEE JR, MD, JAMES H	OBG	201-775-8211	ST	17 DUTTON ST		LININ, DO, ROBERT	P	PHILADELPHIA PA 19130	
1722 BAYSHORE DR		LETIZIA, KATHLEEN A		RIDLEY PARK PA 19078-2301		419 LAWRENCE RD		LOGAN, MD, THOMAS M	GP
COCOA BEACH FL 32931-2314		1 MONTGOMERY AVE APT 209		215-829-3000		BROOMALL PA 19008-3748		110 MAGNOLIA DR	
LEEGARD, MD, ROBERT L	AN	BALA CYNWYD PA 19004-2655		LEWIS JR, MD, GEORGE C	ON	610-353-2800		DOUGLASSVILLE PA 19518-1128	
2701 HOLME AVE STE 201		LETO, MD, FRANCESCO	IM	721 SUSSEX RD		LINNEMANN, MD, ROGER E	R	LOGOVINSKY, VERONIKA	ST
PHILADELPHIA PA 19152-2029		1419 S BROAD ST		WYNNWOOD PA 19096-2445		3021 DARNELL RD		2201 CHERRY ST APT 903	
LEFKOE, MD, ROY T	ORS	PHILADELPHIA PA 19147-4919		215-955-8498	* GP	PHILADELPHIA PA 19106		PHILADELPHIA PA 19103-1050	
GRADUATE MEDICAL OFFICE BLDG		215-462-3181		LEYZIN, MD, FELIX		215-824-1300		LOGUE, MD, JAMES G	GYN
PHILADELPHIA PA 19146-1529		LEVAV, AMY L	ST	8025 CASTOR AVE		LIPMAN, MD, BERNARD L	PDA	123 ORCHARD CT	
215-466-8343		819 LOMBARD ST		PHILADELPHIA PA 19152-2733		CEDARBROOK HLS APTS STE 4		BLUE BELL PA 19422-2834	
LEFTON, MD, HARVEY B	GE	PHILADELPHIA PA 19147-1316	OTO	LEYZIN, MD, MARA S	* FP	WYNCOTE PA 19095-2614		215-438-3301	
TWO BALA PLAZA IL22 24		LEVICK, DO, STACI L		8025 CASTOR AVE		215-886-1602		LOMAX JR, MD, WALTER P	IM
BALA CYNWYD PA 19004		631 CROYDEN RD		PHILADELPHIA PA 19152-2733		LIPPIN, MD, RICHARD A	OM	PO BOX 24	
610-664-9700		CHELTENHAM PA 19012-1615		LIACHOWITZ, MD, CLAIRE H	PM	3801 WEST CHESTER PK		HILLTOWN PA 18927-0024	
LEGG, DO, KIMBERLY A	PM	215-871-1111	ND	SUTTON TER APT 501		NEWTOWN SQUARE PA 19073-2320		LONDON, MD, PHILIP	ORS
3901 CONSHOHOCKEN AVE #1203		LEVICK, MD, STANLEY N		BALA CYNWYD PA 19004		610-359-2955		6658 SANZO RD APT B	
PHILADELPHIA PA 19131-5427		956 IRVIN RD		610-667-8764	GS	LIPPMAN, CALEB R	ST	BALTIMORE MD 21209-2442	
215-707-7022		HUNTINGDON VLY PA 19006-8506		LIAM, MD, MING T		4701 PINE ST APT 10B		410-356-8440	
LEHMAN, ANDREW P	ST	LEVIEU, MD, DAVID H	GS	125 W BROAD ST		PHILADELPHIA PA 19143-1816		LONDON, MD, W THOMAS	IM
950 WALNUT ST #1009		EPISCOPAL HOSP		TAMAQUA PA 18252-1916		LIPPMAN, MD, DEBORAH S	AN	FOX CHASE CTR	
PHILADELPHIA PA 19107		PHILADELPHIA PA 19125		717-668-5177		7 E LANGHORNE AVE		PHILADELPHIA PA 19111-2412	
LEHMANN, MD, DAVID C	CD	215-427-7042		LIAM, MD, WEN HAW	EM	HAVERTOWN PA 19083-4706		215-728-2204	
957 PAIGE CT		LEVIN, MD, ANDREW J	OPH	10 GUM TREE RD		LIPPO, MD, FRANK L	OBG	LONG, LISA M	ST
LANGHORNE PA 19053-3568		11 WINDSOR DR		LAFAYETTE HILL PA 19444-2432		2301 S BROAD ST		317 N BROAD ST APT 310	
215-427-7000		VOORHEES NJ 08043		215-787-9070		PHILADELPHIA PA 19148-3542		PHILADELPHIA PA 19107	
LEHRER, MD, LEWIS	AN	215-339-8100		LIBASSI, MD, MARK J	GS	PHILADELPHIA PA 19148-3542		LONGNECKER, MD, DAVID E	AN
40 E RIDING DRIVE		LEVIN, MD, DAVID C	R	1835 DOVER RD		LIPSCHUTZ, MD, ARTHUR	PDA	UNIV OF PA DEPT ANES	
CHERRY HILL NJ 08003-2707		THOS JEFFERSON UNIV HOSP-RD		215-831-6100		1250 GREENWOOD AVE APT 726		PHILADELPHIA PA 19104-4283	
609-428-6861		PHILADELPHIA PA 19107-0000		215-955-7264	ST	JENKINTOWN PA 19046-2905		215-662-3738	
LEHRER, MICHAEL S	ST	215-955-7264	N	LIBELL, DAVID P		215-248-0606		LONGO-MALLOY, DO, DEBORAH R	GP
101 CROSSHILL RD		LEVIN, MD, I HOWARD		8200 HENRY AVE APT C6		LIPSCHUTZ, MD, LOUIS B	P	144 GRANDVIEW RD	
WYNNWOOD PA 19096-3509		3836 RIDGEVIEW RD		PHILADELPHIA PA 19128-2942		175 RIDINGS WAY		SPRINGFIELD PA 19064-1711	
LEIGHTON JR, MD, JOHN C	HEM	HUNTINGDON VLY PA 19006-2807		LICHTENSTEIN, MD, ISRAEL	* IM	610-853-3370		LONSDORF, MD, RICHARD G	P
719 MILLWOOD RD		215-324-3300		7909 OXFORD AVE		AMBLER PA 19002-5245		415 OLD GULPH RD	
PHILADELPHIA PA 19115-4127		LEVIN, MD, MICHAEL D	PD	PHILADELPHIA PA 19111-2224		610-853-3370		NARBERTH PA 19072-1442	
215-221-4000		2701 HOLME AVE STE 205		215-745-8803		LIPSCHUTZ, MD, STEVEN M	* FP	610-664-9797	
LEINWEBER, MD, BRUCE K	* OBG	PHILADELPHIA PA 19152-2029		LICHTENSTEIN, MD, STEPHEN B	OPH	170 W OLNEY AVE		PHILADELPHIA PA 19120-2457	
DEPT OB/GYN LVEY 2		215-331-0888		152 LANCKENAU MEDICAL BLDG		PHILADELPHIA PA 19120-2457		LIPSHUTZ, MD, HAROLD	U
PHILADELPHIA PA 19141-3001		LEVIN, MD, NORMAN P	PTH	WYNNWOOD PA 19096		1147 HILLSBORO MILE APT 302S		LOPEZ, JOANNE E	ST
215-456-7700		EPISCOPAL HOSP PTH DEPT		610-649-2600		HILLSBORO BEACH FL 33062-1715		3500 VAUX ST	
LEISER, MD, JONATHAN B	IM	PHILADELPHIA PA 19125		LICHTMAN, MD, JOSEPH M	US	PHILADELPHIA PA 19120-2457		PHILADELPHIA PA 19129-1447	
1521-A STONEY LN		215-427-7333		1819 FRIESIDE LN		1919 CHESTNUT ST APT 1504		LOPEZ, MD, AISA G	PM
PHILADELPHIA PA 19115-4280		LEVIN, MD, RONALD M	IM	CHERRY HILL NJ 08003-3244		PHILADELPHIA PA 19103-3424		8046 CRITTENDEN ST	
LEITMAN, MD, ELLIOTT H	ORS	21 CHESWOLD DR		215-922-4274		LISAN, MD, PHILIP	CD	PHILADELPHIA PA 19118-2909	
6312 BROOKVIEW PL		SOUTHAMPTON PA 18966-3012		LIEBENBERG, MD, ROBERT E	ORS	468 MERION RD		LOPEZ, MARK A	ST
ELKINS PARK PA 19027		215-332-4467		KLEIN PROF OFF BLDG		MERION STATION PA 19066-1350		35-B STENTON CT	
215-456-6051		LEVINE, MD, MARC J	ORS	PHILADELPHIA PA 19141		610-861-6687		TRENTON NJ 08610	
LEMA, MD, MICHELE L	OBG	719 S PHILIP ST		215-456-9400		LISI, MD, LOUISE M	PD	LOPEZ JR, DO, ALBERT A	IM
327 S 17TH ST		PHILADELPHIA PA 19147-3314		LIEBER, MD, CLAUDE P	GS	308 PELHAM RD		STONEY RUN APT 57E	
PHILADELPHIA PA 19103-6726		LEVINE, MD, MICHAEL G	IM	GRADUATE HOSP PEPPER PAVILION		PHILADELPHIA PA 19119-3110		MAPLESHADE NJ 08052	
215-546-6475		209 ASHLEY RUN		PHILADELPHIA PA 19146		215-247-2996		215-893-2000	
LEMOLE, MD, GERALD M	CDS	VOORHEES NJ 08043		LIEBERMAN, MD, DANIEL	P	LISKER, MD, SHELDON A	ND	LORBER, MD, STANLEY H	GE
CHRISTIANA MED CTR STE 205		215-955-8904		PIER FIVE		1840 SOUTH ST		211 EMERALD LN	
NEWARK DE 19713		LEVIN, MD, RICHARD B	R	PHILADELPHIA PA 19106-1424		PHILADELPHIA PA 19146-1419		PALM BEACH FL 33480	
302-738-0448		304 OGDOWN LN		LIEBERMAN, MD, DONALD H	IM	215-735-4942		215-221-3433	
LENAHAN, R SEAN	ST	ELKINS PARK PA 19177-1609		9501 ROOSEVELT BLVD FL 312		PHILADELPHIA PA 19146-1419		LOUI, BENNETT Y	ST
4335 MANAYUNK AVE APT 3		215-663-6078		PHILADELPHIA PA 19114-1028		LISTA, MD, WILLIAM A	CD	1000 WALNUT ST APT 1710	
PHILADELPHIA PA 19128		LEVINSKY, MD, WALTER J	IM	215-673-7070		525 JAMESTOWN AVE STE 101		PHILADELPHIA PA 19107	
LENCHNER, MD, GREGORY S	PUD	3401 N BROAD ST		LIEBERMAN, MD, GEORGE E	OTO	PHILADELPHIA PA 19128-1751		LOVE, MD, CAROL A	* FP
1001 CITY LINE AVE APT WB113		PHILADELPHIA PA 19140-5103		CEDARBROOK APTS A306		215-482-1400		216 W CHELTEN AVE	
WYNNWOOD PA 19096		215-221-4738		WYNCOTE PA 19095		LITKA, MD, PAUL A	IM	PHILADELPHIA PA 19144-3803	
610-896-0280		LEVINSO, MD, STUART L	P	LIEBERMAN, DO, RONALD M	PM	305 FARWOOD RD		215-848-8800	
LENZ, PATRICK K	ST	117 N 15TH ST APT 1001		557 ARGYLE AVE		WYNNWOOD PA 19096-4014		LOVE, MD, MICHAEL B	DR
950 WALNUT ST APT 713		PHILADELPHIA PA 19102-1518	OS	AMBLER PA 19002-4907		LITRENTA, CHRISTINA	ST	205 E FIEDLER RD	
PHILADELPHIA PA 19107-5596		LEVIT, MD, EDITH E		PHILADELPHIA PA 19102	ORS	325 N 15TH ST APT 504		AMBLER PA 19002-2716	
LEO, MD, LOUIS R	CD	210 W RITTENHOUSE SO		LIEBERT, MD, PAUL L		PHILADELPHIA PA 19102		215-221-2586	
439 LANCKENAU MED BLDG W		APT 2305		1905 E ALLEGHENY AVE		LITTMAN, MD, JEFFREY JAY	AN	LOWRY, MD, LOUIS D	OTO
WYNNWOOD PA 19096-3427		PHILADELPHIA PA 19103-5709		PHILADELPHIA PA 19134-3121		401 HIGHLAND AVE		660 SHELLBARK LN	
610-658-0489		LEVIT, MD, LAWRENCE S	AN	215-739-6512		MEDIA PA 19063-2209		ROSEMONT PA 19010-1743	
LEON, STUART M	ST	151 DARTMOUTH RD		LIEBMAN, MD, EMIL P	OTO	215-955-6161		LOWRY, MORGAN A	ST
3579 INDIAN QUEEN LN		BALA CYNWYD PA 19004-2226		215 SPRUCE ST		LITVIN, SHANE J		119 S BEECHWOOD ST	
PHILADELPHIA PA 19129-1539		610-874-8448		PHILADELPHIA PA 19103-6504		950 WALNUT ST APT 308		PHILADELPHIA PA 19103	
LEONARD JR, MD, EDWARD C	P	LEVITAN, MD, MARK	OPH	215-790-1553		PHILADELPHIA PA 19107		LUBIN, MD, JOSEPH D	AN
1435 CLOVERLY LN		5001 FRANKFORD AVE		LIEF, MD, HAROLD I	P	215-790-1553		226 LOCUST ST	
RYDAL PA 19046-1403		PHILADELPHIA PA 19124		700 SPRUCE ST STE 503		3440 N BROAD ST BOX 641		PHILADELPHIA PA 19106-3901	
215-831-4800		215-288-5000		PHILADELPHIA PA 19106-4027		PHILADELPHIA PA 19140-5104		LUBIZKA, MD, ALEXANDRA	P
LEONE PAK, MD, LISA D	OBG	LEVY, CHARLES L	ST	215-828-5640		LIU, MD, MINXIA	IM	6357 WAYNE AVE APT B1	
3625 WELSH RD APT N36		1101 CHARLESTON GREENE		LIEN, WILLIAM J	ST	4247 LOCUST ST #514		PHILADELPHIA PA 19144-3117	
WILLOW GROVE PA 19090-2935		MALVERN PA 19355		2001 BRIDGEWATER CT		PHILADELPHIA PA 19104-2955		215-843-9334	
LEONG, MD, MIAMI	US	LEVY, DO, KENNETH M	P	CHESTER SPRINGS PA 19425-8715		215-829-3000		LUCAS, MD, R DUBOIS	GP
317 N BROAD ST #723		FRIENDS HOSP		LIFTON, STACEY H	ST	LIU, VINCENT	ST	237 E PRICE ST	
PHILADELPHIA PA 19107-1018		PHILADELPHIA PA 19124		7901 HENRY AVE #C311		NICHOLS BOX 739		PHILADELPHIA PA 19144-2147	
LEPAR, MD, EDWIN	R	215-831-4701		PHILADELPHIA PA 19128		PHILADELPHIA PA 19104-6109		215-438-7745	
1040 KINGSLEY RD		LEVY, MD, MICHAEL H	ON	LILLEY, MD, EILEEN R	OPH	LIVOLSI, MD, PHILIP D	GP	LUCAS-FEHM, MD, LYNN MICHELE	R
RYDAL PA 19046-3338		7701 BURHOLME AVE		126 FAIRLAMB AVE		7430 NEW SECOND ST		8309 CRITTENDEN ST	
		PHILADELPHIA PA 19111		HAVERTOWN PA 19083-2821		PHILADELPHIA PA 19126-2516		PHILADELPHIA PA 19118-2913	
		215-728-3637		215-662-810					

PHILADELPHIA

LUCEY III, MD, DENIS J 40 W HIGHLAND AVE PHILADELPHIA PA 19118-3310 215-247-4622	* US	MAGARGAL, MD, HELGA O 9601 MILNOR ST PHILADELPHIA PA 19114-3198 215-624-0500	OPH	MANGAN, MD, CHARLES E 233 S 6TH ST APT 709 PHILADELPHIA PA 19106-3752 215-627-8500	ON	MARGOLIS, MD, BERNARD 7342 BROOKHAVEN RD PHILADELPHIA PA 19151-2205 215-473-8444	PD	MATHER, SUSAN 505 N 20TH ST PHILADELPHIA PA 19130	ST
LUDOLPH, MD, CAROL ANN 5049 OXFORD AVE PHILADELPHIA PA 19124-2652 215-288-2343	* NS	MAGARGAL, MD, LARRY E WILLS EYE HOSP PHILADELPHIA PA 19107 215-824-3920	* OPH	MANHOFF, MD, DION T 250 JOHNSTON DR BETHLEHEM PA 18017-1762 610-861-2261	PTH	MARGOLIS, MD, STEPHEN H CEDARBROOK HILL APTS WYNNCOTE PA 19095-2801 215-886-6348	IM	MATHEWS, MD, ROBERT A 1225 SCOBEE DR LANSDALE PA 19446-6510 215-297-2308	* PDC
LUGO, DO, ERNESTO 521 MEADOWBROOK DR HUNTINGDON VALLEY PA 19006 215-456-6336	GP	MAGEE, MD, JOHN G 220 HEWETT RD WYNNCOTE PA 19095-1204 215-247-1172	PD	MANI, MD, SHOBA H 479 ROLLING RD ROSEMONT PA 19010-1228	AN	MARINO, ALLEN T 2200 BEN FRANKLIN PKWY PHILADELPHIA PA 19130-3601	ST	MATITYAHU, AMIR M 1533 GREEN ST #1E PHILADELPHIA PA 19130-4005	* ST
LUM, MICHAEL H 3356 TILDEN ST PHILADELPHIA PA 19129	ST	MAGEE, MD, MICHAEL C PENNSYLVANIA HOSP PHILADELPHIA PA 19107-6192 215-829-6502	U	MANLEY, MD, DONELSON R 226 WINDSOR LA HAVERFORD PA 19041 215-896-6088	OPH	MARINO, LOUIS C 313 S 10TH ST PHILADELPHIA PA 19107-6107	ST	MATSKO, MD, JANINE A 63 LANKENAU MED BLDG E WYNNWOOD PA 19096 215-329-2566	OPH
LUND, MARK E 530 S 2ND ST APT 627 PHILADELPHIA PA 19147-2423	ST	MAGILNER, MD, LOUIS 124 OLYMPUS CIR JUPITER FL 33477-7302	R	MANLOVE, MD, FRANCIS R 709 DIXON LN GLADWYNE PA 19035-1601 610-649-3993	P	MARINO, MD, RALPH 111 S 11TH ST PHILADELPHIA PA 19106-4109 215-955-5012	PM	MATSUMOTO, MD, TERUO 1116 SANDRINGHAM RD BALA CYNWYD PA 19004-2023 215-762-8389	GS
LUNDY, MD, THEODORE 2565 E NORRIS ST PHILADELPHIA PA 19125-3530	IM	MAGNO, REBECCA M 4038 VISTA ST PHILADELPHIA PA 19136	ST	MANN, BARBARA L 1 FRANKINTOWN BLVD APT 814 PHILADELPHIA PA 19103	ST	MARIOTTI, DO, LOUIS J 3723 MANAYUNK AVE PHILADELPHIA PA 19128-3704 215-871-1700	OTO	MATSUMURA, DAVID N 2991 SCHOOL HOUSE LN PHILADELPHIA PA 19144-5357	ST
LUONGO JR, MD, ROMEO A 2054 LOCUST ST PHILADELPHIA PA 19103-5614 215-567-2262	OTO	MAGRAN, MD, LEONARDO 1001 VLY RD MELROSE PARK PA 19126-1814 215-635-2482	CHP	MANN, MD, BARRY D DEPT OF SURGERY PHILADELPHIA PA 19129 215-842-7663	GS	MARK, ARTHUR K 2508 KIRK DR HUNTINGDON VLY PA 19006-5429	ST	MATTEI, MD, FRANK A 1421 S BROAD ST PHILADELPHIA PA 19147-4919 215-465-8900	ORS
LUSCOMBE, MD, HERBERT A 111 S 11TH ST PHILADELPHIA PA 19107-4824 215-928-0212	D	MAGUIRE, MD, DAVID P 524 MAIN BLDG PHILADELPHIA PA 19107-5244 215-955-7089	AN	MANN, MD, RONALD M 1936 S PARK AVE HADDON HEIGHTS NJ 08035-1031	US	MARK, MD, GEORGE E 934 COATES RD MEADOWBROOK PA 19046-2542	CD	MATTEUCCI, MD, WALTER V 8103 ARDMORE AVE WYNNMOOR PA 19038-8419 215-247-7696	IM
LUSH, MD, DAVID T 2020 WALNUT ST APT 21B PHILADELPHIA PA 19103-5642 215-842-6869	* IM	MAHONEY, MD, MARIA M 74 E GREENWOOD AVE LANSWYNDALE PA 19050	ST	MANNES, MD, ANDREW J 10121 PARKWOOD DR BETHNESDA MD 20814 215-662-8000	AN	MARK, TIMOTHY W 8215 BURHOLME AVE PHILADELPHIA PA 19111-1841	ST	MATTHYS-OLLODART, MD, SUSANNE E 1206 UNIVERSITY DR YARDLEY PA 19067-2826	PD
LUTZ, MD, WENDY J 1 FRANKLIN TOWN BLVD APT 1810 PHILADELPHIA PA 19103-1249	IM	MAIER, MD, WILLIS P TEMPLE UNIV HOSP PHILADELPHIA PA 19140 215-221-3633	GS	MANNION, MD, JOHN D 1025 WALNUT ST PHILADELPHIA PA 19107-5001 215-955-5095	TS	MARKLEY, MD, KARYN C 1016 TRINITY LN GULPH MILLS PA 19428-2642	OBG	MATTEMAN, MD, STEVEN J 205 NEWTOWN RD STE 207 WARMINSTER PA 18974-5207 215-674-4227	* IM
LYNCH, MD, JAMES J 2318 E CUMBERLAND ST PHILADELPHIA PA 19125-2206	GP	MAJOR, MD, DAVID A 624 W CLIVENED ST PHILADELPHIA PA 19119-3601 215-440-8681	IM	MANNING, MD, JOHN D 1025 WALNUT ST PHILADELPHIA PA 19107-5001 215-955-5095	TR	MARKMANN, MD, WILLIAM J 7500 CENTRAL AVE STE 108 PHILADELPHIA PA 19111-2432 215-745-4050	ORS	MAURER, MD, PHILIP M THOMAS JEFFERSON UNIV HOSP PHILADELPHIA PA 19107-4824 215-928-6161	AN
LYNCH, STEPHEN F 325 N 15TH APT 1305A PHILADELPHIA PA 19102	ST	MAKLER, MD, JACOB S 225 S 18TH ST APT 915 PHILADELPHIA PA 19103-6128	OS	MANSFIELD, MD, CARL M 111 S 11TH ST PHILADELPHIA PA 19107-4824 215-955-6705	PS	MARKOWSKI, MD, WILLIAM J 2196 CHASE DR NICEVILLE FL 32578 904-882-7344	ST	MAURIELLO, DO, CHARLES A 2500 GRUBB RD STE 110 WILMINGTON DE 19810-4711	ORS
LYTTON, MD, MARGARET S 1015 WALNUT ST PHILADELPHIA PA 19107 610-667-0650	FP	MAKLER JR, MD, P TODD 960 MEETINGHOUSE RD RYDAL PA 19046-2432 215-456-6260	NM	MANSTEIN, MD, CARL H JEANES PHYSICIAN OFFICE BLDG PHILADELPHIA PA 19111-2431 215-742-6700	PS	MARKS, MD, DAVID I HAHNEMANN UNIVERSITY PHILADELPHIA PA 19130 215-762-8026	HEM	MAUS, MD, MARLON T WILLS EYE HOSP PHILADELPHIA PA 19107 215-928-1417	OPH
MABE, MD, NANCY C 1500 LOCUST ST APT 2115 PHILADELPHIA PA 19102-4317 215-955-8904	IM	MAKOUS, MD, NORMAN 829 SPRUCE ST PHILADELPHIA PA 19107-5797 215-627-5707	* IM	MANSTEIN, MD, MARK E 1221 BARROWDALE RD RYDAL PA 19046-2415 215-742-6700	PS	MARKS, MD, GERALD 1100 WALNUT ST PHILADELPHIA PA 19107-5563 215-923-5010	GS	MAYRIS, SAVAS P 354GROSSEVENOR ST FLUSHING NY 11363	ST
MACDONALD, MD, JOHN S 3322 N BROAD ST PHILADELPHIA PA 19140-5102 215-221-8030	ON	MALEK, MD, MANSOUR 4160 N SCOTTSDALE RD SCOTTSDALE AZ 85251-3908	FP	MANSTEIN, MD, MARK E 1221 BARROWDALE RD RYDAL PA 19046-2415 215-742-6700	PS	MARKS TABBY, MD, SARA 217 SPRINGHOUSE LN MERION STATION PA 19066-1114 215-427-3761	PM	MAYER, MD, DAVID P 1840 SOUTH ST PHILADELPHIA PA 19146-1419 215-893-7272	* DR
MAČEK, MD, ANNE L 532 ELLIOTT DRIVE KING OF PRUSSIA PA 19406-1612 215-923-2583	PD	MALICKI, MARK M 313 S 10TH ST PHILADELPHIA PA 19107-6107	ST	MANTIONE JR, JOHN R 3924 DELANCEY ST PHILADELPHIA PA 19104-4107	ST	MARLOWE, MD, FRANK I 1920 CHESTNUT ST PHILADELPHIA PA 19103-4634 215-561-2546	OTO	MAYER, MD, NATHANIEL H 7904 WASHINGTON LANE WYNNCOTE PA 19095-2209 215-456-9560	PM
MACFADYEN, MD, BRUCE V 245 CHATHAM WAY HERSHEY MILL WEST CHESTER PA 19380	OBG	MALKIN, MD, ALAN G 1301 FAIRY HILL RD RYDAL PA 19046-2937 215-456-8608	EM	MANUS, MD, NATHAN 1001 CITY AVE APT ED 629 WYNNWOOD PA 19096	GP	MARONE, MD, PHILLIP J 130 S 9TH ST STE 106 PHILADELPHIA PA 19107-5212	ORS	MAYOCK, MD, ROBERT L HOSP OF UNIV OF PA PHILADELPHIA PA 19104-4274 215-662-2470	PUD
MACHADO, MD, CESAR G 701 SUMMIT AVE APT D217 PHILADELPHIA PA 19128-2325	US	MALKIN, MD, RICHARD L 9501 ROOSEVELT BLVD STE 410 PHILADELPHIA PA 19114 215-969-4917	PD	MARBACH, MD, A HERBERT CEDARBROOK HILL APTS BPH 18 WYNNCOTE PA 19095-2820	GYN	MARON, CHRISTINE A 8201 HENRY AVE #H20 PHILADELPHIA PA 19128	ST	MAYRO, MD, JULIAN 1134 DEVON RD BOX 218 RYDAL PA 19046-3013	IM
MACHT JR, MD, ELMER L # 3 STEEPLCHASE LN BLUE BELL PA 19422-2460 215-657-8430	GYN	MALLOWS, MD, STANLEY B HOSP OF UNIV OF PENNA PHILADELPHIA PA 19104 215-662-7330	U	MARBAN, MD, ALEX J 8201 HENRY AVE APT L2 PHILADELPHIA PA 19128-2224 215-221-3689	OTO	MARQUETAND, MD, RALPH A 3500 POWELTON AVE APT C304 PHILADELPHIA PA 19104-2469	MFS	MAYS, WARREN L 8 ALLEGHENY CENTER APT 713 PITTSBURGH PA 15212-5232	ST
MACHTAY, MD, MITCHELL HUP PHILADELPHIA PA 19104-4228 215-662-3694	RO	MALMUD, MD, LEON S 3401 N BROAD ST PHILADELPHIA PA 19140-5103 215-707-7078	NM	MARCELIS, MD, JOHN F 2 PENN BLVD APT 202 PHILADELPHIA PA 19144-1403 215-843-8622	IM	MARR, BRIAN P 118 YARMOUTH LN MEDIA PA 19063-4329	ST	MAZDISNIAN, FARHAD 950 WALNUT ST APT 310-A PHILADELPHIA PA 19107	ST
MACKELL, MD, JAMES V GYPSY HILL ROAD PENLLYN PA 19422-0035	PD	MALLAVARAPU, MD, CHRISTOPHER T ATTENTION: DARLA CHASE PHILADELPHIA PA 19104	OTO	MARCH, THERESA M 8 MEADOWCREEK LN GLENMOORE PA 19343-2014	ST	MARSHALL, MD, E WAYNE 153 MEDFORD LEAS MEDORD NJ 08055-2231	PUD	MAZUR, MD, HOWARD 8450 LIMEKILN PK APT A404 WYNNCOTE PA 19095-2605	U
MACKIE, MD, JULIUS A 3400 SPRUCE ST PHILADELPHIA PA 19104-4219 215-862-2012	GS	MALLOY, MD, TERENCE R 299 S 8TH ST PHILADELPHIA PA 19106-4010 215-829-3409	U	MARCHANT, MD, LEWIS K 5500 WISSAHICKON AVE APT 403A PHILADELPHIA PA 19144-5638 215-893-2000	DR	MARSTELLER, SCOTT G 550 CHURCH RD ELKINS PARK PA 19027	IM	MCCADDE, DOMINIC J 3336 AINSLIE ST PHILADELPHIA PA 19129	ST
MACMORAN, MD, JAY W 435 RIGHTERS MILL RD NARBERTH PA 19072-1422 215-456-6200	R	MALMUD, MD, LEON S 3401 N BROAD ST PHILADELPHIA PA 19140-5103 215-707-7078	NM	MARCHETTO, MD, PAUL A 928 FIELD LN VILLANOVA PA 19085-2003 215-221-2111	ORS	MARTIN, MD, CLARENCE H 7700-A STENTON AVE STE 1 PHILADELPHIA PA 19118 215-247-6333	IM	MCCHEE, MD, EDWARD H 527 E GRAVERS LN WYNNMOOR PA 19038 215-955-2353	FP
MACVAUGH III, MD, HORACE GRADUATE HOSP STE 901 PHILADELPHIA PA 19146 215-985-9190	CDS	MANCUSO, LISA M 3613 FOX ST PHILADELPHIA PA 19129	ST	MARCHOTTE, MD, PAUL J HOSP OF THE UNIV OF PA PHILADELPHIA PA 19104 215-349-8327	NS	MARTINEK, GREGORY S 3601 CONSHOHOCKEN AVE APT 408 PHILADELPHIA PA 19131	ST	MC GINTY JR, JAMES J 1815 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-1701	ST
MADDOW, CHARLES L 2201 PENNSYLVANIA AVE PHILADELPHIA PA 19130-3513	ST	MANDAL, MD, SANAT K 829 SPRUCE ST STE 105 PHILADELPHIA PA 19107-5752 215-829-3530	CD	MARCUCCI, MD, MICHAEL C 227 N BROAD ST PHILADELPHIA PA 19107-1511 215-563-5468	GS	MARTINEZ, MICHAEL F 204 E CHERRY ST APT 2 ATHENS PA 18810	PD	MC GONIGLE, EDWARD J 303 ROLLING HILL RD ELKINS PARK PA 19117	ST
MADEIRA, ROBERT G 302 E SANGER ST #2 PHILADELPHIA PA 19120	ST	MANDARINO, MD, MICHAEL J 2832 BELMONT AVE PHILADELPHIA PA 19131-1519 215-878-1212	ORS	MARCUS, MD, DONALD K 60 HESTON CT LANGHORNE PA 19047-1444 215-335-1313	ID	MARTYAK, NICHOLAS A 1000 WALNUT ST APT 602 PHILADELPHIA PA 19107	ST	MC GOWAN, MD, DAVID G 90 PALAMINO CT HORSHAM PA 19044-1984 215-441-3203	AM
MADIANOS, MD, EVAN F 349 S 47TH ST APT A605 PHILADELPHIA PA 19143-1863 215-717-4214	DR	MANDEL, MD, JEFFREY M 216 N BROAD ST PHILADELPHIA PA 19102-1101 215-762-8700	OPH	MARCUS, MD, MICHAEL S 900 MONTGOMERY AVE APT 204 BRYN MAWR PA 19010-3016	AN	MARTYN, MD, LOIS J ERIE AVE AT FRONT ST PHILADELPHIA PA 19134 215-427-5058	OPH	MC HUGH, SEAN P 225 MC CULLY ST PITTSBURGH PA 15216	ST
MADIANOS, MD, MICHAEL 2614 WOODWARD STREET PHILADELPHIA PA 19152-1334 215-676-9223	IM	MANDEL, MD, MARTIN M 1650 HUNTINGDON PIKE STE 160 MEADOWBROOK PA 19046-8095 215-938-7730	N	MARDEEN, MD, PHILIP A 163 VASSAR RD BALA CYNWYD PA 19004-2135 215-662-3363	OTO	MARVA, MD, DONALD J 309 PINE ST PHILADELPHIA PA 19106-4212 215-922-2920	IM	MC KENNA, MD, WILLIAM G 3400 SPRUCE ST PHILADELPHIA PA 19104-4228 215-662-3147	RO
MADONNA, MD, DINO 9367-B NEIL RD PHILADELPHIA PA 19115-4275 215-707-3665	GS	MANDEL, MD, STEVEN NEURO & NEUROPHYS ASSOC PC PHILADELPHIA PA 19107-5115 215-574-0075	N	MARGATE, MD, PEDRO R CALLOWHILL OPEN MRI PHILADELPHIA PA 19123-3907 215-574-9400	DR	MASLOFF, MD, MELVIN L 723 S LATCHES LN MERION STATION PA 19066-1613	OTO	MC KINNEY, DANA R 1830 GREEN ST # 3F PHILADELPHIA PA 19130-3904	ST
MADOW, MD, LEO 111 N 49TH ST PHILADELPHIA PA 19139-2718 215-471-2339	PYA	MANDELL, MD, MORTON S 5401 OLD YORK RD STE 401 PHILADELPHIA PA 19141-3030 215-329-0633	* CD	MARGERUM, MD, BRYAN S 310 CARSON ST PHILADELPHIA PA 19128-4803	IM	MASON, MD, DANIEL 911 BRYN MAWR AVE NARBERTH PA 19072-1524 215-564-3050	CD	MC LANE III, CLYDE 4006 PINE ST APT 2F PHILADELPHIA PA 19104-4027	ST

MC LINTOCK, GLENN R	ST	MC LAUGHLIN, MD, GEORGE E	RHU	MERLIN, DO, MARK A	US	MILLER, MD, GLADYS M	IM	MOGHADAM, MD, ABDOL NABI	CD
317 S 11TH ST		1401 DEKALB AND FORNACE STS		1337A E HOWELL ST		1735 KNOB LANE BOX 485		LANKENAU MED BLDG STE 567 E	
PHILADELPHIA PA 19107-6066		NORRISTOWN PA 19401		PHILADELPHIA PA 19149-3718		VALLEY FORGE PA 19481		WYNNWOOD PA 19096	
MC MANUS, STEPHEN W	ST	610-277-2750		215-871-1000		MILLER, MD, GLENN D	OTO	609-649-7263	
919 CLINTON ST		MC NAMARA, MD, THOMAS C	U	MERMELSTEIN, MD, ANDREW L	IM	304 MURRAY DR APT C		MOGIL, MD, ROBERT A	U
PHILADELPHIA PA 19107-6109		301 WHITE HORSE PK		201 S 18TH ST APT 1613		KING OF PRUSSIA PA 19406-3445		60 LLANFAIR CIR	
MC NAMARA, MD, J ARCH	OPH	HADDON HEIGHTS NJ 08030		PHILADELPHIA PA 19103-5930		MILLER, MD, HOWARD A	IM	ARDMORE PA 19003-3342	
929 HONEYUCKLE LN		609-547-1115		215-662-3924		1320 RACE ST		215-677-0667	
WYNNWOOD PA 19096-1649		MC NEIL-JACOBI, MD, ATHOLE G	AN	MESHKOV, MD, ARNOLD B	* CD	PHILADELPHIA PA 19107		MOKRYNSKI, MD, GREG	IM
215-233-4300		SUTTON TERRACE APT 308		1353 GILBERT RD		215-963-9760		103 AUGUSTA DR	
MC NEAL, AMY R	ST	BALA CYNWYD PA 19004		MEADOWBROOK PA 19046-1815		MILLER, MD, JEFFREY J	IM	BLUE BELL PA 19422-1273	
314 VILLAGE WALK		610-664-8116		215-674-4227		604 S WASHINGTON SO # 1703		215-334-2087	
EXTON PA 19341-1241		MC PEAK, MD, VINCENT J	OBG	MESSNER, KEVIN L	ST	PHILADELPHIA PA 19106-4115		MOLDOSKY, MD, PHILIP J	NM
MC OUADE, JENNIFER A	ST	301Y REDEEMER HOSP		3649 INDIAN QUEEN LN		MILLER, MD, JEFFREY L	END	RYDAL, PA 19046-1704	
325 N 15TH ST APT 311		MEADOWBROOK PA 19046-8001		PHILADELPHIA PA 19129-1524		HAHNEMANN UNIV MS 426		RYDAL, MD, GEORGE A	AI
PHILADELPHIA PA 19102		215-938-2014		MC SORLEY, MD, MARYANN BIDI	* GE	PHILADELPHIA PA 19102-1121		425 WESTMINSTER AVE APT 136	
MC ALLISTER, MD, HELEN B	P	1233 LOCUST ST STE 400	PD	8815 GERMANTOWN AVE		215-762-8114		HANOVER PA 17331-9141	
900 N TAYLOR ST APT 725		PHILADELPHIA PA 19107-5414		MEADOWNBROOK PA 19118-2729		MILLER, DO, JERI L	OBG	717-633-6191	
ARLINGTON VA 22203		215-545-8188		215-247-8070		2420 TERTWOOD RD		MONARI, MARY J	ST
MC CAUSLAND, JULIE B	ST	MECKLER, MD, DAVID I	P	METHRATTA, MD, SOSAMMA T	DR	HUNTINGDON VLY PA 19006-5511		325 N 15TH ST APT 701	
2215 GREEN ST APT C1		PO BOX 218		164 LAURISTON ST		215-663-9233		PHILADELPHIA PA 19102	
PHILADELPHIA PA 19130-3112		KULPSVILLE PA 19443-0218		PHILADELPHIA PA 19128-3728		MILLER, MD, JEROME	A	MONGIARDO, JAY P	ST
MC CLURE, CHARLES P	ST	215-884-5715		MEUSBURGER, MD, CHARLES E	P	191 PRESIDENTIAL BLVD		8630 JACKIE DR	
315 LARCHWOOD RD		MEDINGER, MD, FRED G	GS	ATLANTIC CITY MED CENTER		BALA CYNWYD PA 19004-1207		SAN DIEGO CA 92119-1415	
SPRINGFIELD PA 19064-2609		5880 VIA LUGANO APT 104		POMONA NJ 08240		610-667-7278		MONHEIT, MD, RICHARD S	IM
MC CLUSKEY, MD, LEO F	N	NAPLES FL 33963-7101		609-652-3551		MILLER, MD, LEONARD D	GS	7900 OLD YORK RD APT 513A	
8TH AND SPRUCE STS		MEEHAN, MD, JOHN J	CD	MEYER, MARGARET L	ST	HOSP UNIV OF PA		ELKINS PARK PA 19027	
PHILADELPHIA PA 19107		1650 HUNTINGDON PIKE STE 256		247 S JUNIPER ST APT 904		PHILADELPHIA PA 19104-4219		215-456-7260	
215-829-5342		MEADOWBROOK PA 19046-8096		PHILADELPHIA PA 19107		215-662-2014		MONTEIRO, MD, DENNIS T	PS
MC COLLUM, MICHAEL J	ST	215-938-1550		MEYERS, MD, JEFFREY S	PM	MILLER, MD, MARK A	IM	315A HOWELL RD	
3420 SUNNYSIDE AVE		MEER, JOHN F	ST	101 S PRINCETON AVE APT 3B		4000 GYPSY LN APT 601		MALVERN PA 19355-9660	
PHILADELPHIA PA 19129-1433		317 N BROAD ST		SWARTHMORE PA 19081-1539		PHILADELPHIA PA 19144-5542		610-835-5600	
MC COY, KELLY L	ST	PHILADELPHIA PA 19107-1014		MEYERS, MD, KARL R	* PTH	MILLER, DO, MORRIS	P	MONTESANO, MD, ANGELICA T	TR
1 FRANKLINTOWN APT 817		MEGLI, JOEL D	ST	1 PENN BLVD		3001 DEER CREEK C C BLVD 753		AEMC YORK AND TABOR RDS	
PHILADELPHIA PA 19103		506 S 41ST #1N		PHILADELPHIA PA 19144-1407		DEARFIELD BEACH FL 33442-8442		PHILADELPHIA PA 19141	
MC CURLEY, SCOTT D	ST	PHILADELPHIA PA 19104		215-951-8800		MILLER, MD, GARRY D	FP	215-456-6280	
3370 PAPER MILL RD		MELIN, MD, JEFFREY M	AI	MEYERS, MD, ROBERT W	P	100 LEHIGH AVE		MONTGOMERY, MD, OWEN C	OBG
HUNTINGDON VALLEY PA 19006-3725		EPISCOPAL HOSP		4524 FOREST PARK AVE		PHILADELPHIA PA 19125		111 S 11TH ST STE G4150	
MC CARRON, MD, DANIEL J	OBG	PHILADELPHIA PA 19125		SAINT LOUIS MO 63108-2166		215-427-9839		PHILADELPHIA PA 19107-4824	
2439 HILLCREST RD		215-426-5022		314-367-8424		MILLWARD, PETER A	ST	215-955-8707	
DREXEL HILL PA 19026-1220		MELLER, MD, MENACHEM M	ORS	MEZEY, MD, ALAN L	IM	317 S 11TH ST		MOORE, MD, DOUGLAS B	R
610-565-6111		131 RAYNHAM RD		3-A CYNWYD CT		PHILADELPHIA PA 19107		608 KINGS CROFT	
MC CLOSKEY, MD, RICHARD V	ID	MERION STATION PA 19066-1735		BALA CYNWYD PA 19004-3306		MILNER, MD, ROSS	ST	CHERRY HILL NJ 08034-1106	
1997 ROCHAMBEAU DR		215-427-6261		610-649-1515		1700 BENJAMIN FRANKLIN PKY		MOORE, MD, JAY R	NEP
MALVERN PA 19355-9722		MELNICK, MD, SANDY D	* P	MEZZANOTTE, MD, JOHN J	IM	PHILADELPHIA PA 19103-2729		1832 SPRUCE ST STE 100	
610-889-4793		111 N 49TH ST		221 HUNTSMAN LN		215-564-5368		PHILADELPHIA PA 19103-6619	
MC CONNELL JR, MD, EDWARD L	OBG	PHILADELPHIA PA 19139-2718		BLUE BELL PA 19422-2819		MILON, MD, CHARLES F	AI	215-545-2080	
115 GYPSY LN		215-471-2483		MICALLY, MD, LIZHAN	TR	834 CHESTNUT ST STE 434		MOORE, MD, MATTHEW T	N
WYNNWOOD PA 19096-1111		MELOTTI, MICHELLE K	ST	250 MAPLE HILL RD		PHILADELPHIA PA 19107-5127		1813 DELANCEY PL	
215-462-2220		8200 HENRY AVE APT A-7		GLADWYNE PA 19035-1308		215-627-2525		PHILADELPHIA PA 19103-6606	
MC CORMACK, MD, THOMAS M	NS	PHILADELPHIA PA 19128		215-448-8409		MILSTEN, MD, RICHARD	U	MOORE, MD, RACHEL M K	ST
HAHNEMANN UNIVERSITY HOSP		MELTON, MD, MARY E	END	MICALI, MD, ILLIANA D	IM	100 CARNIE BLVD STE A-3		52 OXFORD VILLAGE	
PHILADELPHIA PA 19102-1178		126 MILL BROOK LN		8200 HENRY AVE #A-23		VOORHEES NJ 08043		LANCASTER PA 17602	
215-762-8072		MEDIA PA 19063		PHILADELPHIA PA 19128-2936		609-751-7772		MOORE JR, MD, JOHN H	PS
MC CORMICK, MD, JOHN L	GS	215-955-1925		MICEK, MD, EDWARD W	* GS	MINCZAK, MD, BOHDAN M	ST	135 S 18TH ST	
PO BOX 110		MELVIN, MD, JOHN L	PM	2701 HOLME AVE STE 202		112 BONCOUER RD		PHILADELPHIA PA 19103-5228	
LAKE HARMONY PA 18624-0110		1200 W TABOR RD		PHILADELPHIA PA 19152-2029		CHELTENHAM PA 19012-1322		1060 KENYON DR	
MC CUNE, MD, WALLACE G	IM	PHILADELPHIA PA 19141-3099		215-563-9070		MINEHART, MD, JOHN R	GS	149 W WALNUT LANE	
2 PENN BLVD		215-456-9554		MICHALS, MD, TIMOTHY J	* P	PHILADELPHIA PA 19144-2611		PHILADELPHIA PA 19103-5228	
PHILADELPHIA PA 19144-1416		MEMBRENO, JAIME H	ST	125 S 9TH ST STE 1003		MINERVA, MD, FELICISIMA B	AN	215-583-8557	
215-843-6093		5450 WISSAHICKON AVE #612A		PHILADELPHIA PA 19107-5123		60 TOWNSHIP LINE RD		MOORE JR, MD, SAMUEL R	* OM
MC CURDY, MD, DINO E P	IM	PHILADELPHIA PA 19144		215-829-0331		ELKINS PARK PA 19117-2249		1070 KENYON DR	
THE STRATH AVENUE APT 802		MENCONI, KRISTIN M	ST	MICKLIN, MD, ALAN	CD	215-663-6303		MORAES, MD, EDUARDO D	IM
SWARTHMORE PA 19081-1808		8201 HENRY AVE APT 9		1 LAVISTER DR		MINION, MD, STEVEN L	AN	701 SUMMIT AVE APT D110	
215-468-5122		PHILADELPHIA PA 19128		MOUNT LAUREL NJ 08054-2641		520 S 19TH ST STE 1B		PHILADELPHIA PA 19128-2313	
MC DERMIT, MD, JOHN R	EM	MENDEL, MD, HOWARD G	* AN	MIESZKALSKI, MD, GLENN B	RO	PHILADELPHIA PA 19146-1449		215-842-6000	
1627 S BROAD ST		12 LUCERNE CT		3406 SAGEMORE DR		215-545-4173		MORALES, MD, DIEGO	PM
PHILADELPHIA PA 19148-1003		CHERRY HILL NJ 08003		MARLTON NJ 08053-3927		600 E CATHEDRAL RD APT 301-G		12TH STREET AND TABOR RD	
610-776-4622		215-955-6161		215-762-8410		PHILADELPHIA PA 19146-1449		PHILADELPHIA PA 19141	
MC DONALD JR, DO, JAMES F	CD	MENDEL, MD, RICHARD C	NS	MIKAELIAN, MD, DIRAN O	OTO	215-456-9513		215-456-9513	
5401 OLD YORK RD		10207 ELLERBE RD		DEPT OF OTOLARYNGOLOGY		MINTZER, MD, DAVID M	DR	MORALES-PELAEZ, MD, EILEEN S	AN
PHILADELPHIA PA 19141-3030		SHREVEPORT LA 71108		PHILADELPHIA PA 19107-5211		818-24 PINE ST STE 2A	* ON	EPISCOPAL HOSP	
215-329-0633		215-955-7110		215-955-6760		PHILADELPHIA PA 19107-6124		PHILADELPHIA PA 19125	
MC ELRATH, MD, JAMIE R	PD	MENDELSON, MD, LAWRENCE S	OTO	MIKELBERG, MD, ROSE R	PD	215-922-7200		215-427-7495	
101 MARGET CT		111 S 11TH ST STE G-5360		830 MONTGOMERY AVE APT 414		MIRCHANDANI, MD, HARESH G	PTH	MORANI, MD, ALMA D	
NEWARK DE 19711		PHILADELPHIA PA 19107-4824		BRYN MAWR PA 19010-3319		321 S UNIVERSITY AVE		600 E CATHEDRAL RD APT B303	
215-427-5000		215-955-7110		215-955-6760		PHILADELPHIA PA 19104-4543		PHILADELPHIA PA 19128-1926	
MC FARLAND, MD, MALCOLM D	IM	MENDELSSOHN, MD, EDWIN	GS	MIKHAIL, ALBERT A	ST	215-823-7470		MORENO, MD, HERMANN A	P
95 WILLOW WAY MEADOWOOD		8790 HOLLY COURT APT 104		2979 W SCHOOLHOUSE LN		MIRCHANDANI, MD, HARESH G		254 S ALDER ST	
LANDSALE PA 19446-5870		TAMARAC FL 33321		PHILADELPHIA PA 19144-5356		PHILADELPHIA PA 19104-4543		PHILADELPHIA PA 19107-6753	
MC GEADY, MD, STEPHEN J	* PDA	MENDEZ, MD, LEONARDO	GE	MIKUTA, MD, JOHN J	* OBG	215-823-7470		215-955-6060	
233 S 10TH ST STE 550		PO BOX 7700		3400 SPRUCE ST		MISHKIN, MD, MARK M	R	1040 STONY LN	
PHILADELPHIA PA 19107-5566		ARLINGTON VA 22207		PHILADELPHIA PA 19104-4219		1825 DELANCEY PL		GLADWYNE PA 19035-1136	
215-955-8912		609-757-7732		215-662-3313		PHILADELPHIA PA 19103-6606		215-662-5050	
MC GILL, MD, HERMAN I	IM	MENDEZ IRIZARRY, MD, LESBIA	IM	MILEWSKI, MD, FRANCIS J	OTO	MITCHELL, MD, ROBERT M	OBG	MORGENSTERN, KENNETH E	ST
923 MACDADE BLVD		6635 MCCALLUM ST		708 STEEPCCHASE CT		211 ARDLEIGH RD		2043 SPRING GARDEN ST 3RD FL	
COLLINGDALE PA 19023-3719		PHILADELPHIA PA 19119-3153		DEPTFORD NJ 08096-6820		NARBERTH PA 19072-1301		PHILADELPHIA PA 19130-3804	
610-522-1222		MENDOZA, BERNARDO	ST	215-955-6784		MITTAL, MD, SUNEET	IM	MORITZ, MD, MICHAEL J	RO
MC GLAMERY, MD, MURIEL E	N	3900 CITY AVE APT B315		MILICIA, MD, ANTHONY P	OBG	22 ROCKHILL RD		2339 S GEORGE ST	
KLEIN PROFESSIONAL BLDG		PHILADELPHIA PA 19131-5706		327 S 17TH ST		BALA CYNWYD PA 19004-2132		YORK PA 17403-5009	
PHILADELPHIA PA 19141-3030		MENG, RAYMOND D	ST	PHILADELPHIA PA 19103-6726		215-741-9400		MOROCCO, MARK V	
215-456-7190		3600 CHESTNUT ST BOX 834		215-546-6475		MITTELDOERF, MD, STEPHEN E	N	2026 GREEN ST #B	ST
MC GONNELL, CHRISTOPHER M	ST	PHILADELPHIA PA 19104-6106		MILLER, MD, ALLEN C	P	610-667-7167		PHILADELPHIA PA 19130	
3120 SCHOOLHOUSE LN #MA3		MENGEL, ALYSSA L	ST	168 SUMMIT LN		MITTICA, NICHOLAS M	ST	MORRIS, MD, JON B	GS
PHILADELPHIA PA 19144		950 WALNUT ST APT 408		BALA CYNWYD PA 19004-2931		950 WALNUT ST APT 304		4 SILVERSTEIN HUP	
MC GOWAN, MD, TRACY A	IM	PHILADELPHIA PA 19107		MILLER, MD, BARBARA A	PTH	PHILADELPHIA PA 19107-5564		PHILADELPHIA PA 19104-4219	
325 S FAWN ST		MENIN, MD, WILLIAM	GE	38 MYSTIC WAY		MIURA, MD, KAREN K	P	215-662-2131	
PHILADELPHIA PA 19107-5912		5401 OLD YORK RD STE 202		BURLINGTON NJ 08016-4254		1810 RITTENHOUSE SO		MORRIS, MICHAEL S	ST
MC GRAW, MD, THOMAS E	OM	PHILADELPHIA PA 19141-3030		MILLER, MD, CYNTHIA L	R	PHILADELPHIA PA 19103-5827		2201 CHERRY ST APT 604	
207 65TH AVE		215-324-3399		246 N BOWMAN AVE		215-735-1716		PHILADELPHIA PA 19103	
PHILADELPHIA PA 19126-3905		MENON, MD, VENU G	AN	MERION STATION PA 19066-1222		MIURA, LISA N	ST	MORRIS, MD, ROHINTON J	CDS
MC HUGH, MD, MARY P	PTH	610 BOXWOOD CT		215-952-9145		4701 PINE ST BOX #138		HAHNEMANN UNIVERSITY HOSP	
45 MAYFLOWER DR		TROY OH 45373-4351		MILLER, MD, DAVID	FP	PHILADELPHIA PA 19143		PHILADELPHIA PA 19102	
SICKLERVILLE NJ 08081-4120		MENSCHIK, ELLIOT D	ST	8550 NW 17TH PL		MIZE, DAVID S	ST	215-762-7802	
MC KEE, MD, RODERICK S	GS	718 RODMAN ST		PLANTATION FL 33322-5533		2215 ARCH ST APT 612		MORRISON, DO, ALAN R	US
MEDICAL OFFICE BLDG STE 235		PHILADELPHIA PA 19147-1324		MILLER, MD, DAVID M	ID	PHILADELPHIA PA 19103-1324		3900 CITY AVE #C-519	
PHILADELPHIA PA 19114		MERCADER, MD, LUIS	AN	811 CHARETTE RD		MLECKO, MICHAEL L	ST	PHILADELPHIA PA 19131-5810	
215-632-3630		7 CLARET CT		PHILADELPHIA PA 19115-3503		3120 SCHOOLHOUSE LN APT B-12		MORRISON, DANIEL M	ST
MC LAUCHLAN, GAIL L	ST	MARLTON NJ 08053-3813		215-762-7000		PHILADELPHIA PA 19144		3645 HAYWOOD ST	
3455 SUNNYSIDE AVE		609-562-6155		MILLER, MD, FRANCINE J	EM	PHILADELPHIA PA 19144		PHILADELPHIA PA 19129	
PHILADELPHIA PA 19129-1432		MERKIN, MD, ALVIN	AN	4139 JACKSON DR		MOFFSES			

PHILADELPHIA

MORRISON, LAKE D 4740 LARCHWOOD ST PHILADELPHIA PA 19143-2026	ST	MURRAY, MD, MICHAEL F 3867 RONNARD DR PHILADELPHIA PA 19154-3507	ID	NAJI, MD, ALI 3400 SPRUCE ST PHILADELPHIA PA 19104-4219	* GS	NEMIROFF, MD, RICHARD L 301 S 8TH ST PHILADELPHIA PA 19106-4014	OBG	NOLAN, SHEILA M 3428 HENRY AVE PHILADELPHIA PA 19129	ST
MORRISSEY, PAMELA E PARK TOWN W #W210 PHILADELPHIA PA 19130	ST	MURRAY, MD, RICHARD K 809 N MT PLEASANT RD PHILADELPHIA PA 19119-3303	PUD	NAKHAVAN, MD, FRED K 5401 OLD YORK RD STE 404 PHILADELPHIA PA 19141-3030	CD	NEMIROVSKY, MD, BORIS 9551 BUSTLETON AVE PHILADELPHIA PA 19115-3801	PM	NOONE, MD, R BARRETT 234 CHESWOLD HILL RD HAVERFORD PA 19041-1814	PS
MORRONE, DO, CHARLES C 7432 TORRESDALE AVE PHILADELPHIA PA 19136-4116	FP	MURRAY, MD, THOMAS R 556 EAGLEBROOK DR MOORESTOWN NJ 08057-2126	AN	NALBANTIAN, MD, MICHEL S 1223 HAGYS FORD RD NARBERTH PA 19072-1103	DR	NEUMANN, DO, MELISSA A 121 MONTGOMERY AVE APT 202 BALA CYNWYD PA 19004-2843	OTO	NOR, EUGENE B 1229 LEHIGH AVE ALLENTOWN PA 18103-8407	ST
MORTENSEN, ERIC M PO BOX 12684 PHILADELPHIA PA 19129	ST	MURRAY, MD, TODD I 2519 BROWN ST APT 3 PHILADELPHIA PA 19130-1810	EM	NALIN, MD, DAVID R MRL (BL 3-4) WEST POINT PA 19486	ID	NEVIN, MD, JANICE E 401 CURTIS BUILDING PHILADELPHIA PA 19107	FP	NORDSTROM, MD, CARLA R 3328 W PENN ST PHILADELPHIA PA 19129-1408	* ST
MOSHIRFAR, ALI PO BOX 31827 PHILADELPHIA PA 19104-1827	ST	MURRELL, WILLIAM D PO BOX 7601 PHILADELPHIA PA 19101-7601	ST	NALLAMOTHU, MD, NASARAIAH 331 SHAWMONT AVE PHILADELPHIA PA 19128-4251	CD	NEVYAS, MD, HERBERT J 2 BALA PLAZA BALA CYNWYD PA 19004-3108	OPH	NORRIS, MD, CHARLES M 8007 NAVAJO ST PHILADELPHIA PA 19118-3926	LAR
MOSLEY, DIAHAN F 5450 WISSAHICKON #538 PHILADELPHIA PA 19144-5221	ST	MURTAGH JR, MD, FREDERICK 3400 SPRUCE ST PHILADELPHIA PA 19104-4219	NS	NAMJOSHI, MD, SHASHIKALA D 213 SUSAN DR ELKINS PARK PA 19117-1832	AN	NEVYAS-WALLACE, MD, ANITA S NEVYAS EYE ASSOC BALA CYNWYD PA 19004	OPH	NORRIS, CRAIG D 2125 SPRINGGARDEN ST PHILADELPHIA PA 19130	ST
MOSS, MD, EDWARD R 6268 ALGARD ST PHILADELPHIA PA 19135-3502	GP	MURTHY, MD, MSJ 8815 GERMANTOWN AVE PHILADELPHIA PA 19118-2729	IM	NAPIERKOWSKI, DO, STANLEY A 8 EMERY HILL CT MARLTON NJ 08053-2454	GS	NEWBURG, MD, AARON N 9150 MARSHALL STREET PHILADELPHIA PA 19114-2287	PD	NORRIS, ERIC S 325 N 15TH ST #1511 PHILADELPHIA PA 19102	ST
MOSTER, MD, MARK L ALBERT EINSTEIN MEDICAL CTR PHILADELPHIA PA 19141-3001	N	MUSTHAO, MD, MOHAMADO S 7841 RIDGE AVE PHILADELPHIA PA 19128-3053	P	NAPPI, MD, DOMINIC F 1849 S 15TH ST PHILADELPHIA PA 19145-2301	* ORS	NEWBROUGH, MD, ROBERT S 1006 LINDSEY CT MARLTON NJ 08053-2060	CHP	NORRIS, MONICA L 7901 HENRY AVE APT G206 PHILADELPHIA PA 19128-3071	ST
MOSTER, MD, MARLENE R LANKENAU MED STE 154 WYNNEWOOD PA 19096	OPH	MUSTIN, MD, ANDREW J 3135 BURN BRAE DR DRESHER PA 19025-1609	OTO	NARAYAN, MD, SATISH D 1330 PINE ST APT B-301 PHILADELPHIA PA 19107-5833	P	NEWMAN, MD, ANDREW 301 CITY LINE AVE STE 210 BALA CYNWYD PA 19004	ST	NORRIS, MD, ROBERT B 124 MILL BROOK LN MEDIA PA 19063-6319	CD
MOTEN, MD, MARRIVAM 100 E LEHIGH AVE PHILADELPHIA PA 19125	* CD	MUTHU, MD, PREM KUMAR 317 N BROAD ST APT 422 PHILADELPHIA PA 19107-1016	P	NARVAEZ, MD, RICHARD A 86 WYNNEDALE RD NARBERTH PA 19072-1725	CD	NEWMAN, MD, BENJAMIN E 9336 EAGLE VIEW DR LAFAYETTE HILL PA 19444-1735	ORS	NORTHROP, MD, BRUCE E 1025 WALNUT ST PHILADELPHIA PA 19107-5001	NS
MOTZKIN, DAPHNE K 441 S WOODBINE AVE NARBERTH PA 19072-2027	ST	MUZZIO, MD, KEVIN R 834 CHESTNUT ST PH 110 PHILADELPHIA PA 19107-5127	IM	NASCA, MD, THOMAS J 1025 WALNUT ST ROOM 827 PHILADELPHIA PA 19107-5001	CD	NEWMAN, MD, LEROY 7525 CASTOR AVE PHILADELPHIA PA 19152-4001	CD	NOSHENY, MD, STANLEY Z 8021A CASTOR AVE PHILADELPHIA PA 19152-2733	ST
MOYER, MD, RAY A TEMPLE UNIV HOSP PHILADELPHIA PA 19140-5189	ORS	MYERS, MD, ABRAHAM 518 WINDING WAY MERION STATION PA 19066-1119	ORS	NASH, MD, DAVID B 1015 WALNUT ST STE 621 PHILADELPHIA PA 19107-5099	IM	NEWMAN, SETH L 8201 HENRY AVE APT M10 PHILADELPHIA PA 19128	PD	NOWOSIWSKY, MD, TARAS 2001 MARKET STREET PHILADELPHIA PA 19101-1418	RHU
MOYLAN, MD, JACQUELINE D 713 STALLION DR AUBURN PA 17922-9567	PUD	MYERS, MD, ALLEN R TEMPLE MEDICAL SCHOOL PHILADELPHIA PA 19140-5196	* RHU	NASO, MD, FRANCIS 111 S 11TH ST STE 9410 PHILADELPHIA PA 19107-4824	IM	NGUYEN, MD, KENNETH V 448 E WYOMING AVE PHILADELPHIA PA 19120-4538	ST	NTOSO, MD, MAY-ANGE 111 S 11TH ST STE G4150 PHILADELPHIA PA 19107-5513	PH
MULHOLLAND, MD, S GRANT 1025 WALNUT ST RM 1112 PHILADELPHIA PA 19107-5001	U	MYERS, MD, DONALD L MEZZANINE PHILADELPHIA PA 19107-4316	GS	NAST, JUSTIN B PO BOX 17041 PHILADELPHIA PA 19105-7041	PM	NGUYEN, NGOC T 701 SUMMIT AVE #B215 PHILADELPHIA PA 19128	IM	NUSBAUM, MD, MOREYE PRESBYTERIAN MEDICAL CTR PHILADELPHIA PA 19104	OBG
MULLEN, MD, JAMES L 3400 SPRUCE ST PHILADELPHIA PA 19104-4219	GS	MYERS, MD, DAVID 1919 CHESTNUT ST APT 1119 PHILADELPHIA PA 19103-3418	OTO	NAST, MD, PHILIP R 933 HAVERFORD RD BRYN MAWR PA 19010-3819	GE	NGUYEN, QUE P 48 ROSSITER CIR NEWARK DE 19702	ST	O'BANION, MD, KATHLEEN S 111 S 11TH ST STE G4150 PHILADELPHIA PA 19107-5513	ST
MULLEN, MD, MARK J 43 ROCKING HORSE WAY HOLLAND PA 18966-2563	* IM	MYERS, IAN N 325 N 15TH ST #206B PHILADELPHIA PA 19102-1030	* NS	NATHANSON, MD, JULIET E PO BOX 8753 TUCSON AZ 85738-0753	GP	NGUYEN, THAO P 3717 CHESTNUT ST APT 205 PHILADELPHIA PA 19104-3104	ST	O'BRIEN, MD, ERIN M 444 E TEXAS RD #3 ALLENTOWN PA 18103	ST
MULLER, MD, ALFONS J 1118 GEORGE RD MEADOWBROOK PA 19046-1110	PM	MYERS, JOHN J 645 WASHINGTON ST ROYERSFORD PA 19468	ST	NAULTY, MD, JOHN S 800 SPRUCE ST PHILADELPHIA PA 19107	* AN	NIBBELINK, MD, DONALD W DUPONT CO INC WILMINGTON DE 19898-0001	N	O'BRIEN, MD, MARGARET M 3400 SPRUCE ST PHILADELPHIA PA 19104	AN
MULLER, MD, GARY W 7602 CENTRAL AVE STE 101 PHILADELPHIA PA 19111-2402	ORS	MYERSON, MD, RALPH M 310 MAPLEWOOD RD MERION STATION PA 19066-1031	IM	NAUNCZEK, MICHAEL J 800 TRENTON RD APT 59 LANGHORNE PA 19047-5645	ST	NICASTRO, MD, GENNARO C 3443 W SCHOOL HOUSE LN PHILADELPHIA PA 19144-5419	OTO	O'CONNOR, MD, ELLEN M 124 CURTIS BLOG PHILADELPHIA PA 19107-5005	IM
MUNAFO III, MD, JOSEPH C MEDICAL COLLEGE HOSP PHILADELPHIA PA 19129-1191	EM	NADEL, MD, MARCELL-BERNH 5635 HAVERFORD AVE PHILADELPHIA PA 19151-3623	FP	NAZARI, MD, AHMAD 10 CURTIS PARK DR WYNCOTE PA 19046-2204	OBG	NICY, MD, NADUA L 1910 BAY LAKE WAY DAYTONA BEACH FL 32124-6865	PTH	O'CONNOR, LYNN M 5555 WISSAHICKON AVE APT 810 PHILADELPHIA PA 19144-4541	ST
MUNOZ, MD, MARTIN 8033 ELLEN LN CHELTENHAM PA 19012-1207	GP	NAGLE, MD, DEBORAH A 9 KATHLEEN CT HAVERTOWN PA 19083-1503	CRS	NEBELSIECK, JEFFREY A 325 N 15TH ST APT 305-A PHILADELPHIA PA 19102	ST	NIEDERMAYER, MD, GEORGE H 711 SPRUCE ST PHILADELPHIA PA 19106-4006	* IM	O'DONNELL, SEAN M 414 LINCOLN RD PHOENIXVILLE PA 19460	ST
MUNSHOWER, DO, JOHN C 280 N PROVIDENCE RD MEDIA PA 19063	FP	NAGLE JR, MD, FRANK O 1531 MONICELLO DR GLADWYNE PA 19034-1206	OPH	NEBOLON, MONIQUE 900 MONTGOMERY AVE #203 BRYN MAWR PA 19010-3016	ST	NIERENBERG, MD, STEVEN J 1339 PORTER ST PHILADELPHIA PA 19148	CD	O'GRADY, MD, TIMOTHY J 3401 N BROAD ST PHILADELPHIA PA 19140-5103	AN
MUNOZ, MD, STEVEN J 1103 ANSLEY AVE MELROSE PARK PA 19126-1821	R	NAGORSKY, MD, MATTHEW J 132 DRAKES DRUM DR BRYN MAWR PA 19010-1127	OTO	NEDEROSTEK, DOUGLAS F 1129 RODMAN ST PHILADELPHIA PA 19147-1201	ST	NIMOITYN, MD, BENJAMIN S 604 WASHINGTON SO S APT 415 PHILADELPHIA PA 19106-4115	IM	O'HARA, MD, A EDWARD 5812 GARDEN LAKES DR BRADENTON FL 34203-7235	PDR
MURARKA, MD, AMAL 622 S 21ST ST PHILADELPHIA PA 19146	PD	NAIDE, MD, DAVID 2 BALA PLAZA PL-8 BALA CYNWYD PA 19004-1501	CD	NEIGH, MD, JOHN L 520 FAIRFAX RD DREXEL HILL PA 19026-1211	AN	NIMOITYN, MD, PHILIP 1128 WALNUT ST PHILADELPHIA PA 19107-5513	CD	O'MALLEY, MD, ERIN A 117 N 15TH ST PHILADELPHIA PA 19102-1516	IM
MURDOCK, MD, MORTON G SEA RANCH CLUB 8034 BOCA RATON FL 33431	DR	NAIDE, MD, MEYER 2034 SPRUCE ST PHILADELPHIA PA 19103-6524	CD	NELSON, MD, ANNE S 3503 RHOADS AVE APT 107 NEWTOWN SQUARE PA 19073-3896	R	NISENBAUM, MD, HARVEY L 618 GREYTHORNE RD WYNNWOOD PA 19096-2509	DR	O'MALLEY, MD, KEVIN B 409 PRITCHARD PL NEWTOWN SQUARE PA 19073-3031	IM
MUREE, MD, LEILA 4000 PRESIDENTIAL BLVD PHILADELPHIA PA 19131-1713	GS	NAIDOFF, MD, MICHAEL A 1100 WALNUT ST PHILADELPHIA PA 19107-5502	OPH	NELSON, MD, ELEANOR C 315 MCCLENNAGHAN MILL RD WYNNWOOD PA 19096-1028	AN	NITSKANSKY, MD, LEA 9369 HOFF ST PHILADELPHIA PA 19115-4706	IM	OAKES, EVAN M 3349 WIEHLE ST PHILADELPHIA PA 19129-1751	ST
MURPHY, MD, SHEILA A 212 E MEADE ST PHILADELPHIA PA 19118-2813	ID	NAIDS, MD, RICHARD E 1874 AUTUMN LEAF LN HUNTINGDON VLY PA 19006-1526	OPH	NELSON, MD, FREDRIC P 2801 ISLAND AVE STE 1 PHILADELPHIA PA 19153-2326	PD	NIZEN, MD, JENNIFER S 3230 MIDVALE AVE PHILADELPHIA PA 19129-1012	GP	OAKS JR, MD, WILBUR W 1320 RACE ST PHILADELPHIA PA 19107	IM
MURPHY, BRIAN J 8 ASHLEY CT GLEN MILLS PA 19342-2005	ST	NAIK, MD, PURUSHOTTAM N 4247 LOCUST ST APT #406 PHILADELPHIA PA 19104-2970	OPH	NELSON, MD, LEONARD B WILLS EYE HOSP PHILADELPHIA PA 19107	OPH	NOBEL, MD, GOLDA R 2006 DELANCEY ST PHILADELPHIA PA 19103-6510	IM	OBERLANDER, RENEE L 1000 WALNUT ST APT 303 PHILADELPHIA PA 19107	ST
MURPHY, MD, EDWARD 937 GLEN TER CHESTER PA 19013-5812	GS	NAING, GRACE 8201 HENRY AVE APT U3 PHILADELPHIA PA 19128-2263	IM	NELSON, MD, WALDO E 1400 WAVERLY RD APT A220 GLADWYNE PA 19035-1257	PD	NOCCHI, DAVID M 8200 HENRY AVE APT A-17 PHILADELPHIA PA 19128	P	O'CONNOR, MD, MAUREEN E JEFFERSON UNIV HOSP PHILADELPHIA PA 19107	P
MURPHY, MD, JOHN B 888 GLENBROOK AVE STE 309 BRYN MAWR PA 19010-2506	PS	NAIR, MD, SOMNATH N HAHNEMANN UNIV HOSP NEUROSURG PHILADELPHIA PA 19102-1192	ST	NEMEROFOSKY, MD, ROBERT B 6 PEAR TREE LN LAFAYETTE HILL PA 19444-2302	US	NOCCHI, DAVID M 8200 HENRY AVE APT A-17 PHILADELPHIA PA 19128	ST	O'CONNOR, MD, MICHAEL J 1 GRADUATE PLZ PHILADELPHIA PA 19146-1407	NS
MURPHY, JOSEPH J 1705 CLOVERLY AVE JENKINTOWN PA 19046-2215	ST	NAIR, MD, SREELATHA C 3212 BROOKVIEW PL ELKINS PARK PA 19027-2807	NS	NEMEZ, MD, ALBERT 7001 KINDRED ST PHILADELPHIA PA 19149-1724	GP	NOCKERINI, ROBERT J 97 E OAK ST PITTSBURGH PA 15222-2417	ST	215-955-7182	
MURPHY, MD, THOMAS W 4735 JAMES ST PHILADELPHIA PA 19137	P			NEMEZ, MD, JACK S 7001 KINDRED ST PHILADELPHIA PA 19149-1724	IM				
MURRAY, JOSEPH F 3720 BINNEY AVE MOOSIC PA 18507-1512	ST								

OCONOR, MD, LORRAINE M 10 FIELDSTONE LN BRYN MAWR PA 19010-2071 215-540-1646	P	OSTAPOVICZ, MD, DIANA M 3232 ROXBURY RD HATFIELD PA 19440-4109	TR	PAPASTERGIOU, MD, GEORGIOS I OPH 604 S WASHINGTON SO APT 3013 PHILADELPHIA PA 19106-4131	PAUL, MD, ALBERT J 8302 OLD YORK RD APT C22 ELKINS PARK PA 19027-1525	IM	PERRE, MD, ANTHONY 129 E MORELAND AVE PHILADELPHIA PA 19118-3508	IM
ODORISIO, MD, LYNNE A GRADUATE HOSP PHILADELPHIA PA 19146 215-955-6161	AN	OSTERHOLM, MD, JEWELL L JEFFERSON MED COLL PHILADELPHIA PA 19107-4316 215-955-6744	NS	PAPOUTSIS, MD, DEAN V OTO 2200 BEN FRANKLIN PWY W-1205A PHILADELPHIA PA 19130-3601 215-456-6436	PAUL, MD, GERSON S 1710 WOODLAND RD ABINGTON PA 19001-3904	OBG	PERROTTO, MD, SANTLE L 3839 CHALFONT DR PHILADELPHIA PA 19154-3407	FP
OFFNER, MD, THEODORE W 725 BYBERRY RD PHILADELPHIA PA 19116-2111 215-464-0577	FP	OSTERMAN, MD, A LEE PHILADELPHIA HAND CENTER PHILADELPHIA PA 19107 215-662-3345	HS	PARAMESWARIN, MD, R 1616 TERRACE DRIVE MAPLE GLEN PA 19002-3033 215-457-1313	PAUL, MD, PHYLLIS O 1710 WOODLAND RD ABINGTON PA 19001-3904	IM	PERRY, MD, RUTH E RAHM AND HAAS DVI INC BRISTOL PA 19007-0098 215-785-8164	* OM
OH, CHIEN C 8201 HENRY AVE APT N22 PHILADELPHIA PA 19128	ST	OSTRUM, MD, BERNARD J 2040 RITTENHOUSE SO PHILADELPHIA PA 19103-5621 215-842-6578	R	PARASHARA, MD, DEEPAK K PHYSICIAN OFFICE BUILDING PHILADELPHIA PA 19152-2029 215-335-4944	PAVLIDES, MD, CONSTANTINOS A WILLIAM PENN MED BLDG PHILADELPHIA PA 19107-1523 215-568-1015	CD	PERSUN, MICHELLE L 8201 HENRY AVE APT M17 PHILADELPHIA PA 19128	ST
OH, EUGENE 107 WYNNWOOD DR PITTSBURGH PA 15215-1547	ST	OTOOLE, MD, THOMAS F 415 LYCEUM AVE PHILADELPHIA PA 19128-3418 215-482-2033	GP	PARADON, MD, STEPHEN M CHOP PHILADELPHIA PA 19104 215-590-1792	PAWLK, THEODORE D 885 N 27TH ST PHILADELPHIA PA 19130 215-642-3796	CD	PETER, MD, NAJIA G 2318 SPRUCE ST APT 2F PHILADELPHIA PA 19103	N
OH, MD, JANG K NORTHEASTERN HOSP PHILADELPHIA PA 19134-4497	DR	OTT, MD, CAROL E 306 MARGARETTA AVE HUNTINGDON VLY PA 19006-8714 215-969-4917	PD	PARK, MD, CHAN H 11TH AND WALNUT STS PHILADELPHIA PA 19107 215-955-6707	PEARLMAN, SCOTT B 950 WALNUT ST #508 PHILADELPHIA PA 19107	ST	PETERS, DO, BRUCE W 4106 TRACEY CT VOORHEES NJ 08043	OTO
OH, MD, SUNG-KYU H 1820 S BROAD ST PHILADELPHIA PA 19145-2303 215-468-7722	OBG	OTTENBERG, MD, DONALD J 144 W ALLENS LN APT C23 PHILADELPHIA PA 19119-4142 215-233-3824	OS	PARK, MD, CHONG H 1012 DENSTON DR AMBLER PA 19002-4036 215-457-0777	PEARLSTINE, MD, BEATRICE 1109 ANSLEY AVE MELROSE PARK PA 19027-3046	ST	PETERS, JR, CHARLES D 2815 W QUEEN LN APT 3F PHILADELPHIA PA 19129	ST
OKAGAWA, MD, RICK 7901 BUSTLETON AVE STE 200 PHILADELPHIA PA 19152-3302 215-332-4000	* CD	OWENS, MD, JOHN S 1228 KAY DR W CHERRY HILL NJ 08034 PACKMAN, MD, BARRY E 9880 BUSTLETON AVE PHILADELPHIA PA 19115-2185 215-969-2900	CD	PARK, MD, PAULINE K 1025 WALNUT ST PHILADELPHIA PA 19107-5001 215-928-7673	PECK, ERIC A 834 CHESTNUT ST #1132 PHILADELPHIA PA 19107-5143	ST	PETERSON, MD, DONALD D 910 STONY LN GLADWYN PA 19035-1126 610-642-3796	* PUD
OKAWA, TSUYOSHI M 3900 CITY AVE APT B724 PHILADELPHIA PA 19131	ST	PADDOCK, BRADLEY W 1329 W RISING SUN AVE #1 PHILADELPHIA PA 19140-5225	IM	PARKER, MD, DONNA J 1216 MACON AVE PITTSBURGH PA 15218	PECCORELLA, WENDY A 5515 WISSAHICKON AVE APT D304 PHILADELPHIA PA 19144-4531	ST	PETERSON, MD, JUDITH R 1015 CHESTNUT ST STE 1205 PHILADELPHIA PA 19107-4312	PM
OKEN, MD, DONALD PENNSYLVANIA HOSP PSYCH DEPT PHILADELPHIA PA 19107-6192 215-929-5233	P	PADOLICK, JOSEPH M 953 BELFORD RD ALLENSTOWN PA 18103-3669	ST	PARKER, MD, JANET A 8601 CREFIELD ST PHILADELPHIA PA 19118-3603 215-842-6585	PEER, MD, MEETA O 2300 DEERPATH RD HUNTINGDON VLY PA 19006-5908 215-677-3000	PM	PETRONI, MD, LOUIS R 2501 HIRST TER HAVERSTOWN PA 19083-1418 215-978-7800	FP
OLADIPUO, MD, OLUWATOSIN 1327 SPRUCE ST PHILADELPHIA PA 19107-5657 215-829-3307	IM	PADOLINA, MD, RUBY M 230 N BROAD ST PHILADELPHIA PA 19102-1121 215-762-7862	AN	PARKS, MD, DONALD B 2305 N BROAD ST PHILADELPHIA PA 19132-4504 215-229-2022	PEGGS, MD, MICHAEL A 130 WESTMINSTER DR NORTH WALES PA 19454-1222	ORS	PETROWSKY, MD, DEBORAH 241 S 6TH ST APT 1109 PHILADELPHIA PA 19106-3732	IM
OLEAGA, MD, JUAN A 13 WILDERNESS DR VOORHEES NJ 08043	R	PAGAN, MD, PATRICIA 125 ELMWOOD AVE NARBERTH PA 19072-2409	DR	PARR, MD, JUSTIN L ARBOUR STREAM RADNOR PA 19087-8313 610-687-5596	PELLE, MICHELLE T 1134 1/2 LOMBARD ST PHILADELPHIA PA 19147-1231	PM	PETRUCCI, MD, WILLIAM G 1235 OLD YORK RD STE 222 ABINGTON PA 19001 215-657-6676	CD
OLKEN, MD, MARK D 1200 YORK RD ABINGTON PA 19001-3788 215-576-2050	DR	PAGLIA, MICHAEL J 2558 SECANE RD SECANE PA 19018-2817	GS	PARRIS, CORDEL Y 325 N 15TH ST APT 1110 PHILADELPHIA PA 19102-1013	PELINSKY, MD, JEANNE M 1200 W TABOR RD PHILADELPHIA PA 19141-3019 215-456-9900	ST	PETTINELLI, DAMON J 8201 HENRY AVE APT N19 PHILADELPHIA PA 19128-2235	ST
OLKOWSKI, MD, PIOTR K 100 W AVE APT 409 S JENKINTOWN PA 19046-2642 215-707-1335	P	PAEZ, MD, EDUARDO J 4000 N MARSHALL ST PHILADELPHIA PA 19140-2506 215-227-5617	PTH	PARRY, MD, CAROLYN E PENNSYLVANIA HOSP PHILADELPHIA PA 19107 215-829-3201	PELIAS, MD, ANASTASIOS 1233 FOLKSTONE WAY CHERRY HILL NJ 08034 215-662-9408	TS	PETTINELLI, DO, FRANK P 1337 S 9TH ST PHILADELPHIA PA 19147-5741 215-465-5491	GP
OLSHIN, MD, IRVING J 247 S 7TH ST PHILADELPHIA PA 19106-4135 215-968-3811	PD	PALANT, MD, MARINA B 107 OAKER LN VILLANOVA PA 19085-1323 527-031-0000	PD	PARRY, MD, H FRAZER 2 BRIDLE LN BLUE BELL PA 19422-2454	PELLE, MICHELLE T 1134 1/2 LOMBARD ST PHILADELPHIA PA 19147-1231	ST	PETTIT, MD, HORACE 400 WAVERLY RD BRYN MAWR PA 19010-2808	A
ONDRACEK, ANDREWS J 325 N 15TH ST #1310 PHILADELPHIA PA 19120	ST	PALLADINO, MD, DIANE P KNIGHT & RED LION RD STE 235 PHILADELPHIA PA 19114 215-632-3630	ST	PASHMAN, MD, DAVID R 939 LEOPARD RD RYDAL PA 19046-2409 215-456-9400	PELLECCHIA, MD, PATRICK E 1650 HUNTINGDON PIKE MEADOWBROOK PA 19046 215-947-9272	GS	PETTIT, MD, MARY D 566 POINTING ROCK RD BOX 1016 BORRERO SPRINGS CA 92004	OBG
ONEILL, MD, HUGH 441 LANKENAU MED BLDG WYNNWOOD PA 19096-3427 610-642-7676	P	PALMA, DOUGLAS A 85 GIBSON AVE MT HOLLY NJ 08060-2117	IM	PASKIN, MD, DAVID L 301 S 8TH ST PHILADELPHIA PA 19106-4014 215-829-5010	PELLIGRA, MD, SALVATORE R 218 RECTOR ST PHILADELPHIA PA 19128-5035	US	PEZZI, MD, THOMAS A 319B S 2ND ST PHILADELPHIA PA 19106-4301	GS
ONG, MD, ALVIN C 519 PARK PL CHERRY HILL NJ 08002	ORS	PALMER, MD, ROBERT H SMITHKLINE BEECHAM PHARM KING OF PRUSSIA PA 19406-0939 610-832-3980	IM	PASKO, RITA N 8875 RIDGE AVE APT 34 PHILADELPHIA PA 19128-2025	PELLINI, MICHAEL J 834 CHESTNUT ST #1532 PHILADELPHIA PA 19107-5148	PM	PFEFFER, DO, SCOTT H 4006 BALWYNNE PARK RD PHILADELPHIA PA 19131-1602	OTO
OPESANMI, TOYIN O 3026 W QUEEN LN #B40 PHILADELPHIA PA 19129	ST	PALUMBO, JR, RALPH 11 HANCOCK DR KENDALL PARK NJ 08824	ST	PASTORE, MD, TIMOTHY P 160 W HILLS DR WILLIAMSPORT PA 17701 717-322-7092	PELSZYNSKI, MD, EUGENE E 5959 HORROCKS ST PHILADELPHIA PA 19149-3316 215-289-3963	FP	PFEFFER, MD, WILLIAM H 100 LANCASTER AVE WYNNWOOD PA 19096 610-649-0500	* REN
OQUEEN, MARIA L 5135 NEWHALL ST PHILADELPHIA PA 19144-4019	ST	PALY, MD, KENNETH S 814 S SHERIDAN ST UNIT 2 PHILADELPHIA PA 19147-2921	GS	PASTUSZKO, MD, PETER 829 LOMBARD ST PHILADELPHIA PA 19147	PENG, ALBERT 1000 WALNUT ST #1101 PHILADELPHIA PA 19107-5536	ST	PFHILL, MD, DAVID N 172 SUMMIT LN BALA CYNWYD PA 19004-2931 215-662-8000	IM
ORLANDO, MD, DAVID C 2301 GREEN ST APT 3 PHILADELPHIA PA 19130-3143 215-248-8203	AN	PANAHANDEH, MATTHEW R 2288 CLEARVUE RD PITTSBURGH PA 15237-1630	ST	PATEL, MD, ANITHA J SCHEIE EYE INSTITUTE PHILADELPHIA PA 19104 215-662-8100	PENNE, MD, ROBERT B 256 LANKENAU MEDICAL BLDG E WYNNWOOD PA 19096 610-649-1970	OPH	PFROMMER, MD, JAMES M 1550 FLAT ROCK RD PENN VALLEY PA 19072-1238	P
ORMAN, HEATHER L 4708 GREAT OAK LN HARRISBURG PA 17110-3246	ST	PANDAY, MANOJ M 950 WALNUT ST APT 716 PHILADELPHIA PA 19107-5596	US	PATEL, MD, MANUBHAI R 2700 HOLME AVE PHILADELPHIA PA 19152-3011	PENNER, MD, GARY E 2500 WINDING RD HATBORO PA 19040-3728	ST	PHAM, MD, CHINH D 909 CLINTON ST APT 1A PHILADELPHIA PA 19107-6109 215-955-8707	NM
ORNE, MD, MARTIN T 290 SYCAMORE AVE MERION STATION PA 19066-1547 215-471-2525	P	PANDOLFI, MD, FRANK J 1822 S BROAD ST PHILADELPHIA PA 19145-2303	ST	PATEL, MD, NARENDRA K 15 ASHWOOD CT MAPLESHADE NJ 08052	PENNINGTON, MD, RONALD S 230 N BROAD ST PHILADELPHIA PA 19102-1121 215-762-7578	IM	PHAM, PAUL P 8 ALLEGHENY CTR APT 615 PITTSBURGH PA 15212-5232	ST
OSHEROFF, MD, JEROME A 117 PARTREE RD CHERRY HILL NJ 08003 412-241-7152	IM	PANDYA, NAIMISH B 9 RED BIRD LN CONSHOHOCKEN PA 19428-1397	ST	PATEL, MD, PRAVIN K 405 E 4TH AVE ROSELLE NJ 07203	PENNOCK, MD, RONALD S 230 N BROAD ST PHILADELPHIA PA 19102-1121 215-762-7578	CD	PHAN, MD, NGOC AN 909 S 11TH ST PHILADELPHIA PA 19147-3701 215-923-6080	IM
OSLUICK, MD, THEODORE 7500 CENTRAL AVE STE 100 PHILADELPHIA PA 19111-2432 215-342-8500	* PUD	PANETTIERI, MD, REYNOLD A 900 W WELSH RD AMBLER PA 19002-2209 215-662-3202	PUD	PATEL, STEPHANIE CONTRACT STATION 26 PHILADELPHIA PA 19128-9996	PENSA, EDWARD A 2214 PANAMA ST PHILADELPHIA PA 19103-6526	ST	PHILLIPS, MD, WILLIAM A 805 COVERED BRIDGE RD HOLLAND PA 18966 609-924-1059	P
OSMICK, MD, MARY J 18 MARSH WOODS LN WILMINGTON DE 19810-3942 610-876-7600	IM	PANIS, MD, ROBERTO 2352 PHILMONT AVE HUNTINGDON VLY PA 19006-6228 215-322-4887	IM	PATNAIK, MD, RAMPRASAD 610 CREEK RD MOORESTOWN NJ 08057-3906	PEREZ, MD, PEDRO J 522 REGIS CT #C-1 ANDALUSIA PA 19020-7719 215-893-2000	IM	PHILLIPS, WILLIAM H 835 N PENNOCK ST PHILADELPHIA PA 19130-1715	ST
OSORIO, MD, EMMANUEL P 220 A ROTHSVILLE RD EPHRATA PA 17522 717-733-6011	* OBG	PAPACONSTANTINO, VALERIE 3665 STANTON ST PHILADELPHIA PA 19129-1618	ST	PATTERSON, MD, JOHN R 111 S 11TH ST STE G6010 PHILADELPHIA PA 19107-4824 215-923-4933	PERKINS, MD, JEFFREY C CHESTNUT HILL HOSP WYNDMOOR PA 19038 PERLMAN, MD, ABRAHAM 9906 BUSTLETON AVE # II-C8 PHILADELPHIA PA 19115-2148 215-333-1234	ST	PICONE, DO, BRUCE R 543 WOODBINE RD WEST CHESTER PA 19382-8539 215-468-8008	OM
					PERLMUTTER, MD, DAVID M 431 DERRY DR ASTON PA 19014	FP	PICKERING, MD, HAROLD C 516 BRIDLE RD GLENSTONE PA 19038-2002	AN
					PERLSTEIN, MD, SAMUEL M 2121 N OCEAN BLVD APT 1005E BOCA RATON FL 33431-7838	D	PIECHOTA, MD, DARREN F EPP PHILADELPHIA PA 19129-1137 215-842-4192	P
							PIERCE, GREG 104 FARMVIEW PL VENETIA PA 15367-1300	ST
							PIERRETTI, DO, MARTIN O 334 WINDY RUN RD DOYLESTOWN PA 18901-2373 215-612-4836	OM
							PIKE, MD, ANNE H 311 ROSEMARY LN NARBERTH PA 19072-1119	OBG

PHILADELPHIA

PILCHMAN, MD, JEFFREY M 2 BALA PLZ STE IL22 BALA CYNWYD PA 19004-1503 610-664-9700	GE	POPORAD, MD, GEORGE A 8100 ROOSEVELT BLVD STE 103 PHILADELPHIA PA 19152-2911 215-335-1313	ID	CROSS, CAROL D 1 FRANKLINTOWN BLVD APT 1503 PHILADELPHIA PA 19103-1247	ST	RAINES, MD, JONATHAN M PO BOX 470 GLADWYN PA 19035-0470 610-649-8717	P	REED, MD, KRISTYN M 217 E SEDGWICK ST PHILADELPHIA PA 19119-1807	IM
PINNINTI, MD, NARSIMHA R 3327 BOWMAN ST PHILADELPHIA PA 19129-1537	P	POPOWICH, YALE S 4041 RIDGE AVE APT 18-204 PHILADELPHIA PA 19129	ST	PROTOMASTRO, PAUL D 1025 SPRUCE ST PHILADELPHIA PA 19107-6703	ST	RAJA, MD, GEETA 6495 HENDERSON RD # B403 KING OF PRUSSIA PA 19406 215-842-6000	US	REEDY, MD, BRIAN K 4521 LARCHWOOD AVE PHILADELPHIA PA 19143-2105 215-662-4000	GS
PISTORIA, DO, MICHAEL J 4546 N HEDGEROW DR ALLEN TOWN PA 18103	ST	PORTELLOS, MD, MARIA 51 N 39TH ST PHILADELPHIA PA 19104 215-662-8100	OPH	PRUDENTE, ERNEST L 1926 MT VERNON ST PHILADELPHIA PA 19130-3214	ST	RAJASENAN, KIRAN K 317 N BROAD ST APT 406 PHILADELPHIA PA 19107-1016	ST	REES, MD, CHRISTOPHER J 918 SPRUCE ST # 2 PHILADELPHIA PA 19107-6131 215-829-3358	IM
PITTINGER, MD, MARY A 2103 S 58TH ST PHILADELPHIA PA 19143-5907	GP	PORTER, MD, MARY M 350 WALNUT AVE WAYNE PA 19087-3624	CLP	PRUDOFF, ADAM J 325 N 15TH ST APT 1201B PHILADELPHIA PA 19102	ST	RAJTER, JEAN-JACQUES 3024 W QUEEN LN APT A4A PHILADELPHIA PA 19129-1056	ST	REEVE, AMANDA D 1 VIRGINIA AVE WESTMONT NJ 08108	ST
PIWOZ, MD, SEYMOUR 656 FOXCROFT ROAD ELKINS PARK PA 19117-1526 215-332-0166	R	PORTNER, MD, JAY H 7915 GREEN LN WYNCOTE PA 19095 215-379-4600	GS	PUDES, DO, DAVID M 1026 HERKNES DR MEADOWBROOK PA 19046-1155 215-824-1080	FP	RAKINIC, MD, JAN 233 S 6TH ST APT 1607 PHILADELPHIA PA 19106-3754 215-923-5010	CRS	REHRIG JR, SCOTT T 425 S 8TH ST LEIGHTON PA 18235-1829	ST
PIZZICA, DO, ALBERT L EPISCOPAL HOSP PHILADELPHIA PA 19125 215-427-7749	* NPM	PORTNOY, MD, LARRY NEAL 1544 E CHETENHAM AVE PHILADELPHIA PA 19124-1133 215-743-2573	FP	PUGH, MD, JAMES E 2154 NORTON RD CHARLOTTE NC 28207-2138 610-626-7800	CD	RALPH, MD, PAMELA J CATCH INC PHILADELPHIA PA 19146	P	REID, BRYAN R 325 N 15TH ST APT 205B PHILADELPHIA PA 19102	ST
PIZZUTILLO, MD, PETER D 1015 WALNUT ST STE S-501 PHILADELPHIA PA 19107-5005 215-955-6315	ORS	POTH, ROBERT A 830 W SPRINGFIELD RD APT E9 SPRINGFIELD PA 19064-1229	ST	PUGLISI, MD, ANTHONY S 7201 RISING SUN AVE PHILADELPHIA PA 19111-3926 215-742-6303	ORS	RALSTON, MD, EDGAR L 3300 DARBY RD APT 3315 HAVERFORD PA 19041-1070	ORS	REILLY, JOHN P 600 W HARVEY ST APT A712 PHILADELPHIA PA 19144	ST
PLATT, MD, RUTH M 502 ELIZABETH DR LANCASTER PA 17601-4406	US	POTOCHNY, MD, JOHN D 1500 LOCUST ST STE 3103 PHILADELPHIA PA 19102-4322 215-893-2556	GS	PUGLISI, JEFFREY S 2201 PENNSYLVANIA AVE PHILADELPHIA PA 19130	ST	RAM, MD, NAND 22 ASHBROOKE DR VOORHEES NJ 08043-2817 215-787-9356	IM	REILLY, MD, THERESA K 2418 E ALLEGHENY AVE PHILADELPHIA PA 19134-4403 215-634-6660	OPH
PLATT JR, DWAYNE L 950 WALNUT ST APT 510 PHILADELPHIA PA 19107	ST	POTTASH, MD, RUBEN R 1205 WYNGATE RD WYNNWOOD PA 19096-2426 610-642-8447	ST	PUGLISI, MD, VINCENT 3900 GALT OCEAN DR APT 2716 FORT LAUDERDALE FL 33308	GP	RAMAN, MD, JAYALAXMI 900 RONNIE CIR PHILADELPHIA PA 19128-1045 215-848-0888	PD	REINACH, MD, ALAN J 159 N 3RD ST APT 3 S PHILADELPHIA PA 19106-1914	IM
PLODKOWSKI, MD, RAYMOND A 4040-2203 PRESIDENTIAL BLVD PHILADELPHIA PA 19131-1712	US	POTWILL, MD, JAMES D 1015 WALNUT ST STE 410 PHILADELPHIA PA 19107-5005 215-955-8363	P	PURCELL, MD, SUSAN M 416 S JESSUP ST PHILADELPHIA PA 19147	ST	RANASWAMY, RAMESH 1106 SPRUCE ST PHILADELPHIA PA 19107	ST	REINPRECHT, MD, JAMES T 6190 RISING SUN AVE PHILADELPHIA PA 19111-6011 215-725-8114	* OPH
PLOTKIN, ELIZABETH S 3600 CHESTNUT BOX 720 PHILADELPHIA PA 19104-6106	ST	POWELL JR, DO, THOMAS F GIRARD MEDICAL CENTER PHILADELPHIA PA 19122 215-787-2120	* EM	PURCELL, MD, SUSAN M 416 S JESSUP ST PHILADELPHIA PA 19147	ST	RANA, MAUNAK V 1000 WALNUT #406 PHILADELPHIA PA 19107	ST	REIS, MD, GREGG J 801 SPRUCE ST PHILADELPHIA PA 19107-5701 215-829-5064	IM
PLUMB, MD, JAMES D 1015 WALNUT ST STE 410 PHILADELPHIA PA 19107-5005 215-955-8363	FP	POWER, JULIETTE M MEDICAL COLLEGE HOSP PHILADELPHIA PA 19129-1191	ST	PUZA, MD, SCOTT W 69 CHAIRVILLE RD MEDFORD NJ 08055 215-662-4000	OBG	RANDALL, MD, JOHN L 1015 WALNUT ST RM 401 PHILADELPHIA PA 19107-5005 215-955-7272	FP	REIS, MD, GREGG J 801 SPRUCE ST PHILADELPHIA PA 19107-5701 215-829-5064	CD
PODELL, MD, MORRIS J 2401 PENNSYLVANIA AVE PHILADELPHIA PA 19130-3061	FP	POWERS, MD, JOSEPH K 101 CLARIDGE CT APT 8 PRINCETON NJ 08540 215-662-8000	OTO	PYFER, MARK F 539 ABINGTON AVE GLENSIDE PA 19038-5005	ST	RANDALL, MD, PETER 3400 SPRUCE ST PHILADELPHIA PA 19104-4219 215-662-2042	* PS	REISH, TIMOTHY G 5500 WISSAHICKON AVE PHILADELPHIA PA 19144-5653	ST
PODRAZIK, MD, META L 3900 CITY AVE APT A308 PHILADELPHIA PA 19131-5607 215-427-5053	EM	POWLUS, JODI L 1000 E 7TH ST BERWICK PA 18603-3431	ST	QUALLS, MD, DONALD M 216 LANKENAU MED BLDG S WYNNWOOD PA 19096 610-649-7590	ORS	RANIERI, MD, TITO A 2320 S BROAD ST PHILADELPHIA PA 19145-4417 215-462-7373	GS	REITER, GEORGE T 2024 GREEN ST APT D PHILADELPHIA PA 19130-3209	GS
POJE, MD, CHRISTOPHER P 2101 CHESTNUT ST APT 303 PHILADELPHIA PA 19103-3108 215-590-3440	OTO	PRADHAN, MD, NIREEJA V KINGSTON APT 233 CONSHOHOCKEN PA 19428	P	QUAN, MD, DIANNA 225 S 18TH ST APT 1104 PHILADELPHIA PA 19103-6130 215-662-2725	IM	RAO, MD, VIJAY M 132 S 10TH ST PHILADELPHIA PA 19107-5244 215-955-4804	DR	REITER, MD, SEAN B 317 N BROAD ST APT 617 PHILADELPHIA PA 19107-1017	DR
POLAKOFF II, MD, PEDRO 1010 FOX CHASE RD ROCKLEDGE PA 19046 215-379-2600	NS	PRADHAN, MD, SANDEEP K 10825 E KESWICK RD APT 259 PHILADELPHIA PA 19154-4134	IM	OURESHI, MD, ASHFAQ A 120 LOCUST ST APT 25E PHILADELPHIA PA 19106	IM	RAPHAELY, MD, RUSSELL C CHILDRENS HOSP PHILADELPHIA PA 19104 215-590-1872	AN	REININGER III, CHARLES W 3420 SUNNYSIDE ST PHILADELPHIA PA 19129	ST
POLAN, MD, SIMON 286 N HIGHLAND AVE MERION STATION PA 19066-1706 610-664-0299	P	PRASAD, MD, RAJEEV 32 LANCELOT LN MT LAUREL NJ 08054	ST	RABER, MD, IRVING M LANKENAU MED BLDG STE 156 WYNNWOOD PA 19096 215-699-7000	OPH	RASCOE JR, MD, ROBERT R 3400 SPRUCE ST PHILADELPHIA PA 19104-4219 215-386-9090	P	RESNICK, MD, ALBERT B 7764 MELLON RD WYNNCOTE PA 19095-2319 215-924-3423	P
POLANCO, MD, ALFONSO 4502 N 5TH ST PHILADELPHIA PA 19140-2310 215-457-2411	EM	PRASAD, MD, RAJNISH 19 WESTBURY DR CHERRY HILL NJ 08003-1017 215-782-1887	IM	RABSON, MD, MOSES 1133 ASHBORNE RD CHELTONHAM PA 19012-1108	GS	RASHKIS, MD, HAROLD A 10 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1328 610-649-2511	OBG	RESNICK, MD, EDWARD J TEMPLE UNIV HOSP PHILADELPHIA PA 19140 215-707-8486	* ORS
POLIN, MD, EDWARD B 7810 OLD YORK RD ELKINS PARK PA 19117-2509 215-548-6494	IM	PREHATNY, MD, JOHN R 402 PENN ROAD WYNNWOOD PA 19096-1811	GS	RACKOW, MD, LAWRENCE L BEAVER HILL APT B-26 JENKINTOWN PA 19046	ST	RASHID, MD, MOHAMMAD 10825 E KESWICK RD APT 97 PHILADELPHIA PA 19154-4124 215-427-7000	ST	RESURRECCION, MD, ROSARIO ANASTHESIA DEPT PHILADELPHIA PA 19141 215-456-6850	AN
POLISHOOK, MD, ROBERT D 111 N 49TH ST PHILADELPHIA PA 19139-2718 215-471-2082	P	PREMAZA-MUELLER, DO, ALICE R HOLLAND PA 18966-2598 215-871-1000	NEP	RADON, PAULA A 3097 N 5TH ST WHITEHALL PA 18052-3123	PD	RASKIN, MD, CURTIS A 232 S 21ST ST PHILADELPHIA PA 19103-4807	P	REZNIAK, MD, STEPHEN E 1514 WOLF ST PHILADELPHIA PA 19145-4449 215-463-3029	* N
POLK, MD, LEWIS D 226 W RITTENHOUSE SO APT 1706 PHILADELPHIA PA 19103-5748 215-345-3320	GPM	PRESSMAN, MD, ROBERT S 2401 PENNSYLVANIA AVE APT 2C4 PHILADELPHIA PA 19130-3061 215-232-9798	* IM	RADON, PAULA A 3097 N 5TH ST WHITEHALL PA 18052-3123	ORS	RASKIN, MD, CURTIS A 232 S 21ST ST PHILADELPHIA PA 19103-4807	IM	REZNIAK, MD, STEPHEN E 1514 WOLF ST PHILADELPHIA PA 19145-4449 215-463-3029	ST
POLL, MD, DAVID S PENNA HOSP PHILADELPHIA PA 19107-5701 215-829-5064	CD	PRIANO, STEVEN V 1 FRANKLIN TOWN BLVD APT 1810 PHILADELPHIA PA 19103-1249	ST	RADON, PAULA A 3097 N 5TH ST WHITEHALL PA 18052-3123	ST	RASHKIS, MD, HAROLD A 10 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1328 610-649-2511	IM	REZNIAK, MD, STEPHEN E 1514 WOLF ST PHILADELPHIA PA 19145-4449 215-463-3029	GS
POLLACK, MD, DEBRA A 812 LOMBARD ST APT 26 PHILADELPHIA PA 19147-1308	N	PRIBITKIN, MD, EDMUND 909 WALNUT ST 3RD FLR PHILADELPHIA PA 19107-5211 215-955-6784	HNS	RADON, PAULA A 3097 N 5TH ST WHITEHALL PA 18052-3123	ST	RASHKIS, MD, HAROLD A 10 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1328 610-649-2511	IM	REZNIAK, MD, STEPHEN E 1514 WOLF ST PHILADELPHIA PA 19145-4449 215-463-3029	ST
POLLACK, MD, HOWARD M 531 ASHMEAD RD CHELTONHAM PA 19012-1504	R	PRICE, MD, RAPHAEL I PO BOX 57015 PHILADELPHIA PA 19111-0515 215-725-8990	PS	RADON, PAULA A 3097 N 5TH ST WHITEHALL PA 18052-3123	ST	RASHKIS, MD, HAROLD A 10 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1328 610-649-2511	IM	REZNIAK, MD, STEPHEN E 1514 WOLF ST PHILADELPHIA PA 19145-4449 215-463-3029	GS
POLLOCK, MD, JEFFREY L 8033 CASTOR AVE PHILADELPHIA PA 19152-2733 215-364-2900	D	PRICE JR, MD, HENRY L 510 LYNNMERE RD BRYN MAWR PA 19010-3638	AN	RADON, PAULA A 3097 N 5TH ST WHITEHALL PA 18052-3123	ST	RASHKIS, MD, HAROLD A 10 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1328 610-649-2511	IM	REZNIAK, MD, STEPHEN E 1514 WOLF ST PHILADELPHIA PA 19145-4449 215-463-3029	ST
POLSKY, STEWART M 733 N 29TH ST ALLEN TOWN PA 18104-4210	ST	PRIEST, MD, BRIAN P 2220 LANKENAU MED SCIENCES BLD WYNNWOOD PA 19096 215-896-9255	CDS	RADON, PAULA A 3097 N 5TH ST WHITEHALL PA 18052-3123	ST	RASHKIS, MD, HAROLD A 10 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1328 610-649-2511	IM	REZNIAK, MD, STEPHEN E 1514 WOLF ST PHILADELPHIA PA 19145-4449 215-463-3029	ST
POMERANCE, MD, JAY F ALBERT EINSTEIN MED CTR PHILADELPHIA PA 19141-3098 215-456-6051	* HS	PRINE, MD, ARTHUR G 316 CHARLESTON DR WILMINGTON DE 19808	EM	RADON, PAULA A 3097 N 5TH ST WHITEHALL PA 18052-3123	ST	RASHKIS, MD, HAROLD A 10 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1328 610-649-2511	IM	REZNIAK, MD, STEPHEN E 1514 WOLF ST PHILADELPHIA PA 19145-4449 215-463-3029	ST
POMERANTZ, MD, JOEL D 7300 GERMANTOWN AVE PHILADELPHIA PA 19119-1725 215-242-3912	IM	PRIVOROTSKY, MD, GALINA 48 KASI CIR IVYLAND PA 18974-1652 215-426-5566	PD	RADON, PAULA A 3097 N 5TH ST WHITEHALL PA 18052-3123	ST	RASHKIS, MD, HAROLD A 10 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1328 610-649-2511	IM	REZNIAK, MD, STEPHEN E 1514 WOLF ST PHILADELPHIA PA 19145-4449 215-463-3029	ST
POPE, DO, RONALD L 99 LAUREL LN LANSDALE PA 19446-3214	P	PROFETA-DAMICO, BERNADETTE C 982 MILLBRIDGE APTS CLEMENTON NJ 08021	CD	RADON, PAULA A 3097 N 5TH ST WHITEHALL PA 18052-3123	ST	RASHKIS, MD, HAROLD A 10 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1328 610-649-2511	IM	REZNIAK, MD, STEPHEN E 1514 WOLF ST PHILADELPHIA PA 19145-4449 215-463-3029	ST
POPIK, MD, SHARON R 2601 PENNSYLVANIA AVE APT 926 PHILADELPHIA PA 19130-2340	IM	PROMISH, MD, DAVID S 1901 JF KENNEDY BLVD APT 2201 PHILADELPHIA PA 19103-1518	AN	RADON, PAULA A 3097 N 5TH ST WHITEHALL PA 18052-3123	ST	RASHKIS, MD, HAROLD A 10 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1328 610-649-2511	IM	REZNIAK, MD, STEPHEN E 1514 WOLF ST PHILADELPHIA PA 19145-4449 215-463-3029	ST
POPKO, BRIAN M 1034 FRANCIS RD PITTSBURGH PA 15234-1108	ST	PROMISLOFF, DO, ROBERT A 1001 CITY LINE AVENUE WB113 WYNNWOOD PA 19096 610-896-0280	PUD	RADON, PAULA A 3097 N 5TH ST WHITEHALL PA 18052-3123	ST	RASHKIS, MD, HAROLD A 10 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1328 610-649-2511	IM	REZNIAK, MD, STEPHEN E 1514 WOLF ST PHILADELPHIA PA 19145-4449 215-463-3029	ST
POPKY, MD, GEORGE L 8801 CREFIELD ST PHILADELPHIA PA 19118-3603 215-871-2688	* DR			RADON, PAULA A 3097 N 5TH ST WHITEHALL PA 18052-3123	ST	RASHKIS, MD, HAROLD A 10 CONSHOHOCKEN STATE RD GLADWYNE PA 19035-1328 610-649-2511	IM	REZNIAK, MD, STEPHEN E 1514 WOLF ST PHILADELPHIA PA 19145-4449 215-463-3029	P

RILEY, MD, PAT	IM	ROCCO, MD, NICHOLAS J	IM	ROSE, MD, LESLIE I	END	ROSNER, JOEL L	ST	RUDNITZKY, NED I	ST
600 SPRUCE LN		2202 S BROAD ST		230 N BROAD ST		101 WASHINGTON LN APT 824		1020 LOCUST ST BOX 777	
BERWYN PA 19312-1457		PHILADELPHIA PA 19107-3923	ST	PHILADELPHIA PA 19102-1121		JENKINTOWN PA 19046-3500	GER	PHILADELPHIA PA 19107	
RILEY JR, J TIMOTHY	ST	ROCHET, ANDREW P		215-762-8114		ROSS, MD, DENISE H		RUDOLPH, MD, JOSEPH	* PYA
104 BUSTLETON AVE		7901 HENRY AVE #F208		ROSE, MD, LEWIS J	HEM	1939 FAWN DR		270 WILTSHIRE	
CHURCHVILLE PA 18966		PHILADELPHIA PA 19128	CD	111 S 11TH ST STE 6165		LAVEROCK PA 19118-1229		WYNNWOOD PA 19096-3333	
RINCON-VERACOECHEA, MD,		RODGERS, MD, DAVID M		215-823-5676		215-473-7511		610-664-0670	
GUNTHER A	US	1722 BETHLEHEM PIKE		ROSEMOND, MD, GEORGE P	* GS	HAHNEMANN UNIV MS404	OBG	RUFF, TIMOTHY M	ST
PO BOX 601804		FLOURTOWN PA 19031-1644		825 OLDE HICKORY RD APT 100		PHILADELPHIA PA 19102-1192		325 N 15TH ST APT 1201A	
MIAMI FL 33160		215-233-9700		LANCASTER PA 17601-4957		215-762-1784		PHILADELPHIA PA 19102	
215-612-4000		RODGERS, MD, FLORENCE E	IM	ROSEN, MD, DAVID	OTO	ROSSBERG, MD, MARK I	AN	RUFFER, MD, JAMES E	TR
RISH, MD, BENITO B	PS	1347 ANTHONY WAYNE DR		241 S 8TH ST APT 2002		34TH & CIVIC CTR BLVD		509 PURNAM RD	
1010 N BROADWAY		WAYNE PA 19087-1350		PHILADELPHIA PA 19106-3734		PHILADELPHIA PA 19104		MERION STATION PA 19066-1038	
YONKERS NY 10701		RODGERS, MD, JOSEPH F		215-955-6784		215-590-1858		RUGART, MD, KARL F	OBG
914-968-0404		PHILADELPHIA PA 19107-5506		ROSEN, MD, DAVID	IM	ROSSINI, GERALD JOHN M	ST	301 S 8TH ST STE 3-G	
RITCHIE, MD, DAVID J	R	215-955-6914		2375 WOODWARD ST APT 112		1730 S 11TH ST		PHILADELPHIA PA 19106-4014	
442 WILLIAMS RD		RODGERS, MD, TIMOTHY J	* IM	PHILADELPHIA PA 19115-5121		PHILADELPHIA PA 19148-1636		215-922-6234	
WYNNWOOD PA 19096-2012		958 COUNTY LINE RD		215-676-4947		ROSSMAN, MD, RONALD E	ON	RUGEL, MD, STANLEY J	IM
RITCHIE III, MD, JOHN C	P	610-527-5751		ROSEN, JENNIFER E	ST	1919 CHESTNUT ST		337 GRIBBEL RD	
315 N LANSOWNE AVE		BRYN MAWR PA 19010-2502		242 S 13TH ST APT 3A		PHILADELPHIA PA 19103-3401		WYNNCOTE PA 19095-1107	
LANSOWNE PA 19050-1017		610-259-9995		PHILADELPHIA PA 19107-5642		215-561-5490		215-455-1216	
610-259-9995		RITTER, MD, CHARLES W	AN	ROSEN, MD, JOSEPH H	R	ROTH, MD, JAMES L	GE	RUGGLES, CRAIG S	ST
102 PINE VALLEY DR		MEDFORD NJ 08055-9214		470 BALLTYORE RD		567 HICKORY LN		20411 VENUS CIR	
RITTER, MD, DEBORAH E	AN	102 PINE VALLEY DR		WYNNWOOD PA 19096-2309		BERWYN PA 19312-1434		HUNTINGTON BEACH CA 92646	
MEDFORD NJ 08055-9214		RIVAS, MD, STEVEN	IM	ROSEN, MD, MARC R	OTO	215-222-5490		RUIZ, JIMMY J	ST
1 FRANKLINTOWN BLVD APT 507		1 FRANKLINTOWN BLVD APT 507		130 TRIANON LN		ROTH, MD, JONATHAN V	AN	325 N 15TH ST	
PHILADELPHIA PA 19103-1242		RIZVI, MD, SYED W H	END	VILLANOVA PA 19085-1441		5501 OLD YORK ROAD		PHILADELPHIA PA 19102	
F204 RIDGEWAY CT		YEADON PA 19050		215-829-5180		PHILADELPHIA PA 19141-3098		RUMMEL, MD, MARK C	GS
215-842-7487		RIZZIO, JENNIFER S	ST	ROSEN, MD, MARVIN I	GYN	215-456-6850		317 N BROAD ST APT 722	
325 N 15TH ST APT 505B		PHILADELPHIA PA 19102		8470 LIMELIN PIKE		ROTH, MD, KATALIN E	IM	PHILADELPHIA PA 19107	
RIZZIO, MARCO	ST	6100 HENRY AVE APT D7		WYNNCOTE PA 19095-2701		700 SPRUCE ST		RUNK, MD, LORENZO G	* N
PHILADELPHIA PA 19128-1505		ROACH, KENNETH W	ST	215-464-3535		PHILADELPHIA PA 19106-4014		1514 WOLF ST	
3026 W QUEEN LN #B-3B		ROBBINS, MD, INGA H	OTO	ROSEN, MD, SHARON I	FP	215-829-3521		PHILADELPHIA PA 19145-4449	
PHILADELPHIA PA 19129		3 FAIRHAVEN RD		834 CHESTNUT ST #1105		ROTHBERG, MD, DANIEL M	IM	215-463-3029	
ROBBINS, MD, ELIZABETH L	* PD	HAVERTOWN PA 19083-5719		PHILADELPHIA PA 19107-5142		1666 CALLOWHILL ST APT 208		RUSCZYK, GREGG E	ST
1233 LOCUST ST STE 400		610-645-2000		ROSENBAUM, MD, ARMAND L	GS	PHILADELPHIA PA 19130		317 N BROAD ST APT 313	
PHILADELPHIA PA 19107-5414		ROBBINS, MD, MARK S	HEM	2039 GULF OF MEXICO DR G3-106		ROTHKOPF, MD, BRAD M	CD	PHILADELPHIA PA 19107-1015	
1907 S BROAD ST		PHILADELPHIA PA 19148-2216		LONGBOAT KEY FL 34228-3252		6231 OLD YORK RD		RUSSO, MD, KATHLEEN	PD
PHILADELPHIA PA 19148-2216		ROBBINS, DO, MICHAEL J	AN	215-887-3417		PHILADELPHIA PA 19141-2014		115 DEBARON LN	
9023B ARYDALE CRESCENT		ROBBINS, DO, MICHAEL J		ROSENBERG, MD, CARL A	* IM	215-924-4411		BRYN MAWR PA 19010-1011	
PHILADELPHIA PA 19128		ROBBINS, MD, ROBERT	TR	11603 BUSTLETON AVE		ROTHKOPF, MD, HENRY	* IM	RUSSO, MD, PIERANTONIO	TS
253 STANISH RD		ROBBINS, MD, WILLIAM S	P	PHILADELPHIA PA 19116-2513		6231 OLD YORK RD		FRONT ST AND ERIE AVE	
MERION STATION PA 19066-1133		ROBBINS, MD, WILLIAM S		215-464-0770		PHILADELPHIA PA 19141-2014		PHILADELPHIA PA 19134	
100 GRAYS LN APT 301		ROBBINS, MD, WILLIAM S		ROSENBERG, MD, HENRIETTA K	PDR	215-924-4411		215-427-5109	
HAVERFORD PA 19041-1753		ROBBINS, MD, WILLIAM S		ALBERT EINS: EIN MED CTR		ROTHMAN, MD, RICHARD H	ORS	RUSSO-STIEGLITZ, MD,	
610-667-5721		ROBBINS, MD, WILLIAM S		PHILADELPHIA PA 19141-3098		800 SPRUCE ST		KAREN E	OBG
4000 PRESIDENTIAL BLVD # 1223		ROBBINS, MD, WILLIAM S		215-456-6200		PHILADELPHIA PA 19107-6130		900 PINE ST APT 1R	
PHILADELPHIA PA 19131-1722		ROBBINS, MD, WILLIAM S		ROSENBERG, MD, HENRY	AN	215-829-3458		PHILADELPHIA PA 19107-6128	
ROBERTS, MD, ANDREW B	VS	ROBBINS, MD, WILLIAM S		322 SYCAMORE AVE		ROTHSTEIN-RUBIN, MD, RENE	ON	RUTBERG, MD, FRANKLIN L	OTO
3300 HENRY AVE		ROBBINS, MD, WILLIAM S		MERION STATION PA 19066-1539		819 CHAUNCEY RD		20 CONSHOCKEN STATE ROAD	
PHILADELPHIA PA 19129-1121		ROBBINS, MD, WILLIAM S		215-762-7962		PENN VALLEY PA 19072-1303		BLA CYNWYD PA 19004-3335	
215-842-6533		ROBBINS, MD, WILLIAM S		ROSENBERG, MD, IRVING	CRS	215-662-5947		RUTBERG, MD, MICHAEL	GS
6208 SHEAFF LN		ROBBINS, MD, WILLIAM S		1225 FAIRY HILL RD		ROTTENBERG, ERIC C	ST	2 PENN BLVD STE 115	
FT WASHINGTON PA 19034-1819		ROBBINS, MD, WILLIAM S		JENKINTOWN PA 19046-2923		511 S 9TH ST APT 3B		PHILADELPHIA PA 19144-1402	
215-662-2025		ROBBINS, MD, WILLIAM S		215-342-0977		PHILADELPHIA PA 19147-1348		215-849-7580	
ROBERTS, MD, JOAN M	OBG	ROBBINS, MD, WILLIAM S		ROSENBERG, MD, KENNETH C	* CD	ROTTENBERG, DO, LOUIS	GP	RUTBERG, MD, HAROLD L	CD
8840 GERMANTOWN AVE		ROBBINS, MD, WILLIAM S		111 S 11TH ST STE G6120		1631 FAWN LN		700 SPRUCE ST FL 504	
CHESTNUT HILL PA 19118-2725		ROBBINS, MD, WILLIAM S		PHILADELPHIA PA 19107-4824		HUNTINGDON VLY PA 19006-7917		PHILADELPHIA PA 19106-4027	
215-248-4166		ROBBINS, MD, WILLIAM S		215-923-5255		215-332-3931		215-829-3344	
ROBERTS, MD, JOHN M	GS	ROBBINS, MD, WILLIAM S		ROSENBERG, MD, MANUEL	IM	ROUSE, MD, PAUL V	U	RUTH, MD, COREY K	ORS
PHILADELPHIA PA 19119-4138		ROBBINS, MD, WILLIAM S		7500 CENTRAL AVE STE 105		96 BUCKS MEADOW LN		520 S 19TH ST 3RD FL	
215-242-4700		ROBBINS, MD, WILLIAM S		PHILADELPHIA PA 19111-2434		NEWTOWN PA 18940-1406		PHILADELPHIA PA 19146-1449	
ROBERTSON, MD, JOHN W	GS	ROBBINS, MD, WILLIAM S		215-742-0712		ROVINSKY, DAVID	ST	215-985-1772	
1335-49 TABOR RD STE 109		ROBBINS, MD, WILLIAM S		ROSENBERG, MD, MORTON	PD	3904 SPRUCE ST		RUTTENBERG, MD, BERTRAM A	CHP
PHILADELPHIA PA 19141-3021		ROBBINS, MD, WILLIAM S		8823 PATTON RD		PHILADELPHIA PA 19104-4113		315 BERKLEY RD	
ROBINSON, MD, CLAIRE E B	* OBG	ROBBINS, MD, WILLIAM S		WYNDMOOR PA 19038-7433		2340 E ALLEGHENY AVE	OTO	MERION STATION PA 19066-1403	
5301 KNOX ST		ROBBINS, MD, WILLIAM S		610-397-2336		PHILADELPHIA PA 19134-4433		610-667-4150	
PHILADELPHIA PA 19144-6215		ROBBINS, MD, WILLIAM S		ROSENBERG, MD, PAUL E	D	215-423-6670		RUTTENBERG, DO, NORMAN F	R
610-664-8725		ROBBINS, MD, WILLIAM S		1015 CORN CRIB DR		ROXBY, MD, BRUCE S	IM	FRANKFORD AND WAKELING STS	
ROBINSON, MD, FREDERICK A	IM	ROBBINS, MD, WILLIAM S		1015 MIDDLETOWN ROAD		411 N MIDDLETOWN ROAD		PHILADELPHIA PA 19124	
160 FOXCATCHER LN		ROBBINS, MD, WILLIAM S		MEDIA PA 19063-4435		215-482-6682		215-934-4020	
MEDIA PA 19063-1104		ROBBINS, MD, WILLIAM S		215-482-6682		ROY, MD, JOHN	AN	RYAN, MD, JOHN L	IM
ROBINSON, MD, KEVIN G	CD	ROBBINS, MD, WILLIAM S		727 WELSH RD	N	1947 PRESTON AVE		8217 ARMORE AVE	
PHILADELPHIA PA 19111		ROBBINS, MD, WILLIAM S		HUNTINGDON VLY PA 19006-6357		WILLOW GROVE PA 19090-3026		WYNDMOOR PA 19118-2401	
215-745-2333		ROBBINS, MD, WILLIAM S		215-947-8239		950 WALNUT ST	ST	610-824-2556	
ROBINSON, MD, NATHANIEL M	GER	ROBBINS, MD, WILLIAM S		ROSENBERG, MD, ROBIN E	CRS	PHILADELPHIA PA 19107		RYAN, MD, KATHLEEN F	IM
5229 SPRUCE ST		ROBBINS, MD, WILLIAM S		9892 BUSTLETON AVE STE 206		ROZANSKI JR, MD, LAWRENCE T	CD	4000 PRESIDENTIAL BLVD #1101	
PHILADELPHIA PA 19139-4022		ROBBINS, MD, WILLIAM S		PHILADELPHIA PA 19115-2184		PEPPER PAVILLION STE 101		PHILADELPHIA PA 19131-1720	
ROBINSON, MD, REGINALD L	IM	ROBBINS, MD, WILLIAM S		ROSENBLUM, MD, MINDY F	PD	PHILADELPHIA PA 19146		830 RENNARD ST	IM
1131 N BROOM ST		ROBBINS, MD, WILLIAM S		101 MAPLE AVE		215-893-2495		PHILADELPHIA PA 19116-2918	
WILMINGTON DE 19806		ROBBINS, MD, WILLIAM S		BALA CYNWYD PA 19004-3016		RUBERG, FREDERICK L	ST	215-427-6200	
ROBY, MD, DAVID S	* N	ROBBINS, MD, WILLIAM S		101 MAPLE AVE		2018 WALNUT ST		SABOL, MD, CAROLYN L	OPH
PHILADELPHIA PA 19111-2431		ROBBINS, MD, WILLIAM S		ROSENBLUM, MD, NORMAN G	GO	PHILADELPHIA PA 19103		55 RAMPART DR	
215-725-4604		ROBBINS, MD, WILLIAM S		830 PRIMROSE LANE		RUBIN, DO, CARL S	DR	WAYNE PA 19087-5845	
ROCCO, MD, MARTIN J	* AN	ROBBINS, MD, WILLIAM S		WYNNWOOD PA 19096-1664		FRANKFORD HOSP		215-928-3000	
8TH AND SPRUCE STS		ROBBINS, MD, WILLIAM S		610-378-6905		PHILADELPHIA PA 19114		SABUGO, MD, EVELYN F	PD
PHILADELPHIA PA 19107		ROBBINS, MD, WILLIAM S		ROSENFIELD, JONATHAN F	ST	215-612-4020		9972 WOODFERN RD	
215-829-5588		ROBBINS, MD, WILLIAM S		1000 WALNUT ST APT 1113		RUBIN, MD, EMANUEL	PTH	PHILADELPHIA PA 19115-2011	
		ROBBINS, MD, WILLIAM S		PHILADELPHIA PA 19107		1020 LOCUST ST STE 279		215-426-1220	
		ROBBINS, MD, WILLIAM S		ROSENOW JR, MD, EDWARD C	IM	PHILADELPHIA PA 19107-6731		SACHDEV, MD, AJIT K	GS
		ROBBINS, MD, WILLIAM S		3300 DARBY RD		215-955-5060		3300 HENRY AVE	
		ROBBINS, MD, WILLIAM S		HAVERFORD PA 19041-1061		RUBIN, MD, I EDWARD	OPH	PHILADELPHIA PA 19129-1191	
		ROBBINS, MD, WILLIAM S		ROSENTHAL, MD, DAVID E	* IM	255 S 17TH ST FL 1509		215-842-6562	
		ROBBINS, MD, WILLIAM S		1726 CLINTON DR		PHILADELPHIA PA 19103-6215		SACHS, MD, MARVIN L	IM
		ROBBINS, MD, WILLIAM S		AMBLER PA 19002-2445		215-561-0251		3400 SPRUCE ST	
		ROBBINS, MD, WILLIAM S		215-885-8550		RUBIN, MD, JONATHAN D	DR	PHILADELPHIA PA 19104-4219	
		ROBBINS, MD, WILLIAM S		ROSENWASSER, MD, ROBERT H	* NS	371 MAPLEWOOD AVE		215-386-7418	
		ROBBINS, MD, WILLIAM S		834 WALNUT ST STE 650		MERION STATION PA 19066-1011		SADEL, KEITH E	ST
		ROBBINS, MD, WILLIAM S		PHILADELPHIA PA 19107		215-893-2041		1723 GRIFITH ST APT 2	
		ROBBINS, MD, WILLIAM S		215-221-4067		RUBIN, MD, WALTER	* IM	PHILADELPHIA PA 19111-2903	
		ROBBINS, MD, WILLIAM S		ROSENZWEIG, MD, MAX	GP	3300 HENRY AVE		SADWIN, MD, ARNOLD	N
		ROBBINS, MD, WILLIAM S		337 ROBINSON DR		PHILADELPHIA PA 19129-1121		313 S 17TH ST	
		ROBBINS, MD, WILLIAM S		BROOMALL PA 19008-3724		215-842-6957		PHILADELPHIA PA 19103-6726	
		ROBBINS, MD, WILLIAM S		ROSETT, MD, JEFFREY S	FP	5450 WISSAHICKON AVE APT 808	P	215-735-1363	
		ROBBINS, MD, WILLIAM S		2375 WOODWARD ST STE 102-06		PHILADELPHIA PA 19144-5219		SAFAI-NILI, MD, FIROUZEH	P
		ROBBINS, MD, WILLIAM S		PHILADELPHIA PA 19115		215-677-6400		317 N BROAD ST APT 710	
		ROBBINS, MD, WILLIAM S		ROSNER, MD, ISADOR K	IM	RUDNICK, MD, HERMAN D		PHILADELPHIA PA 19107-1018	
		ROBBINS, MD, WILLIAM S		7300 DEARWESTER DR BLDG 241		6806 CASTOR AVE		215-476-4500	
		ROBBINS, MD, WILLIAM S		CINNATI OH 45236-6110		PHILADELPHIA PA 19149-2106		SAFFORD, SHAWN D	ST
		ROBBINS, MD, WILLIAM S				215-342-6900		3806 HAMILTON ST	
		ROBBINS, MD, WILLIAM S						PHILADELPHIA PA 19104-2316	

PHILADELPHIA

SAGALOW, MD, BARRY R 246 N BOWMAN AVE MERION PA 19066-1222 215-934-4020	DR	SANTILLI, MD, THOMAS F 1415 LORIMER AVE HUNTINGDON VLY PA 19006-8111 717-947-5971	CD	SCHANKER, MD, BRUCE A FRANKFORD HOSP PHILADELPHIA PA 19114 215-612-4036	PTH	SCHNALL, MD, DAVID J 3896 PINE RD HUNTINGDON VLY PA 19006-2306	PD	SCHWARTZ, MD, HARRY W MOSS REHAB HOSP PHILADELPHIA PA 19141-3019 215-456-9495	PM
SAGEMAN, MD, MARC S 200 LOCUST ST APT 15A PHILADELPHIA PA 19106-3918 215-662-4000	P	SANTMAN, MARK 9217 BLUE GRASS RD APT 8 PHILADELPHIA PA 19114-4327	ST	SCHALLER, MD, JAMES L 308 MERRYBROOK DR HAVERSTOWN PA 19083-1323 215-842-4192	P	SCHNALL, MD, NATHAN 702 WYNDMOOR AVE WYNDMOOR PA 19038 215-722-8880	OBG	SCHWARTZ, MD, HOWARD P 12 E MAPLE AVE APT 19 MERCHANTVILLE NJ 08109-5029	AN
SAGER, MD, ETHEL 18 SUTPHIN PNE YARDLEY PA 19067-3461	P	SANTORA, MD, THOMAS A 3300 HENRY AVE PHILADELPHIA PA 19129-1121 215-842-6567	GS	SCHANER, PATRICK J 1000 WALNUT ST APT 1909 PHILADELPHIA PA 19107-5518	ST	SCHNEEBERG, MD, ARTHUR L 922 ROCK LN ELKINS PARK PA 19027	U	SCHWARTZ, MD, LINDEN M 2020 WALNUT ST 18-F PHILADELPHIA PA 19103 215-456-9495	PM
SAGET, NATHALIE D 248 FARRAGOT ST APT 2 PHILADELPHIA PA 19139	ST	SANTORO, MD, JEROME LANKENAU MED BLDG E STE 467 WYNNWOOD PA 19096 610-896-0210	* ID	SCHANZ, STEPHEN A 1 FRANKLINTOWN BLVD APT 2011 PHILADELPHIA PA 19103-1250	ST	SCHNEEBERG, MD, NORMAN G MADISON HOUSE STE D103 PHILADELPHIA PA 19131 215-477-3300	END	SCHWARTZ, MD, LOUIS 921 S 3RD ST PHILADELPHIA PA 19147-4206 215-389-3131	GP
SAHL, MD, HENRY G 1420 LOCUST ST APT 16D PHILADELPHIA PA 19102-4210 215-726-3700	CD	SAPONARO, MD, STEPHEN A 52 BLUEJAY DR CLEMINGTON NJ 08021-5625	DR	SCHATANOFF, MD, JOSEPH 829 SPRUCE ST PHILADELPHIA PA 19107-5752 215-574-9550	DIA	SCHNEIDER, MD, BERNARD 1726 S BROAD ST STE 101 PHILADELPHIA PA 19145-2321 215-463-3400	OPH	SCHWARTZ, MD, MARC L 233 S 6TH ST APT 1904 PHILADELPHIA PA 19106-3755 215-955-8706	CD
SAHU, MD, PAWAN K 8201 HENRY AVE APT P-19 PHILADELPHIA PA 19128-2243 215-842-6000	IM	SAPPERSTEIN, SCOTT B NY03 PARKTOWNE PLACE PHILADELPHIA PA 19130	ST	SCHATZ, MD, NORMAN J 200 OCEAN LANE DR APT 305 KEY BISCAYNE FL 33149-1419	N	SCHNEIDER, MD, JAN 3300 HENRY AVE PHILADELPHIA PA 19129-1121 215-842-7183	OBG	SCHWARTZ, NADINE TEMPLE UNIVERSITY HOSP PHILADELPHIA PA 19140-5189	ST
SAINI, MD, SUNIL K 2201 PENNSYLVANIA AVE APT 812 PHILADELPHIA PA 19130-3518	PD	SARAGOVI, MD, ARMAND A 60 TOWNSHIP LINE RD ELKINS PARK PA 19027 215-663-6069	R	SCHAEFER, MD, NEIL H UNIV HOSP OF PA PHILADELPHIA PA 19139-2718 215-471-2505	* P	SCHNEIDER, MD, LAWRENCE H 901 WALNUT ST PHILADELPHIA PA 19107-5211 215-629-0980	HS	SCHWARTZ, MD, RAYMOND 615 OAK SHADE AVE ELKINS PARK PA 19027 215-634-5595	CD
SAITO, NAOKYUKI G 2020 WALNUT ST APT 15-M PHILADELPHIA PA 19103-5640	ST	SARRECO, MD, JOAQUIN 928 CALENDONIA ST PHILADELPHIA PA 19128 215-762-8175	GS	SCHAEINER, MD, ADAM J 2601 PA AVE APT 626 PHILADELPHIA PA 19130	OPH	SCHNEIDMILLER, JAMES A 2201 PENN AVE APT 608 PHILADELPHIA PA 19130	ST	SCHWARTZ, MD, ROBERT P 2 PENN BLVD STE 203 HUNTINGDON VLY PA 19144-1403 215-849-1359	OBG
SAKOLSKY, DARA J 701 SUMMIT AVE APT C5 PHILADELPHIA PA 19128-2323	ST	SARIN, MD, LOV K LANKENAU MED STE 160 WYNNWOOD PA 19096-3425 610-896-0768	OPH	SCHERR, MD, STUART A 8020 CASTOR AVE PHILADELPHIA PA 19152-2732 215-722-4111	* OTO	SCHNEIMAN, MD, MAURICE H 561 MEADOWBROOK RD HUNTINGDON VLY PA 19006-6862 215-947-9080	P	SCHWARTZ, MD, STEPHEN L 307 LAMPLIGHTER LN HUNTINGDON VLY PA 19006-3034 215-955-6503	* P
SAKALAK, MD, WASYL W 703 SHEAFF LN FT WASHINGTON PA 19034-2005	GS	SARKISSIAN, DO, ALBERT M 6412 RISING SUN AVE PHILADELPHIA PA 19111-5229 215-457-7777	GP	SCHIVON, CATHERINE A 4203 PINE ST PHILADELPHIA PA 19104	ST	SCHRAUDENBACH, COOPER C 1844E CALLOWHILL ST PHILADELPHIA PA 19130	ST	SCHWARTZMAN, MD, GREGORY J 123 CORNELL RD BALA CYNWYD PA 19004	ST
SALEH, MD, A NABIL RR 3 BOX 360 PHILIPSBURG PA 16866-9558 814-342-6236	* PTH	SARLO, MD, FRANK B 908 S 6TH ST PHILADELPHIA PA 19147-4002 610-834-6000	PM	SCHIANO, MD, THOMAS D 7740-B STENTON AVE APT 209 PHILADELPHIA PA 19118-3169 215-707-3433	GE	SCHREINER, MD, MARK S CHILDRENS HOSP OF PHILA PHILADELPHIA PA 19104-4385 215-590-1857	PD	SCOLA, DO, FILOMENA M 711 S SCHELL ST PHILADELPHIA PA 19147-2035	US
SALES, MD, PHOENIX M 2480 PRESIDENTIAL WAY W PALM BEACH FL 33401-1354	* OBG	SARSHIK, MD, MILTON 527 FOXGROFT SQ APT JENKINTOWN PA 19046 215-247-2986	PD	SCHIER, JOSHUA G 3900 CITY LINE AVE #B721 PHILADELPHIA PA 19131	ST	SCHROEDER, MD, JEROME S 8201 HENRY AVE APT E5 PHILADELPHIA PA 19128-2924 215-456-7890	DR	SCOPELLITI, MD, DEBRA 8201 HENRY AVE APT C-20 PHILADELPHIA PA 19128	ST
SALKIND, MD, GENE Z 1601 WALNUT ST PHILADELPHIA PA 19102-2909 215-843-8908	* NS	SASSO, MD, PHILIP J 108 MEDINAH DR BLUE BELL PA 19422-3212 215-955-6161	AN	SCHIFFMAN, MD, RAYMOND J 497 FERN AVE CHERRY HILL NJ 08034-3140 215-829-3545	PTH	SCHROEDER, MD, VALERIE A 3434 FITLER ST PHILADELPHIA PA 19114	PD	SCOTT, MD, EARL S 982 FRAZIER RD RYDAL PA 19046-2408 215-887-2466	US
SALNER, MD, NATHAN P 13 SNOWDEN RD BALA CYNWYD PA 19004-2632	R	SATALOFF, MD, DAHLIA M 34 LODGES LN BALA CYNWYD PA 19004 215-735-4699	GS	SCHILLER, MD, HERBERT M 479 LYCEUM AVE PHILADELPHIA PA 19128-3420	GP	SCHULMAN, MD, EDWARD S HAHNEMANN UNIVERSITY HOSP PHILADELPHIA PA 19102 215-448-8011	PUD	SCOTT, MD, HENRY 1109 ROCK CREEK WYNNCOTE PA 19095-2013	GP
SALOOM, ALBERT T 16 COBBLESTONE RD PAOLI PA 19301-1820	ST	SATALOFF, MD, JOSEPH 1721 PINE ST PHILADELPHIA PA 19103-6701 215-545-3322	* OTO	SCHILLING, MARIA M 246 W UPSAL ST APT F101 PHILADELPHIA PA 19119	ST	SCHULMAN, MD, ELLIOTT A 1 PENN BLVD PHILADELPHIA PA 19144-1407 215-951-8926	N	SCOTT JR, GLEN R PO BOX 887 WORCESTER PA 19490-0887	ST
SALTZER, KAREN R 2201 CHESTNUT ST APT 604 PHILADELPHIA PA 19103-3046	ST	SATALOFF, MD, ROBERT T 1721 PINE ST PHILADELPHIA PA 19103-6701 215-545-3322	OT	SCHIMMER, MD, BARRY M 818-824 PINE ST STE 1-C PHILADELPHIA PA 19107-6124 215-829-3358	RHU	SCHULTZ, MD, CHRISTOPHER F 328 DELANCEY ST PHILADELPHIA PA 19106-4209	GE	SCOTT, MD, DANIEL M METHODIST HOSP PHILADELPHIA PA 19148-3594 215-952-9152	DR
SALVAGE, MD, ROBERT H 777 W GERMANTOWN PIKE PLYMOUTH MTNG PA 19462-1031 215-951-8941	* AN	SATO, MD, TAKAMI 611 CREEKSIDE LN WALLINGFORD PA 19086-6952 215-955-8875	PD	SCHINDLER, MD, ALAN M 3219 W PENN ST PHILADELPHIA PA 19129-1017 215-844-1701	PD	SCHULTZ, MD, JULIUS 7804 GAYLE RD CHELTENHAM PA 19012-1006 215-831-0565	IM	SCRIBANO, DO, PHILIP V 34TH AND CIVIC CENTER BLVD PHILADELPHIA PA 19104 215-590-1944	EM
SALVO, MD, PAUL J 184D OLD NASSAU RD JAMESBURG NJ 08831-1556	GP	SATOLFF, MD, JOSEPH 1721 PINE ST PHILADELPHIA PA 19103-6701 215-545-3322	OT	SCHLAF, MD, LILLIAN T 414 NEWBOLD RD JENKINTOWN PA 19046-2851	PH	SCHURICH, MD, ALAN L PA HOSP DEPT OF SURGERY PHILADELPHIA PA 19107 215-955-6864	GS	SEABER, MARK A 7841 RIDGE AVE APT B-250 PHILADELPHIA PA 19128 215-463-2100	ST
SALWEN, SARAH A 834 CHESTNUT ST APT 1706 PHILADELPHIA PA 19107-5149	ST	SAUCLIFF, MD, JACOB W 519 FORT WASHINGTON AVE FT WASHINGTON PA 19034-1544	IM	SCHLEIFER, MD, CHARLES R LANKENAU HOSP WYNNWOOD PA 19096 610-649-1175	NEP	SCHUSTER, MD, ALBERT H 255 S 17TH ST PHILADELPHIA PA 19103-6231 215-545-3672	U	SEGAL, MD, BERNARD L PHILADELPHIA CARDIOLOGY ASSOC PHILADELPHIA PA 19104 215-662-5050	IM
SALZANO, LAURA J 378 FOREST AVE GLEN RIDGE NJ 07028-1908	ST	SAUL, MD, ALBERT 3425 MANOR RD HUNTINGDON VLY PA 19006-4118 215-271-5300	CD	SCHLESSELMAN, MD, ROBERT B 1 GRADUATE PLZ STE 101 PHILADELPHIA PA 19146-1407 215-893-2495	CD	SCHUSTER, KEVIN M 437 W SCHOOLHOUSE LN #A1 PHILADELPHIA PA 19144	ST	SEGAL, MD, SCOTT 2025 LONGSHORE AVE PHILADELPHIA PA 19149-1816 215-612-4836	CD
SALZMAN, DO, GARY R 5945 LANSDOWNE AVE PHILADELPHIA PA 19151-3932 215-878-4585	GP	SAULL, MD, SONDR A 8101 FENTON RD LAVEROCK PA 19038-7141 215-288-2102	OTO	SCHLESSELMAN, MD, RICHARD B 7701 DORCAS ST PHILADELPHIA PA 19111-2824 215-953-6100	CHP	SCHWAB, MD, C WILLIAM HUP DIV OF TRAUMA PHILADELPHIA PA 19104-4220 215-662-7320	TR	SEIDEN, DO, KERWIN H 844 TIMBER LN DRESHER PA 19025-1827 215-612-4836	FP
SAMHOURI, MD, FAROUQ A 2137 WELSH ROAD STE 1C PHILADELPHIA PA 19115 215-969-3944	VS	SAVACCO, MD, MICHAEL P THOMAS JEFFERSON UNIV HOSP PHILADELPHIA PA 19107 215-955-6478	CD	SCHLICKINGER, MD, NATHAN S WYNNCOTE HOUSE WYNNCOTE PA 19095-1408	N	SCHWAB, MD, MORTON E 255 S 17TH ST PHILADELPHIA PA 19103-6231 215-735-3394	P	SEINIGE, MD, URSULA L 19TH AND LOMBARD STS STE 901 PHILADELPHIA PA 19146 215-735-4699	GS
SAMIMI, MD, FAROKH LANKENAU HOSP WYNNWOOD PA 19096 610-645-8485	OS	SAVINO, MD, PETER J WILLS EYE HOSP PHILADELPHIA PA 19107 215-928-3130	OPH	SCHLICHTING, MD, CHRISTINE M 200 CARPENTER ST PHILADELPHIA PA 19147-4221 215-427-5220	AN	SCHWAB, MD, ROBERT H 2401 PENNA AVE STE 1A2 PHILADELPHIA PA 19130-3061 215-763-2323	CD	SEITCHIK, MD, MURRAY W YORKTOWN COURTYARD STE 202 ELKINS PARK PA 19027 215-672-6888	PS
SAMPATH, MD, KRISHNA 1282 TURNBURY LN NORTH WALES PA 19454-3660 215-535-0900	PD	SAYEN, MD, JOHN J 1127 PENN TOWER PHILADELPHIA PA 19104-4211 215-662-2880	CD	SCHLOSSBERG, MD, DAVID DIR INT MED EPISCOPAL HOSP PHILADELPHIA PA 19125 215-427-7068	ID	SCHWALB, MD, ALLEN J GRADUATE HOSP AN DEPT PHILADELPHIA PA 19146-1497 215-893-2187	AN	SEITCHIK, MD, SCOTT H 257 BIRCH DR LAFAYETTE HILL PA 19444-2103	AN
SAMPATHACHAR, MD, KAKKADAM R 6366 SHERWOOD RD PHILADELPHIA PA 19151-2516 610-237-4280	AN	SAZAMA, MD, KATHLEEN J MED COL OF PA PHILADELPHIA PA 19129 215-842-6616	CLP	SCHMIDT, MD, COURTLAND M LANKENAU MED FT BLDG STE 154 WYNNWOOD PA 19096 610-649-9800	OPH	SCHWAMM, MD, HARRY A 104 ATLEE CIR BERWYN PA 19312-2069 215-893-2240	* PTH	SERLICKMAN, MD, MITCHELL A 3020 SUMMERVILLE APT 1004 PHILADELPHIA PA 19141	GER
SANDERS, MD, MELINDA E 215 S 9TH ST PHILADELPHIA PA 19107	ST	SCANZELLO, CARLA R 1720 LOMBARD ST #402 PHILADELPHIA PA 19146	ST	SCHMIDT JR, MD, ERWIN R 3400 SPRUCE ST PHILADELPHIA PA 19104-4228	ORS	SCHWARTZ, MD, ALAN J 1000 SHARPLESS RD MELORE PARK PA 19027-3039 215-842-6798	AN	SELIG, MD, ROBERT M ANDORRA PEDIATRICS PHILADELPHIA PA 19128-2028 215-493-8556	PD
SANDLER, LEONARD L BLYTHEWOOD APTS # E34E PHILADELPHIA PA 19144-5357	ST	SCHAEFFER, MATTHEW W 730 DARBY PAOLI RD NEWTOWN SQUARE PA 19073-2257	ST	SCHMITTNER, JOHN P 560 N 16TH ST APT B PHILADELPHIA PA 19130	ST	SCHWARTZ, MD, BARRY J 214 GSB-BARCLAY BLDG BALA CYNWYD PA 19004-1601 610-667-6399	P	SELLERS, MD, ALFRED M 718 ARLINGTON RD NARBERTH PA 19072-1503 215-662-2883	CD
SANDO, MD, RALPH S 100 CHURCH RD MEDICAL BLDG ARMORE PA 19003-2316 610-649-7616	OPH	SCHAFER, MD, CHARLES H 2701 HOLME AVE STE 104 PHILADELPHIA PA 19152-2029 215-563-5468	GS	SCHMUKLER, DO, ANITA G 1001 CITY AVE APT WB1012 WYNNWOOD PA 19096-3942	P	SCHWARTZ, MD, EMANUEL E 775 PARKES RUN LN VILLANOVA PA 19085-1132	DR	SELTZER, MD, JONATHAN 1128 WALNUT ST STE 401 PHILADELPHIA PA 19107 215-629-1158	CD
SANFORD, MD, BRITT E 94 VIRGINIA AVE WESTMONT NJ 08108 215-955-6000	GS	SCHAFER, MD, DAVID W 2701 HOLME AVE STE 201 PHILADELPHIA PA 19152-2007 215-335-6213	AN	SCHNALL, MD, CHARLES 1215 MANOA RD WYNNWOOD PA 19096-3325 610-649-9289	IM	SCHWARTZ, MD, GORDON F 1015 CHESTNUT ST STE 510 PHILADELPHIA PA 19107-4305 215-627-8487	ON	SELTZER, MD, JOSEPH L 111 S 11TH ST STE G6460 PHILADELPHIA PA 19107 215-955-7182	AN

SEMBROT, MD, WILLIAM B 921 PLYMOUTH RD NORRISTOWN PA 19401-2527 215-823-7621	IM	SHARRAR, MD, ROBERT G 2142 MT VERNON ST PHILADELPHIA PA 19130-3134 610-397-2868	PH	SHOLEVAR, DARIUS P 950 WALNUT ST #214 PHILADELPHIA PA 19107-5564	ST	SILBERSTEIN, MD, MARSHA M 417 SPRUCE ST PHILADELPHIA PA 19106-3706	AN	SINHA, MD, RAJ KAMAL 505 S 10TH ST APT C PHILADELPHIA PA 19147-1252 215-576-2000	ORS
SEMPOWSKI, DO, TIMOTHY J 408 W WALNUT ST NORTH WALES PA 19456-3325 215-456-7890	AN	SHAWALUK, MD, PAUL D 6751 AKRON ST PHILADELPHIA PA 19149-2329	* OPH	SHOPE, TIMOTHY R 408 BLUCHERT RD POTTSTOWN PA 19464-1029	ST	SILBERSTEIN, MD, STEPHEN D 1 PENN BLVD PHILADELPHIA PA 19144-1407	N	SINK, MD, JAMES D 51 N 39TH ST PHILADELPHIA PA 19104-2640	* CDS
SENGSTAKEN, MD, ELIZABETH A 1015 WALNUT ST STE 401 PHILADELPHIA PA 19107-5099 215-955-7272	FP	SHEAR, SHOSHANNA L 2101 CHESTNUT APT 718 PHILADELPHIA PA 19103	ST	SHORE, PAUL M 1801 JFK BLVD APT 1810 PHILADELPHIA PA 19103-1715	ST	SILBERZWEIG, MD, JEFFREY I 4234 BROOKVIEW PL ELKINS PARK PA 19117-2810	NEP	SINKER, MD, DALE V 27 FOXFIELD CT BROAD AXE PA 19002-5225	IM
SERBER, MD, WILLIAM 7301 COVENTRY RD APT 407 MELROSE PARK PA 19027 610-278-2510	TR	SHECTER, DO, FREDRIC M 245 OLD LANCASTER AVE BALA CYNWYD PA 19004-2932 610-667-4888	CHP	SHORE, MD, SEYMOUR M BENJ FOX PAVILION STE 823B JENKINTOWN PA 19046 215-886-1311	IM	SILER, MD, JANET N 2909 HUNTERDON DRIVE CINNAMINSON NJ 08077 215-762-7962	AN	SINNER, SCOTT W RR 4 BOX 275 MONTGOMERYVILLE PA 17759-9441	ST
SERGOTT, MD, ROBERT C 900 WALNUT ST PHILADELPHIA PA 19107 215-928-3130	OPH	SHEEHAN, MD, TERENCE P 111 S 11TH ST STE 9420 PHILADELPHIA PA 19107 215-955-4206	PM	SHOURAIE, MD, ZARRIN 9323 LARAMIE RD PHILADELPHIA PA 19115-2738 215-339-5100	PD	SILIOUINI, MD, JOHN J 2818 COTTAM AVE PHILADELPHIA PA 19149-1419	OPH	SIRKEN, DO, DAVID H 10 DARTMOUTH RD CHERRY HILL NJ 08034-1222	N
SEROTA, DO, BENJAMIN 1420 LOCUST ST APT 15A PHILADELPHIA PA 19102-4209	GP	SHEETS, MD, EVERETT O 3158 COTTAM AVE PHILADELPHIA PA 19149-1501 215-338-6381	FP	SHRAGER, MD, MORTON W 845 HUNT RD NEWTOWN SQUARE PA 19073-3505 215-829-7004	IM	SILK, MD, RAYMOND E 1701 WALNUT ST 8TH FL PHILADELPHIA PA 19103-6207	GS	SIVA, SADHISH K 600 W HARVEY ST APT B-915 PHILADELPHIA PA 19144-4322	ST
SERRANO, MD, ALBERTO C PHILA CHILD GUIDANCE CTR PHILADELPHIA PA 19104-4322 215-243-2830	P	SHEETS, KIMBERLY R 2201 CHESTNUT ST APT 701 PHILADELPHIA PA 19103	ST	SHRIVASTAVA, RAJ K 2300 WALNUT ST BOX 710 PHILADELPHIA PA 19103	ST	SILOS, STEPHANIE A 1000 WALNUT ST RM 1907 PHILADELPHIA PA 19107-5521	ST	SIVALINGAM, MD, ARUNAN 160 LANKEAU MEDICAL BLDG E WYNNWOOD PA 19096 610-896-0768	OPH
SERRIAN JR, MD, JOHN L 346 MEADOWBROOK DR HUNTINGDON VLY PA 19006-6815 215-456-6013	IM	SHEINBAUM, MD, ROY J 111 S 11TH ST STE 524 MAIN PHILADELPHIA PA 19107-5092 215-955-616	AN	SHUBIN, MD, HARRY 1829 PINE ST PHILADELPHIA PA 19103-6601 215-546-6224	IM	SILVER, MD, BERNICE S 127 IRONWOOD RD LEVITTOWN PA 19057-2751 717-945-4429	GP	SIVALINGAM, MD, JOCELYN F 821 LOMBARD ST PHILADELPHIA PA 19147-1316 215-955-1060	ID
SETH, MD, RAJENDRA N 820 HILTON LN PHILADELPHIA PA 19117-1210 215-831-7000	CD	SHELANSKI, MD, SHARON L 710 MILL CREEK RD GLADWYNE PA 19035-1521 610-649-9300	AI	SHULMAN, MD, JOHN F 1440 MCKEAN ST PHILADELPHIA PA 19145-2308 215-334-2237	IM	SILVER, DO, MARC R 1612 BRITANNY DR MAPLE GLEN PA 19002-3151 215-612-4020	R	SIVITZ, MD, MARTA E 1726 S BROAD ST STE 101 PHILADELPHIA PA 19145-2321 215-463-3400	OPH
SEY, MD, MARK J 6608 CASTOR AVE PHILADELPHIA PA 19149-2120 215-342-7711	PD	SHELLENBERGER, DIANE M 950 WALNUT ST APT 407 PHILADELPHIA PA 19107	ST	SHUMAN, MD, CHARLES R 3401 N BROAD ST PHILADELPHIA PA 19140-5103 215-221-3563	* PM	SILVER, STEVEN E 739 TYSON AVE PHILADELPHIA PA 19111	ST	SIWEK, YVONNE E 6110 EDRICK ST PHILADELPHIA PA 19135	ST
SGRO, MD, ANTONIO 301 CHATHAM ROAD TURNERSVILLE NJ 08012-1056	FP	SHELTON, MD, BARBARA 400 MARKET ST STE 400 PHILADELPHIA PA 19106 215-625-0800	ST	SHUMAN, MD, SANDRA J 5 W HAMPTON RD PHILADELPHIA PA 19118-3610 215-222-6583	DIA	SILVERMAN, DO, EDWARD M 649 DODDS LANE GLADWYNE PA 19035-1514 215-238-2130	CDS	SKLAR, ERIC B 8201 HENRY AVE APT P-16 PHILADELPHIA PA 19128-2242	ST
SHACKLETT, MD, DOROTHY E CLARA BURK NURSING HOME APT 4 PLYMOUTH MTNG PA 19462	IM	SHEN, R ROY 2200 BENJAMIN FRANKLIN PKY PHILADELPHIA PA 19130-3618	ST	SHUMAN, MD, SANDRA J 5 W HAMPTON RD PHILADELPHIA PA 19118-3610 215-222-6583	N	SILVERMAN, STEVEN J HOSP OF THE UNIV OF PA PHILADELPHIA PA 19104-4274	ST	SKLAROFF, MD, DAVID M 639 STETSON ROAD ELKINS PARK PA 19117-2524	RO
SHAFIA, MD, HASS 3401 W SCHOOL HOUSE LN PHILADELPHIA PA 19144-5488 215-438-0104	IM	SHENKIN, MD, HENRY A 3300 DARBY RD HAVERFORD PA 19041-1061	NS	SHUSTER, MD, EUGENE 2601 HOLME AVE PHILADELPHIA PA 19152-2007 215-427-9750	OBG	SILVERMAN, MD, WILLIAM S CEDARBROOK HILL APTS B516 WYNCOTE PA 19095-2701 215-879-5888	GE	SKLAROFF, MD, ROBERT B MEDICAL ARTS BUILDING ELKINS PARK PA 19027-2253 215-663-8200	ON
SHAH, ASIT K 1317 TANGLEWOOD DR NORTH WALES PA 19454-3667	ST	SHER, MD, LIANE 6 FRANKLIN PLZ PHILADELPHIA PA 19102-1125 215-587-3066	PM	SHUSTERMAN, MD, NEIL H 451 BALLYTORE RD WYNNWOOD PA 19096-2344 610-832-3074	NEP	SILVESTRY, MD, FRANK E 23 EASTWOOD DR VOORHEES NJ 08043-4752 215-662-4000	CD	SKOLNICK, MD, BRUCE A 8201 HENRY AVE APT R-20 PHILADELPHIA PA 19128-2253 215-895-8904	PUD
SHAH, HIREN M 2020 WALNUT ST APT 18-A PHILADELPHIA PA 19103	ST	SHER, MD, PAUL B 401 E MAIN ST MILLVILLE NJ 08332-5355 609-825-5700	IM	SHUTACK, JOHN M 8201 HENRY AVE APT T-5 PHILADELPHIA PA 19128-2983	ST	SIMAN, MD, BERNARD 507 HOMESTEAD AVE HADDONFIELD NJ 08033-3023 609-429-2424	AN	SKOLNICK, MD, NORMAN J 1935 GULF OF MEXICO DR LONGBOAT KEY FL 34228-3340	OTO
SHAH, JITENDRA N 7519 TORRESDALE AVE PHILADELPHIA PA 19136-3335 215-335-2220	PD	SHER, PETER M 246 W UPSAL ST APT F-103 PHILADELPHIA PA 19119	ST	SHYAMALAN, MD, JAYALAKSHMI 132 OLD GULPH RD WYNNWOOD PA 19096-1017	OBG	SIMAN, MD, BERNARD 507 HOMESTEAD AVE HADDONFIELD NJ 08033-3023 609-429-2424	R	SLANINA, MD, MICHAEL S 1080 OAK RIDGE DR BLUE BELL PA 19422-3002 215-743-4211	PD
SHAH, MD, MAHENDRA C 206 PEEL RD LANGHORNE PA 19047-8203 215-423-2461	IM	SHER, MD, SCOTT A 8502 ALICIA ST 1ST FL PHILADELPHIA PA 19111-1302	AN	SHYAMALAN, MD, NELLIE C 132 OLD GULPH RD WYNNWOOD PA 19096-1017 215-425-2525	IM	SIMERMAN, MD, LEE PAUL 725 LOMBARD ST PHILADELPHIA PA 19147-1314 215-893-2027	ST	SLAP, MD, JOSEPH W 1601 WALNUT ST FL 1312 PHILADELPHIA PA 19102-2913 215-563-8616	P
SHAH, PAULA S 3024 QUEEN LN APT A2C PHILADELPHIA PA 19129	ST	SHERMAN, CAROLYN E 2108 GREEN ST PHILADELPHIA PA 19130-3111	ST	SIAM, MD, NABIL A 2991 SCHOOL HOUSE LN APT 032W PHILADELPHIA PA 19144-5357	P	SIMMONS, MICHAEL D 7901 HENRY AVE APT E107 PHILADELPHIA PA 19128	ST	SLAVIK, GRETCHEN M 8201 HENRY AVE APT M17 PHILADELPHIA PA 19128	ST
SHAH, SACHIN J 3900 CITY AVE APT 1021C PHILADELPHIA PA 19131	ST	SHERMAN, MD, JACKSON 100 S BERKLEY SO APT 10-G ATLANTIC CITY NJ 08401	OTO	SIDDIQI, MD, TARIO W JERSEY AND PROF PLZ VOORHEES NJ 08043-4520 609-751-6600	NS	SIMON, JAKUB K 374 KIRKS LN DREXEL HILL PA 19026-2232	ST	SLAVIN, MD, JAMES W ALBINGTON MEDICAL PLZ ABINGTON PA 19001-3828 215-572-7200	PS
SHAMSI, MD, MUHAMMAD N 5450 WISSAHICKON AVE APT 1143 PHILADELPHIA PA 19144-5220 215-842-6545	P	SHERWIN, MD, ROBERTA 301 THIRD ST AT WEST AVE OCEAN CITY NJ 08226 609-399-6055	IM	SIEGEL, MD, BERNARD 500 OLD YORK RD STE 201 JENKINTOWN PA 19046-2852 215-885-5600	OBG	SIMON, JEFFREY A 1100 SPRUCE ST APT 2-D PHILADELPHIA PA 19107-6008	ST	SLJAPIC, MD, TATJANA 2809 W QUEEN LN PHILADELPHIA PA 19129-1051 215-842-6000	US
SHANAHAN, MD, J RUSH RR 2 BOX 73B HONEYBROOK PA 19344-9226	RHU	SHIELDS, MD, JERRY A 9TH AND WALNUT STS PHILADELPHIA PA 19107 215-928-3105	PTH	SIEGEL, MD, PAUL D 1104 GAINSBORO RD BALA CYNWYD PA 19004-2013 215-879-0322	IM	SIMON, MD, WILLIAM H 255 S 17TH ST PHILADELPHIA PA 19103-6231 215-732-1977	ORS	SLOAN, MD, STEVEN R 4000 PRESIDENTIAL BLVD PHILADELPHIA PA 19131-1713 215-898-2900	PTH
SHANGOLD, MD, MONA M HAHNEMANN UNIV PHILADELPHIA PA 19102 215-762-6866	REN	SHIELDS, HELEN R 8201 HENRY AVE APT O-22 PHILADELPHIA PA 19128	OPH	SIEGEL, MD, SEYMOUR 201 OLD YORK RD STE 205 JENKINTOWN PA 19046-3200 215-885-8767	IM	SIMPSON, MD, JOSEPH W 11 BUGLE LN BLUE BELL PA 19422-2462	OM	SLOANE, MD, BRUCE B 634 FOXFIELDS RD BRYN MAWR PA 19010-2057 215-563-1199	U
SHAPIRO, MD, AARON L 1518 SPRUCE ST PHILADELPHIA PA 19102-4552 215-546-5900	OTO	SHIENBAUM, DO, ALAN J 191 PRESIDENTIAL BLVD # 815 BALA CYNWYD PA 19004-1235	ST	SIEGFRIED, MD, JAY W 296 STONEGATE DR DEVON PA 19333-1857 610-645-2210	ST	SIMPSON, MD, ZACHARY W 630 HAYDOCK LN HAVERFORD PA 19041-1208	US	SLOCHOWER, MD, DENNIS 1263 CLUB HOUSE RD GLADWYNE PA 19035-1003 215-725-9700	OPH
SHAPIRO, MD, BERNARD 417 HIDDEN RIVER RD NARBERTH PA 19072-1112 215-456-8260	* NM	SHIH, HENRY T 6 TEAK LN PRINCETON NJ 08540	ST	SIEGLER, MD, PETER E 3837 RED LION RD PHILADELPHIA PA 19114-1402 215-824-2995	A	SINCLAIR, MD, STEPHEN H CCMC ONE MEDICAL CENTER BLVD UPLAND PA 19013 610-872-5430	OPH	SMETANKA, CYNTHIA A ALDEN PARK APTS APT 511-C MNR PHILADELPHIA PA 19144-5653	ST
SHAPIRO, MD, LEONARD H 117 S 17TH ST 10TH FL PHILADELPHIA PA 19103-5114 215-561-1224	OBG	SHILOH, AARON O 2101 CHESTNUT ST APT 608 PHILADELPHIA PA 19103-3111	ST	SIEM, LAURA J 3425 TILDEN ST PHILADELPHIA PA 19129-1434	ST	SING, DO, RONALD F 3400 SPRUCE ST 3 MALONEY PHILADELPHIA PA 19104-4228 215-662-7320	GS	SMITH, MD, A MITCHELL 60 E TOWNSHIP LINE ROAD ELKINS PARK PA 19117-2249 215-663-1188	CD
SHAPIRO, MD, MARCELLE J 524 POND VIEW DR RYDAL PA 19046 215-955-7304	DR	SHIMER, RICHARD T 2931 W QUEEN LN APT D PHILADELPHIA PA 19129-1032	ST	SIERZENSKI, MD, RONALD J JEFFERSON MED COLL PHILADELPHIA PA 19107	ST	SINGER, MD, EDWARD S 60 TOWNSHIP LINE RD ELKINS PARK PA 19117-2249 215-339-3030	CD	SMITH, MD, ARTHUR E 419 S 19TH ST PHILADELPHIA PA 19146-1415 215-545-0266	IM
SHARE, MD, FREDERICK S 3341 STONE BOAT RD FT LAUDERDALE FL 33312 305-835-6173	R	SHIN, BRIAN J APT 1803 PARK TOWNE EAST PHILADELPHIA PA 19130	ST	SIGLER, MD, MILES H 130 LANKEAU MED BLDG WEST MERION STATION PA 19066-1209 610-649-1175	NEP	SINGER, MD, FRED 6190 RISING SUN AVE PHILADELPHIA PA 19111-6011 215-725-8114	IM	SMITH, MD, ARTHUR K 535 PINE ST PHILADELPHIA PA 19106-4110 215-922-5180	FP
SHARIFF, MD, HAJI M 333 N OXFORD VALLEY RD FAIRLESS HILLS PA 19030-2605 215-943-5166	VS	SHIN, SOON K 6100 HENRY AVE #4C PHILADELPHIA PA 19128-1504	ST	SIGMAN, MARK J 8201 HENRY AVE APT I-17 PHILADELPHIA PA 19128	ST	SINGER, MD, IRVIN 7604 WEST AVE PHILADELPHIA PA 19117-2511	IM	SMITH, MD, DAVID G 1200 OLD YORK RD ABINGTON PA 19001-3788 215-576-2024	IM
SHARIFI-AZAD, MD, SAID 3 COLLAGE COURT CHERRY HILL NJ 08003 215-955-6161	AN	SHINNICK, DO, JAMES P PRESBYTERIAN MED CTR PHILADELPHIA PA 19104-2692 215-662-8060	PUD	SILBER, MD, JEFF S 2126 CYPRESS ST PHILADELPHIA PA 19103	ORS	SINGH, MD, GURCHARAN 6720 RISING SUN AVE PHILADELPHIA PA 19111-4629 215-342-4777	PM	SMITH, MD, KAIGHN 100 LANCASTER AVE WYNNWOOD PA 19096-3426 610-649-5034	OBG
SHARPS, MD, FRANK 930 MONTGOMERY AVE APT 106 ROSEMONT PA 19010-3037	GP	SHIRAZI-MAJD, MAHSHID 17 CONNOVER PL NEWTOWN PA 18940-1117	ST	SILBERMAN, MD, HARVEY D 156 SERRILL RD ELKINS PARK PA 19117-1617 215-663-1121	OTO	SINGSON, MD, PETER P 221 S 12TH ST APT 203S PHILADELPHIA PA 19107-5560	OBG	SMITH, MD, MICHAEL F 1317-19 WOLF ST PHILADELPHIA PA 19148-2934 215-389-0700	CD

PHILADELPHIA

SMITH, MD, STEVEN D NORTHEAST MED CTR STE 2 PHILADELPHIA PA 19114 215-676-0999	AI	SOLOMON, MD, MARK P 3300 HENRY AVE PHILADELPHIA PA 19129 215-842-7601	PS	SPYCHALSKI, JAMES N 3335 N PARK AVE PHILADELPHIA PA 19120	ST	STEINBERG, MD, MARVIN E HOSP U OF P SILVERSTEIN 2 PHILADELPHIA PA 19104-4219 215-662-3340	ORS	STUHL MILLER, DAVID F 701 SUMMIT AVE APT C-203 PHILADELPHIA PA 19128-2312	ST
SMITH, MD, TIMOTHY C 25 CHELFIELD RD GLENESIDE PA 19038-1401 215-831-4600	P	SOLOW, MD, EDWARD A 7901 BUSTLETON AVE STE 200 PHILADELPHIA PA 19152-3302 215-332-4000	*CD	SRI-THARAN, MD, FLORENCE J 13 OVER HILL RD UPPER DARBY PA 19082-2413 610-237-4000	IM	STEINBERG, MD, NATHAN 744 S 2ND ST PHILADELPHIA PA 19147-3427	GP	SUPNIKER, MD, SONIA 303 COVENTRY HOUSE MELROSE PARK PA 19126	AI
SMITH IV, MD, CHRISTOPHER A 4040 PRESIDENTIAL BLVD #2702 PHILADELPHIA PA 19131-1727	PD	SOMERS, MD, HERBERT J 7848 OLD YORK RD STE 202 ELKINS PARK PA 19027 215-635-4848	OBG	SRIDHARA, MD, C R A EINHSTEIN MED CTR N DIV PHILADELPHIA PA 19141 215-456-7110	*PM	STEINER, JOSHUA P 2801 PENNSYLVANIA AVE # 102 PHILADELPHIA PA 19130	ST	STUTTMAN, MD, FRED A 3501 NEWBERRY RD PHILADELPHIA PA 19154-2608 215-632-1400	FP
SMITH JR, MD, EDGAR C 109 GLENN RD ARDMORE PA 19003-2509 610-649-4044	GP	SOMERS, MD, LAURENCE A 727 WELSH RD STE 102 HUNTINGDON VLY PA 19006-6357 215-938-8838	PDS	SRIDHARAN, MD, MALINI 2001 CARDINAL LN CLARKS SUMMIT PA 18411-9292 215-844-1020	PD	STEINFELD, MD, PAUL H SMYLES TIMES BLDG PHILADELPHIA PA 19152 215-332-2559	*ORS	STYLER, MD, MICHAEL J 2322 BELMONT AVE ARDMORE PA 19003-2926 215-762-8026	HEM
SMULLENS, MD, STANTON N 111 S 11TH ST STE G6350 PHILADELPHIA PA 19107-4824 215-925-1010	VS	SOMERS, MD, ROBERT G 191 LINDEN DR ELKINS PARK PA 19117-1340 215-456-6930	GS	SROUJI, MD, MAURICE N 303 PEMBREE CIR BALA CYNWYD PA 19004-2332	PDS	STEINGARD, MD, JOSEPH J 33 BELLA RD MEDFORD NJ 08055-4201 215-389-6481	*US	SUERO, MD, RENE OSCAR 310 GREENBANK RD BRYN MAWR PA 19010-1619 215-662-8000	GS
SNOOK, MD, MARY ELLEN 925 ROBERTS AVE DREXEL HILL PA 19026-4421	PD	SONDER, MD, HESTER M 1337 COTTMAN AVE PHILADELPHIA PA 19111 215-739-9740	OBG	STAAS JR, MD, WILLIAM E MAGEE REHAB HOSP PHILADELPHIA PA 19102-1177 215-587-3099	PM	STEINMETZ III, MD, CHARLES G 1500 LOCUST ST STE 2016 PHILADELPHIA PA 19102-4317 215-546-0813	OPH	SUFI, RAMINDRAJIT S 325 N 15TH ST APT 1406B PHILADELPHIA PA 19102	ST
SNOW, MD, LAURENCE H 846 WAVERLY RD BRYN MAWR PA 19010-1929 610-527-0335	P	SONDER, MD, MAX J 1453 HAGYS FORD RD NARBERTH PA 19072-1139 215-271-1444	GP	STACK, MD, WILLIAM T 900 E WESTMORELAND ST PHILADELPHIA PA 19134-1927 215-634-2409	GP	STEPHACKER, MD, LESTER G 220 LOCUST ST APT 25A PHILADELPHIA PA 19106-3932	GS	SUGARMAN, MD, SAMUEL 2401 PENNSYLVANIA AVE # 5C44 PHILADELPHIA PA 19130-3023 610-347-7993	IM
SNOW, RENEE E 2201 CHESTNUT ST APT 701 PHILADELPHIA PA 19103	ST	SONG, MD, GLORIA U 834 CHESTNUT ST #732 PHILADELPHIA PA 19107-5139	ST	STANEK, MD, MARJORIE A ALBERT EINSTEIN MED CTR 363 PHILADELPHIA PA 19141 215-456-7260	CD	STERN, ALAN G 241 S 6TH ST APT 703 PHILADELPHIA PA 19106-3730	ST	SUGIMOTO, CARY D 3654 HAYWOOD ST PHILADELPHIA PA 19129-1531	ST
SNOWMAN, PATRICK J 3521 AINSLIE PHILADELPHIA PA 19129-1629	ST	SONG, MD, YUNG-DOO 1829 COBLEN RD LAVEROCK PA 19118-1219	IM	STANEK, MD, ROBERT RED LION AND KNIGHTS RD PHILADELPHIA PA 19114 215-288-2102	OTO	STERN, MD, JOHN J 822 PINE ST STE 3A PHILADELPHIA PA 19107-6124 215-925-8010	ID	SUGIURA, MD, SUMIKO M PO BOX 705 PHOENIXVILLE PA 19460 610-933-8744	GP
SNYDER, LORI S 1000 WALNUT ST APT 1706-A PHILADELPHIA PA 19107-5518	ST	SONNE, MD, JOHN C 443 SHADY LN MOORESTOWN NJ 08057-2700 609-235-3558	PYA	STANELL, MD, WILLIAM P 602 WASHINGTON SQ S APT 1814 PHILADELPHIA PA 19106-4151 215-707-3007	OBG	STERN, MD, LILLIAN H METHODIST HOSP PHILADELPHIA PA 19148-3594 215-952-9151	DR	SULLIVAN, MD, CHARLES C 495 TIMBERLINE TRAIL WEST CHESTER PA 19382-8465 215-897-6837	EM
SNYDER, DO, SAMUEL K LANKENAU MED BLDG WEST WYNNWOOD PA 19096 610-649-1175	NEP	SORONN, MD, DUANE G RYDAL PARK 279W RYDAL PA 19046-1435	GP	STANKOVICH, MARA J 1539 N CHINA LAKE BLVD APT 16 RIDGECREST CA 93556	ST	STEVEN, MD, JAMES M CHILDRENS HOSP ANESTH PHILADELPHIA PA 19104-4399 215-590-1882	PD	SULLIVAN, DAVID M 1720 GREEN ST APT C PHILADELPHIA PA 19130-3912	ST
SNYDER, MD, STUART 230 N BROAD ST PHILADELPHIA PA 19102-1121 215-448-7578	CD	SOPKY, BERNARD J 1718 SANDY HILL RD NORRISTOWN PA 19401	ST	STANTON JR, MD, JOHN J 308 W GODFREY AVE PHILADELPHIA PA 19120-1410 215-457-1400	GP	STEWART, MD, ALLAN S 2429 LOCUST ST APT 207 PHILADELPHIA PA 19103	GS	SULLIVAN, MD, PAUL J 1500 LOCUST ST PHILADELPHIA PA 19102-4329 215-762-8747	R
SNYDER, SUSAN L 3500 AINSIE ST 1ST FL PHILADELPHIA PA 19129	ST	SORDONI, SUSAN F 364 HICKORY LN GLADWYNE PA 19035-1626	ST	STARRELS, MD, SIDNEY H 60 W PELICAN ST # 703 ISLES OF CAPRI FL 33962 609-822-6357	AN	STEWART, MD, MICHAEL J 1401 LINCOLN AVE PROSPECT PARK PA 19076-1107 610-532-4306	IM	SULLIVAN, MD, WILLIAM H 5011 SANSOM ST PHILADELPHIA PA 19139-3534	GP
SNYDMAN, MD, LEONARD 7813 GAYLE RD CHELTENHAM PA 19012-1005	GP	SORICELLI, MD, RHONDA L 310 CRUM CREEK RD MEDIA PA 19063-1648 215-762-8872	IM	STASSI, MD, JOHN 2415 HILLCREST RD DREXEL HILL PA 19026-1214	R	STIFFEL, MD, ARTHUR 1111 BERGAN RD ORELAND PA 19075-2505	HS	SULTZ, DO, MARVIN E 3131 FRANKFORD AVE PHILADELPHIA PA 19134-3825 215-425-4895	GP
SO, MD, ANTHONY D 8 REX AVE APT 11 PHILADELPHIA PA 19118-3740 215-351-2844	IM	SOROKIN, EVAN S 1668 CALLOWHILL #109 PHILADELPHIA PA 19130	ST	STAUB, MD, ALICE W 7301 SHELBOURNE ST PHILADELPHIA PA 19111-3093 215-342-9414	IM	STILL, JENNIFER N 8201 HENRY AVE I-20 PHILADELPHIA PA 19128	ST	SUN, ANDREW N 317 N BROAD ST APT 835 PHILADELPHIA PA 19107-1019	ST
SOBEL, MD, ROSE M 238 N WEST ST 2ND FL ALLEN TOWN PA 18102 215-248-8200	IM	SOROKIN, MD, RACHEL B 211 S 9TH ST STE 300 PHILADELPHIA PA 19107-5506 215-955-6180	IM	STAUT, MD, SUSAN R 21 VIOLET LN LANDSDOWNE PA 19050-2320	AN	STINEMAN, MD, MARGARET G RM 101 RALSTON PENN CENTER PHILADELPHIA PA 19104 215-898-6272	PM	SUN, ANTHONY Y 8201 HENRY AVE APT N12 PHILADELPHIA PA 19128-2236	ST
SODEMAN, MD, WILLIAM A 4141 BAYSHORE BLVD APT 203 TAMPA FL 33611-1803	IM	SORRENTINO, DAVID F 2022 S 10TH PHILADELPHIA PA 19148-2362	ST	STAUFFER, MD, PAUL R 180 HATCHERY RD YORK PA 17406	ST	STIVERS, JON S 228 BUCKINGHAM PL #2 PHILADELPHIA PA 19104-2921	ST	SUN, MD, WILLIAM Z 2031 LOCUST ST PHILADELPHIA PA 19103-5611 215-564-4277	OPH
SODHI, MD, SUDEEP S PRESBYTERIAN MED CTR PHILADELPHIA PA 19104	IM	SOSS, JASON R 27 AMY TODT DR MONROE NY 10950	ST	STEEL, MD, HOWARD H SHRINERS HOSP PHILADELPHIA PA 19152 215-332-4500	ORS	STOLAR, MD, NEAL M 3600 MARKET ST PHILADELPHIA PA 19104 215-662-3589	R	SUN, MD, WILLIAM Z 2031 LOCUST ST PHILADELPHIA PA 19103-5611 215-564-4277	PTH
SOFFER, MD, DANIEL E 48 N MASCHER ST PHILADELPHIA PA 19106-2206	IM	SOSS, DO, MURRAY C 7600 WOODBINE AVE PHILADELPHIA PA 19151-2721 215-877-7303	*GP	STEELE, DO, BRIAN K 100 REX AVE PHILADELPHIA PA 19118-3742 215-305-5514	FP	STOLOFF, MD, IRWIN L 111 S 11TH ST PHILADELPHIA PA 19107-4824 215-955-6919	P	SUNDERMAN, MD, F WILLIAM 1833 DELANCEY PL PHILADELPHIA PA 19103-6606 215-829-7068	ST
SOFFER, MD, MARVIN 9726 HOFF ST PHILADELPHIA PA 19115-3213 215-464-0720	FP	SPEATH, MD, GEORGE L 900 WALNUT ST PHILADELPHIA PA 19107-5598 215-928-3197	OPH	STEERMAN, MD, PAUL H 425 WINGATE RD HUNTINGDON VLY PA 19006-8421 215-728-7774	GS	STONE, MD, HRANT H 645 WIGARD AVE PHILADELPHIA PA 19128-3113	IM	SUP, STEPHEN J 3810 ESTATE DR SCHRECKSVILLE PA 18078-3044	ST
SOKALCHUK, MD, ANDREW 14074 ERWIN ST PHILADELPHIA PA 19116-1041 215-676-6049	IM	SPEICHER, MATTHEW A 5432 HERMIT TERR PHILADELPHIA PA 19128	ST	STEFANYSYN, MD, MARY A 2501 INDEPENDENCE PL II PHILADELPHIA PA 19106-3749 610-649-1970	OPH	STOUT, CHARLES W 325 N 15TH ST APT 1611 PHILADELPHIA PA 19102	AN	SUPER, MD, LEONID E PARRISH MEDICAL CTR PHILADELPHIA PA 19130-2235 215-765-6262	FP
SOKIL, MD, ALEXIS BOHDAN 456 ROCKLAND AVE MERION PA 19066-1363 215-842-6990	IM	SPELLER, MD, J FINTON 245 N BROAD ST STE 302 PHILADELPHIA PA 19107-1522 215-563-3776	U	STEIKER, MD, DANIEL D 1939 W CHELTENHAM AVE PHILADELPHIA PA 19117-1046 215-884-5715	PD	STOZAK, MICHELLE A 3602 CALUMET ST PHILADELPHIA PA 19129	ST	SURDY, JILL D 1 KOHLER AVE OLD FORGE PA 18518	ST
SOKOLOSKI, PAUL W 313 S 10TH ST PHILADELPHIA PA 19107-6107	ST	SPIERBER, KENNETH F 111 S 21ST ST APT 1-R PHILADELPHIA PA 19103	ST	STEIN, MD, ANTHONY 317 N BROAD ST APT 806 PHILADELPHIA PA 19107-1018	IM	STOUT, JOYCE E 950 WALNUT ST PHILADELPHIA PA 19107	ST	SUSSMAN, MD, MARCEL S 74 PASTURE LN # 312 BRYN MAWR PA 19010-1766	OBG
SOLANKI, MD, INDUKUMAR M 4630 STREET ROAD TREVOSSE PA 19053 215-396-8455	DR	SPIEGEL, MD, JOSEPH R 1721 PINE ST PHILADELPHIA PA 19103-6701 215-455-3322	OTO	STEIN, MD, BETSY A 448 MEADOWBROOK DR HUNTINGDON VALLEY PA 19006-6829 215-221-4380	DR	STOZAK, MICHELLE A 3602 CALUMET ST PHILADELPHIA PA 19129	ST	SUTNICK, MD, ALTON I ECFMG 3624 MARKET STREET PHILADELPHIA PA 19104 215-388-5900	US
SOLAREWICZ, MD, MACIEJ 312 E BALTIMORE PK CLIFTON HEIGHTS PA 19018-1735	IM	SPIELMAN, MD, SCOTT R 1650 HUNTINGDON PIKE STE 352 MEADOWBROOK PA 19046-8097 215-947-9218	*CD	STEIN, MD, FRANKLIN M 9300 FRANKFORD AVE PHILADELPHIA PA 19114-2861 215-332-8221	FP	STRACCIOLINI, MD, ANDREA 2317 DELANEY PL PHILADELPHIA PA 19103-6406	PD	SUTTER, DO, FRANCIS P 2220 LANKENAU MED SCI BLDG WYNNWOOD PA 19096 610-896-9255	CDS
SOLI, MD, SOLEIMAN M 5188 NESHAMINY BLVD BENSALEM PA 19020-1132 215-757-4151	OBG	SPIELVOGEL, MD, RICHARD L BROAD AND VINE ST PHILADELPHIA PA 19102-1178 215-762-8252	D	STEIN, MD, GEORGE N OAK HILL TER UNIT E319 PENN VALLEY PA 19072 215-662-8992	R	STRATTON, MD, HENRY A 1706 DIAMOND ST PHILADELPHIA PA 19121-2326	US	SUWAN, SARUN 8201 HENRY AVE APT S-19 PHILADELPHIA PA 19128	ST
SOLIN, MD, LAWRENCE J HOSP OF UNIV OF PA PHILADELPHIA PA 19104-4228 215-662-7267	RO	SPITZ, MD, EUGENE B 325 S MORTON AVE MORTON PA 19086-6766 610-544-9880	NS	STEIN, MD, HYMEN D HILL HOUSE APT 206 HUNTINGDON VLY PA 19006	AN	STRENGE, MD, HENRY J COUNTRY CLUB APTS # F-14 DOVER DE 19901-6576	ST	SVIGALS, MD, PAUL J 1 INDEPENDENCE PL PHILADELPHIA PA 19106-2112 215-952-9144	R
SOLIT, MD, RICHARD L HOUSE STAFF OFFICE PHILADELPHIA PA 19107-4824 215-955-6060	GS	SPITZ, MD, LAWRENCE K 127 PINE STREET PHILADELPHIA PA 19106-4311 215-569-9500	*IM	STEIN, MD, IRVIN 2066 N OCEAN BLVD BOCA RATON FL 33431-7802	OS	STRICKLAND, MD, DAVID K 47 CARPENTER LN PHILADELPHIA PA 19119-1606 215-747-8386	IM	SWAAB, MD, RONALD L 514 S 7TH ST PHILADELPHIA PA 19147-1428	IM
SOLL, MD, DAVID B 5001 FRANKFORD AVE PHILADELPHIA PA 19124-2619 215-288-5000	*OPH	SPITZER, MD, LAURENCE J 265 HAWTHORNE AVE HADDONFIELD NJ 08033-1403	GS	STEIN, DO, JACK M 3247 DARBY RD HAVERFORD PA 19041-1041	ORS	STRONG, MD, GEORGE H 447 BRIDGEBORO RD MOORESTOWN NJ 08057-1409	U	SWAMI, MD, KUMAR PO BOX 26 LAFAYETTE HILL PA 19444-0026 610-746-4928	N
SOLL, MD, STEPHEN M 5001 FRANKFORD AVENUE PHILADELPHIA PA 19124 215-288-5000	OPH	SPITZER, MD, STANLEY 227 N BROAD ST PHILADELPHIA PA 19107-1511 215-564-3050	CD	STEIN, MD, STEVEN H ONE MONTGOMERY AVE APT 304 BALA CYNWYD PA 19004 215-456-7890	US	STRONG III, MD, MICHAEL D HANNEMANN UNIV HOSP MS 111 PHILADELPHIA PA 19102-1178 215-762-7802	TS	SWARTZ, MD, JOEL D GERMANTOWN HOSP PHILADELPHIA PA 19144-1407 215-951-8763	*OPH
SOLOMON, JASON S 1700 BENJAMIN FRANKLIN PKY PHILADELPHIA PA 19103	ST	SPRANDIO, MD, JOHN D 218 W CHESTNUT HILL AVE PHILADELPHIA PA 19118-3704 610-622-3818	*HEM	STEINBERG, MD, DEAN A 146 RED RAMBLER RD LAFAYETTE HILL PA 19444-2109 215-952-9323	AN	STUDDIFORD, MD, JAMES S 512 AUBURN AVE WYNDMOOR PA 19118-2407	IM	SWARTZ, MD, NANCY G 1615 RIVERVIEW RD GLADWYNE PA 19035-1210 609-234-0258	R
						STUDER, MD, SEAN M 440 S GULPH RD KING OF PRUSSIA PA 19406-3118	IM	SWEDLOW, MD, DAVID B 2165 CANYON OAK LN DANVILLE CA 94506	AN

SWENBERG, MD, SHARON K 6 BARBARA LN HAVERTOWN PA 19083-1213 215-590-2549	AI	TEMPLETON III, MD, JOHN Y 311 AIRDALE RD ROSEMONT PA 19010-2805 TENER, TRILBY J	TS	TODI, NEELAM 1000 WALNUT ST APT 904 PHILADELPHIA PA 19107	ST	TRIBIT JR, MD, CHARLES B 8226 WINTHROP ST PHILADELPHIA PA 19136-1925 215-288-2525	FP	UKNIS, MD, AUDREY B TEMPLE UNIVERSITY HOSP PHILADELPHIA PA 19140	RHU
SWERDLOW, ROBERT L 834 CHESTNUT ST #1512 PHILADELPHIA PA 19107-5146	ST	TEPPER, MD, J GEORGE HAHNEMANN UNIV HOSP PHILADELPHIA PA 19102 215-762-7164	DR	TODOROVSKA, MD, ZAGORKA 600 BOWERS LN WALLINGFORD PA 19086-6916 215-474-1782	FP	TRINH, MD, CHUONG N 5008 OLD YORK RD APT 1 PHILADELPHIA PA 19141-2707 215-455-5403	* GP	UKWU, MD, HENRIETTA N MERCK RESEARCH LABS WEST POINT PA 19486 610-397-7176	ID
SWIFT, MD, SARAH E 428 W ELLET ST PHILADELPHIA PA 19119-3015	IM	TEPPER, MD, MAURICE C 191 PRESIDENTIAL BLVD # 625 BALA CYNWYD PA 19004-1226 TEPPER, MD, RICHARD L	IM	TOLAND, MD, JOSEPH C 5927 N 5TH ST PHILADELPHIA PA 19120-1823 215-548-2323	OPH	TROCKI-VIDELL, DO, CYLA 408 N EXETER AVE MARGATE CITY NJ 08402-1868 215-842-6000	US	ULICHNEY, ANDREW B 19 RODNEY RD BRYN MAWR PA 19010	ST
SYROP, TAMA L 30667 MYSTIC FOREST DR FARMINGTON HILLS MI 48331-5982	ST	TESSLER, MD, A ROBERT 220 MELROSE CIR MERION STATION PA 19066-1714 610-461-2440	* ID	TOLAND, MD, JOSEPH J NORTHEAST MEDICAL CENTER PHILADELPHIA PA 19114 215-677-1040	ORS	TROLLINGER, MD, ROBERT J RD 7 BOX 26 MEDFORD NJ 08055-9807 215-729-1200	FP	ULMER, LORIE R 3320 TILDEN ST PHILADELPHIA PA 19129-1412	ST
SZABO, SCOTT J 2001 HAMILTON ST STE P101 PHILADELPHIA PA 19130	ST	TESTA, DO, MARK A 2601 S 12TH ST PHILADELPHIA PA 19148-4303 215-389-6461	FP	TOLAT, MD, PRATIMA R 7601 CASTOR AVE STE 204 PHILADELPHIA PA 19152-4026 215-342-0440	OPH	TRONCELLI, MD, MARIO V 2142 E COUNTY LINE RD ARMORE PA 19003-3027	AN	ULRICH, MD, ARIANE 515 W CHELTEN AVE APT 907 PHILADELPHIA PA 19144-4423 215-456-7890	OTO
SZALADOS, MD, JAMES E 15 RADCLIFFE RD ROCHESTER NY 14617-2711 716-275-2141	US	TESTER, MD, WILLIAM J 9880 BUSTLETON AVE STE 208 PHILADELPHIA PA 19115-2185 215-969-6960	* FP	TOLEDO, MD, FRANCISCO L 617 E ALLEGHENY AVE PHILADELPHIA PA 19134-2302 215-428-7404	FP	TROST, JEFFREY C 2101 CHESTNUT ST # 1204 PHILADELPHIA PA 19104	CD	UMEH, MD, ONUORAH I 4507 BALTIMORE AVE PHILADELPHIA PA 19143-2115 215-382-1040	GP
SZAYNA, MD, STANLEY 2101 SHELMIER AVE PHILADELPHIA PA 19152-4210	FP	THALER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	ON	TOLLETT, MD, CHARLES A 707 NE 37TH ST OKLAHOMA CITY OK 73105-7209 405-528-2236	GE	TROWBRIDGE, MD, THOMSTON S 4041 RIDGE AVE BLDG 18 #504 PHILADELPHIA PA 19129-1550 215-842-6545	ST	UNWALA, MD, ASHFAQUE A 17 W RED BANK AVE # 306 WOODBURY NJ 08096-1694 609-845-6807	CD
SZELES, MD, CHRISTOPHER B 1720 LOMBARD ST PHILADELPHIA PA 19146-1544 215-308-2309	PM	THALER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	OTO	TOMA, MD, MICHAEL J 300 E LANCASTER AVE APT 907 WYNNWOOD PA 19096-2141 TOMASELO, MD, DONALD N 456 LANKEAU MED BLDG E WYNNWOOD PA 19096 610-642-5889	CDS	TRUONG, MD, NICHOLAS H 133 E LEHIGH AVE PHILADELPHIA PA 19125-1011 215-426-9344	EM	URBAN, MD, FRANK L 834 CHESTNUT ST APT 615 PHILADELPHIA PA 19107-5137 URICCHIO, MD, FRANCIS J	IM
TABACK, ERIN M 8201 HENRY AVE APT J13 PHILADELPHIA PA 19128	ST	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	CLP	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	IM	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	IM	URICCHIO, MD, JOSEPH F 2 BALA CYNWYD PLZ STE 25 BALA CYNWYD PA 19004 610-664-7914	* CD
TACELOSKY, ELIZABETH A 3431 VAUX ST PHILADELPHIA PA 19129	ST	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	OTO	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	IM	TRUONG, MD, NICHOLAS H 133 E LEHIGH AVE PHILADELPHIA PA 19125-1011 215-426-9344	ST	UROSKIE, JONATHAN A 200 YALE BLVD CLARKS SUMMIT PA 18411-1138	ST
TACHDIJAN, MD, VAHAKEN 1147 MORRIS RD WYNNWOOD PA 19096-2236 610-649-3997	IM	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	PM	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TADA, MD, HIROO MI 834 N TAYLOR ST PHILADELPHIA PA 19130-1928	GS	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	GS	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TADLEY, DO, GERALD 1068 LONGFIELD RD SOUTHAMPTON PA 18966 215-455-8735	* US	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	US	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TAKEDA, MD, MISAQ 441 WYOMING AVE SCRANTON PA 18503-1227	PTH	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	PTH	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TALANGBAYAN, MD, FRANCIS V 2244 N FRONT ST PHILADELPHIA PA 19133-3714 215-739-7400	IM	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	IM	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TALBOT, MD, SHERYL F 822 PINE ST STE 1D PHILADELPHIA PA 19107-6124 215-922-5080	AI	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	AI	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TALENTI, DONALD P 6844 OXFORD AVE PHILADELPHIA PA 19111-4329	ST	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	ST	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TALOTTA, SEBASTIAN N 10205 PEARL RD PITTSBURGH PA 15235-1759	ST	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	ST	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TAN, MD, MYRNA M 522 MONROE RD MERION STATION PA 19066-1018	AN	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	AN	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TANG, JOANNA 2601 PENNSYLVANIA AVE #305 PHILADELPHIA PA 19130-2321	ST	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	ST	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TANNA, MD, ANGELO P 1500 LOCUST ST PHILADELPHIA PA 19102-4329	IM	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	IM	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TARAS, MD, JOHN S 901 WALNUT ST PHILADELPHIA PA 19107-5211 215-629-0980	HS	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	HS	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TASMAN, MD, WILLIAM S WILLS EYE HOSP PHILADELPHIA PA 19107 215-928-3073	OPH	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	OPH	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TAVANI, DO, DEEBEANNE M 3300 HENRY AVE PHILADELPHIA PA 19129-1121 215-842-6734	END	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	END	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TAYLOR, DANETTE R 15501 SURREY CT RIVERSIDE CA 92506	ST	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	ST	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TAYLOR, MD, JAMES E 142 LODGES LN BALA CYNWYD PA 19004-2730 215-471-2477	P	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	P	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TAYLOR, MD, PHILIP C GERMANTOWN HOSP AND MED CTR PHILADELPHIA PA 19144 215-843-8622	IM	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	IM	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TAYLOR, MD, SUSAN C 101 ANTON RD WYNNWOOD PA 19096-1206 215-829-6861	D	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	D	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TECCE, MD, MARC A 135 SCARLET DR CONSHOHOCKEN PA 19428-1388	OTO	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	OTO	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TEMELES, MD, LAWRENCE BLUE HILL FALLS RT 175 MAINE 04615 207-374-5129	P	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	P	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TEMPLETON, MD, BRYCE HAHNEMANN UNIV MS 403 PHILADELPHIA PA 19102 215-762-1674	P	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	P	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST
TEMPLETON, MD, JOSEPHINE J CHILDRENS HOSP PHILADELPHIA PA 19104-4385 215-590-1884	AN	THAYER, MD, ERICA R 234 MEETING HOUSE LN MERION PA 19066-1244 215-662-2777	AN	TOMKO, MD, LINDA P 213 APEL AVE ORELAND PA 19075-1203 TONDREAU, MD, RODERICK L 523 OLD GULPH RD BRYN MAWR PA 19010-3641	FP	TRUITT JR, MD, R MARSHALL 201 W EVERGREEN AVE APT 1010 PHILADELPHIA PA 19118-3829	ST	UROSKIE JR, THEODORE W 317 N BROAD ST # 825 PHILADELPHIA PA 19107-1019	ST

PHILADELPHIA

VANRIPER, MD, DANIEL F HAHNEMANN HOSP MS310 PHILADELPHIA PA 19102-1178 215-762-7962	AN	VILLARE, MD, ANTHONY W 560 MANTUA AVE PAULSBORO NJ 08066-1177 215-755-4855	FP	WALL, STEPHEN J 1729 SPRUCE ST APT 4 PHILADELPHIA PA 19103-6103	ST	WEIL, MD, ROBERT J SILVERSTEIN 5 PHILADELPHIA PA 19104	NS	WELLENBACH, MD, BURTON L 414 OLD LANCASTER RD STE 103 HAVERFORD PA 19041 215-925-8707	OBG
VANVOORST, DO, TAMI S 5501 OLD YORK RD PHILADELPHIA PA 19141 215-456-6336	EM	VILLAS, PETER A 1761 S 65TH ST PHILADELPHIA PA 19142-1432	ST	WALLACE, MD, IRA B 231 TOWER LN NARBERTH PA 19072-1127 610-668-2935	OPH	WEIN, MD, ALAN J 3400 SPRUCE ST PHILADELPHIA PA 19104-4219 215-662-2891	U	WELLS, MD, GREGG B 2400 CHESTNUT ST APT 411 PHILADELPHIA PA 19103-4314 215-662-6523	PTH
VARADA, MD, ANNAPOORNA EPISCOPAL HOSP PHILADELPHIA PA 19125 215-427-7496	AN	VINCENS, MD, JAMES J 7249 PINE ST UPPER DARBY PA 19082-4825 215-662-4000	IM	WALLACE, MD, RICHARD P 302 S 19TH ST PHILADELPHIA PA 19103-6615 215-735-6627	IM	WEINBERGER, JEREMY S 8201 HENRY AVE APT 07 PHILADELPHIA PA 19128 WEINBLATT, MD, HOWARD A 4110 COTTMAN AVE PHILADELPHIA PA 19135-1007 215-333-0900	ST	WELNER, MD, ALAN H 310-312 S 10TH STREET PHILADELPHIA PA 19107 WENDER, MD, RICHARD C 1015 WALNUT ST RM 401 PHILADELPHIA PA 19107-5005 215-928-2356	PM
VARDARO, MD, LINA G 7500 CENTRAL AVE STE 208 PHILADELPHIA PA 19111-2433 215-722-3122	OBG	VINOGRADOV, MD, SOFIA S 31 BELLWOOD DR UPPER HOLLAND PA 19053 215-745-5501	GP	WALLNER, DO, PAUL E COOPER HOSP UNIV MED CTR CAMDEN NJ 08103-1400 609-342-2300	RO	WEINER, MD, JACK 1325 W TABOR RD PHILADELPHIA PA 19141-3020 215-548-2252	D	WENDLING, MD, WOODROW W 3401 N BROAD ST PHILADELPHIA PA 19140-5103	AN
VARGA, MD, JULIE L 220 LOCUST ST APT 16B PHILADELPHIA PA 19106-3930 215-842-6545	EM	VITALE, PATTY A 1000 WALNUT ST APT 1812A PHILADELPHIA PA 19107-5518	ST	WALN, CURTIS L 1941 S 11TH ST PHILADELPHIA PA 19148-2334	ST	WEINER, MD, LEON J 9873A BUSTLETON AVE PHILADELPHIA PA 19115-2611 215-464-1516	ST	WENGER, MD, SIDNEY U PRESIDENTIAL APTS D129 PHILADELPHIA PA 19131 215-878-5233	
VARGAS, MD, MYRA T 458 CRYSTAL LAKE AVE HADDONFIELD NJ 08033 215-662-3601	NEP	VIVINO, MD, FREDERICK B 51 N 39TH ST PHILADELPHIA PA 19104-2640 215-662-9292	RHU	WALSH, KEVIN M 317 S 11TH ST PHILADELPHIA PA 19107	ST	WEINGARTEN, MD, MICHAEL S 1212 CHERMAN ST PENN VALLEY PA 19072-1138 215-893-2579	AN	WENOCUR, MD, HOWARD S 58 BONCOVER ROAD CHELTENHAM PA 19012-1431 215-969-1500	ID
VARJAVAND, MD, NIELUFAR 834 CHESTNUT ST APT 505 PHILADELPHIA PA 19107	IM	VIZZONI, JOSEPH A 19 JAPRIL DR TRENTON NJ 08619-1443	ST	WALTER, MD, DANIEL B 2701 HOLME AVE PHILADELPHIA PA 19152-2029 215-335-6216		WEINSTEIN, MD, GREGORY S HOSP OF THE UNIV OF PA PHILADELPHIA PA 19104-4274 215-349-5390	*GS	WERNOVSKY, MD, GIL CHILDRENS HOSP OF PHILA PHILADELPHIA PA 19104 215-590-1792	PDC
VARKER, MD, CAROLYN B 8107 RIDGE AVE PHILADELPHIA PA 19128-2901 215-483-3444	*PD	VOCIL, MD, GERARDO EPISCOPAL HOSP PHILADELPHIA PA 19125 215-427-7054	CD	WANG, JOHN K 1000 WALNUT ST APT 600 PHILADELPHIA PA 19107	ST	WEINSTEIN, MD, JOANNA L 8201 HENRY AVE APT S-4 PHILADELPHIA PA 19128	ST	WERTHAM, MD, MERVLEE E 5049 OXFORD AVE PHILADELPHIA PA 19124-2652 215-288-2343	*NS
VASANTHAKUMAR, MD, SINNATHURAI 617 S 18TH ST APT 2 PHILADELPHIA PA 19146-1548 215-893-2000	IM	VOGEL, KRISTINA M 3719 CALUMET ST 3RD FL WALNUT PA 19129-1701	GP	WANG, KATHY E 26 TULLAMORE DR WEST CHESTER PA 19382-7065	ST	WEINSTEIN, MD, LISA F 3120 SCHOOL HOUSE LANE PHILADELPHIA PA 19144-5444 215-842-6000	IM	WERTHEIMER, MD, JOHN H A EINHORN MED CTR PHILADELPHIA PA 19141 215-456-7021	CD
VASSALLO, DO, FRANK A 19-A E MAIN ST MOORESTOWN NJ 08057 609-778-7100	CHP	VOGIN, MD, EUGENE E 2682 WELSH RD PHILADELPHIA PA 19152-1548 215-464-7689	ST	WARREN, JILL M 8201 HENRY AVE #U-3 PHILADELPHIA PA 19128-2263	ST	WEINSTEIN, MD, ROBERT S 1521 LOCUST ST FL 10 PHILADELPHIA PA 19102 215-735-0658	OBS	WESSEL, MD, ISADORE J 7816 CONWELL RD LAVEROCK PA 19118-1205	DR
VASSALLO, MD, RICHARD W 2701 HOLME AVE STE 105 PHILADELPHIA PA 19152-2029 215-335-4944	HEM	VORASINGHA, MD, THONGCHAI 627 W RITNER ST PHILADELPHIA PA 19148-3848 215-336-7808	*FP	WARGO, JENNIFER A 2204 MT CARMEL AVE GLENESIDE PA 19038-4610	ST	WEINSTOCK, MD, ROBERT M 515 W CHELTEN AVE PHILADELPHIA PA 19144-4449 215-848-6700	PTH	WESTFIELD, WENDY K 3024 W QUEEN LN APT 4A PHILADELPHIA PA 19129	ST
VASSALUZZO, DO, PETER D 6190 RISING SUN AVE PHILADELPHIA PA 19111-6011 215-725-8111	*FP	VRABEC, MD, TAMARA R 160 LANKENAU MOB EAST WYNNWOOD PA 19096 610-896-0768	OPH	WARHOL, MD, MICHAEL J PENNSYLVANIA HOSP PHILADELPHIA PA 19107 215-829-3541	CHN	WEISBERG, MD, PAUL B 5735 RIDGE AVE STE 201 PHILADELPHIA PA 19128-1745 215-487-0966	GE	WETTLAUER, MD, MARILYN R TORRESDALE MED CTR SUITE 305 PHILADELPHIA PA 19114 215-281-3000	OBS
VAUGHN, ANDREW F 1419 S BROAD ST PHILADELPHIA PA 19147-4919	ST	VROOMAN, MD, SAMUEL C 2531 SWAIN ST PHILADELPHIA PA 19130-2410 215-755-8575	IM	WARNER, MD, HOWARD F 3401 N BROAD ST PHILADELPHIA PA 19140-5103 215-221-3347	*CD	WEISS, MD, ALBERT A 230 N BROAD ST PHILADELPHIA PA 19102-1121 215-762-8500	*ORS	WEXLER, MD, HARRY 5325 OLD YORK RD STE S908 PHILADELPHIA PA 19141-2912	R
VAUGHN JR, MD, ARTHUR R 5329 RISING SUN AVE PHILADELPHIA PA 19120-3032 215-455-5353	OPH	WADDINGTON, MD, ARTHUR W 654 MORENO RD NARBERTH PA 19072-1619	OBS	WARONKER, AMY S 2 VICTORIA CT MORFORD NJ 08055	ST	WEISS, MD, BURTON 205 N BROAD ST PHILADELPHIA PA 19107-1511 215-569-8736	P	WHINNEY, CHRISTOPHER M 2991 W SCHOOL HOUSE LN PHILADELPHIA PA 19144-5357	ST
VEITIA, NESTOR A 209 CUTHBERT ST APT B-01 PHILADELPHIA PA 19106-4527	ST	WAGENHEIM, MD, HARRY H 1172 ST ANDREWS RD BRYN MAWR PA 19010	PYA	WASHINGTON, MD, BUFORD S 2408 N 32ND ST PHILADELPHIA PA 19132-3306 215-476-5015	*OPH	WEISS, MD, DAVID J 801 YALE AVE APT 405 SWARTHMORE PA 19081-1821 215-955-6574	PM	WHIPPLE, MD, DOROTHY S 1335 W TABOR RD STE 205 PHILADELPHIA PA 19141-3040 215-548-7575	D
VELEZ, JONATHAN A 2429 LOCUST ST APT 220 PHILADELPHIA PA 19103-5557	*ST	WAGENHEIM, MD, HELEN S 1172 ST ANDREWS RD BRYN MAWR PA 19010	PYA	WASSERMAN, MD, KENNETH E 223 HEADHOUSE CT PHILADELPHIA PA 19147-2316 215-334-1300	*D	WEISS, MD, EDWARD D 2401 PENNA AVE APT 19B24 PHILADELPHIA PA 19130	CRS	WHITAKER, MD, LINTON A 10 PENN TOWER PHILADELPHIA PA 19104-4228 215-682-2048	*PS
VELEZ-RIVERA, MD, CARLOS A 117 N 15TH ST PHILADELPHIA PA 19102-1516	PTH	WAGGONER JR, L DOUGLAS 1000 WALNUT ST #1309 PHILADELPHIA PA 19107-5518	*N	WATKINS, WILLIAM L 325 N 15TH ST APT 1406A PHILADELPHIA PA 19102	ST	WEISS, JEFFREY G 3258 JASON DR BELLMORE NY 11710	ST	WHITCOMB, MD, CLARENCE A 100 W WALNUT LN PHILADELPHIA PA 19144-2612	OS
VERMURI, MD, MEENAKSHI 3307 INDIAN QUEEN LN 2ND FLR PHILADELPHIA PA 19129-1519	P	WAGNER, KRISTIN E 3310 AINSIE ST PHILADELPHIA PA 19129-1424	ST	WATSON, MD, MARIA J 2123B S JOHN RUSSELL CIR ELKINS PARK PA 19027 215-955-8430	RHU	WEISS, MD, JEFFREY P 5500 WISSAHICKON AVE APT 201B PHILADELPHIA PA 19144-5652 215-842-6704	DR	WHITCOPF, MD, PETER J 4314 DOBSON ST PHILADELPHIA PA 19129-1607	IM
VERDI, MD, CAROL A 905 DICKINSON ST PHILADELPHIA PA 19147-6315 215-632-1400	*FP	WAGNER JR, MD, FREDERICK B 800 CHAUNCEY RD NARBERTH PA 19072-1304 215-955-7907	GS	WATSON, MATTHEW J 721 WALNUT ST APT 302 PHILADELPHIA PA 19106	ST	WEISS, MD, JORDAN B EPISCOPAL HOSP PHILADELPHIA PA 19125 215-427-7046	GE	WHITE, ANDREW A 325 N 15TH ST APT 1609B PHILADELPHIA PA 19102	ST
VERDI, VINCENT J 601 W CLIVEDER ST #B315 PHILADELPHIA PA 19119	ST	WALDMAN, MD, JOSEPH 404 MEADOWBROOK LN PHILADELPHIA PA 19118-2225	OPH	WEAVER, MD, GAYLE J 51 SCHILLER AVE NARBERTH PA 19072-1543	ID	WEISS, MD, LAURENCE B 2401 PA AVE APT 18A PHILADELPHIA PA 19130-3057 215-324-4444	P	WHITE, MD, DANETTE 111 CHESTNUT ST CHERRY HILL NJ 08002-1841 215-471-2750	IM
VERGARE, MD, MICHAEL J 8860 GERMANTOWN AVE PHILADELPHIA PA 19118-2725 215-456-7248	P	WALDMAN, MD, SCOTT A 1100 WALNUT ST MOB 813 PHILADELPHIA PA 19107-5502 215-955-5616	IM	WEAVER, MICHAEL W 335 S CAMAC ST PHILADELPHIA PA 19107-5926	ST	WEISS, MD, LAWRENCE E 1023 25 CLINTON ST APT 105 PHILADELPHIA PA 19107-2445	GS	WHITCAR, LINNANE R 950 WALNUT ST #312 PHILADELPHIA PA 19107	
VERGARI, MD, JOHN A 17 W RED BANK AVE WOODBURY NJ 08096 609-845-6807	CD	WALDMAN, MD, TERRY L 1128 SANDRINGHAM RD BALA CYNWYD PA 19004-2023 215-289-1091	IM	WEBER, MD, JOHN I 7254 HORROCKS ST PHILADELPHIA PA 19149-1219 215-342-2515	FP	WEISS, MD, ROBERT 191 PRESIDENTIAL BLVD BALA CYNWYD PA 19004-1207 610-668-9999	IM	WHITENACK, MD, STEPHEN H 8400 ST MARTINS LN PHILADELPHIA PA 19118-3724 215-242-4700	TS
VERGESE, MD, CHERIAN 7318 HILL RD PHILADELPHIA PA 19128-1410	P	WALINSKY, MD, PAUL 1025 WALNUT ST PHILADELPHIA PA 19107-5001 215-955-8880	CD	WEBER, MD, MARGARET ELLEN 74 AMITY DR WAYNE PA 19087-5508 610-971-5518	OBS	WEISS, MD, SIDNEY 2037 LOCUST ST PHILADELPHIA PA 19103-5613 215-584-4128	OPH	WHITMAN, MD, RANDAL L 6810 CASTOR AVE PHILADELPHIA PA 19149-2106 215-745-7107	PD
VERNICK, MD, JEROME J 644 KING OF PRUSSIA RD WAYNE PA 19087-2338 215-955-8396	GS	WALKER, MD, ANNE M 808 EATON RD DREXEL HILL PA 19026-1525	ST	WEBER, MD, VALERIE D 37 S EVERGREEN AVE WOODBURY NJ 08096 215-893-7473	IM	WEISS, MD, STEVEN J AEMC HACKENBURG BLDG 3RD FL PHILADELPHIA PA 19141-3030 215-324-5508	CD	WHYTE, MD, JOHN 1200 W TABOR RD PHILADELPHIA PA 19141-3019 215-456-9495	PM
VERNON JR, MD, THOMAS M 2134 SPRING ST PHILADELPHIA PA 19103-1002 215-540-8664	PH	WALKER, MD, BARRY R 714 PENNSTONE RD BRYN MAWR PA 19010-2913 610-527-0327	IM	WEBER, MD, RICHARD J 614 MORENO RD NARBERTH PA 19072-1619 215-955-7258	OR	WEISS, MD, WILLIAM 3912 NETHERFIELD RD PHILADELPHIA PA 19129-1014 215-563-5343	PUD	WIDELITZ, MD, MARTIN M GREEN VALLEY MANOR APT 313B LAFAYETTE HILL PA 19444 215-878-5600	*IM
VICKERY, JOHN P MEDICAL COLLEGE HOSP PHILADELPHIA PA 19129-1051	ST	WALKER, MD, HERBERT I 1288 CR 205 OURANGO CO 81301	P	WEDELL, MARY T 2061 CORINTHIAN AVE ABINGTON PA 19001-1120	ST	WEISSGOLD, MD, DAVID J OPH DEPT/MASS EYE & EAR INF BOSTON MA 02114-3096 617-523-7900	OPH	WIDER, MD, SAUL 359 SPRING VALLEY RD SPRINGFIELD PA 19064-2231	PD
VICTOR, MD, MARK F 1703 S BROAD ST PHILADELPHIA PA 19148-1505 215-463-5333	CD	WALKER, MD, KIMBERLY C 459A W ELLET ST PHILADELPHIA PA 19119-3017 215-842-4440	P	WEENIG, ROGER H 7901 HENRY AVE #A504 PHILADELPHIA PA 19128-3062	ST	WEISSMAN, MD, JOEL M 7500 CENTRAL AVE STE 107 PHILADELPHIA PA 19111-2437 215-745-4130	U	WIEDER JR, MD, HENRY S UNITED MEDICAL PHILADELPHIA PHILADELPHIA PA 19103-2736 215-972-3500	ORS
VIDOT, MILAGROS M MEDICAL COLLEGE HOSP PHILADELPHIA PA 19129-1191	ST	WALKER, MD, LORENZO 5740 W GIRARD AVE PHILADELPHIA PA 19131-4812 215-877-1110	FP	WEES, MD, JAMES L 1299 GILBERT RD MEADOWBROOK PA 19046-1813 215-893-2300	GS	WEISSMAN, MD, MARCUS I 1800 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-7485	R	WIENER, MD, JACOB S 2408 S 5TH ST PHILADELPHIA PA 19148-3998 215-334-2418	*IM
VIG, MD, MANISH 1307 SPRUCE ST APT 1A PHILADELPHIA PA 19107 215-955-6844	EM	WALKER, MD, MARGARET E 1201 LIMBERLOST LN GLADWYNE PA 19035-1410 610-359-1355	IM	WEIBEL, MD, SANDRA B 6732 EMLEN ST PHILADELPHIA PA 19119-2601 215-955-6590	PUD	WEIZMAN, MICHAEL S 781 N 27TH ST PHILADELPHIA PA 19130-2412	ST	WIGGINS, MD, DARIN G 1336 LOMBARD ST APT 1R PHILADELPHIA PA 19147-1004	EM
VIKSMAN, MD, MICHAEL Y 113 COLONY HILL CT BALTIMORE MD 21227 215-676-6335	AI	WALKER JR, MD, LEROY L 4900 OCEAN BLVD SARASOTA FL 34242	CD						

WIGHT, MD, SUSAN C	PD	WINAND, DAVID A	ST	WOO, EDWARD Y	ST	YOUNG, MD, IRVING	PTH	ZERVOS, MD, DENIS G	R
3300 S PENINSULA DRIVE		501 BARR AVE		2100 WALNUT ST APT 10A		681 MEETINGHOUSE RD # 7		517 GLEN ARBOR DR	
DAYTONA BEACH FL 32118-6351		HANOVER PA 17331-2704		PHILADELPHIA PA 19103		ELKINS PARK PA 19027		WYNNWOOD PA 19096-2611	
WIJESINGHE, HIRAN S	ST	WINEBERG, MD, JENNIFER R	ST	WOOD, MD, JAMES E	IM	YOUNG, MD, JANET E	IM	ZHANG, MD, TIANSHU	N
18773 FRANKFORT ST		310 SAWMILL LN APT 1-H		823 CASTLEFINN LN		432 N 8TH ST		3621 STOKLEY ST APT C	
NORTHBRIDGE CA 91324		HORSHAM PA 19044		BRYN MAWR PA 18010-2107		PHILADELPHIA PA 19123		PHILADELPHIA PA 19129-1054	
WIKLER, MD, LOUIS A	IM	WINN, ROBERT J	ST	215-248-2313		215-268-9200		ZHENG, SUJIE	ST
1158 OLD YORK RD		1 FRANKLINTOWN BLVD #1001		WOOD, MD, MARGARET D	OTO	YOUNG, MD, MURIEL L	* PD	4418 SPRUCE ST #B3	
ABINGTON PA 19001-3713		PHILADELPHIA PA 19103-1245		108 W ALLENS LN		SMITHKLINE BEECHAM		PHILADELPHIA PA 19104-4726	
215-884-2900		WINSON, MD, SAMUEL G	OBG	PHILADELPHIA PA 19119-4102		KING OF PRUSSIA PA 19406		ZIBRIDA, JOSEPH T	ST
WIKOFF, MD, EDWARD K	PM	250 S 17TH ST		WOODS, MD, JAMILE S	US	610-832-3910		88 HILLTOP ACRES RD	
MOSS REHAB HOSP		PHILADELPHIA PA 19103-6313		401 S CHESTER RD		YOUNG, MD, WILLIAM B	N	WASHINGTON PA 15301-2941	
PHILADELPHIA PA 19141		215-735-5213		SWARTHMORE PA 19081-2303		1 PENN BLVD		ZICKLER, ROBERT W	ST
215-456-9495		WINT, MD, ROGER M	* CD	7950 HENRY AVE APT 25B	ST	PHILADELPHIA PA 19144-1407		34 W PARKWAY	
WILBUR, MD, SABRINA L	OTO	7901 BUSTLETON AVE STE 200		WOODS, KELLY WAYNE		215-951-8926		PEOUANNOCK NJ 07440	
220 LOCUST ST APT 29F		PHILADELPHIA PA 19152-3302		7950 HENRY AVE APT 25B		YOUNG, MD, WILLIAM F	NS	ZIGERMAN, DO, HERBERT L	FP
PHILADELPHIA PA 19106-3933		215-332-4000		WOODS, MD, TIMOTHY A	IM	TEMPLE UNIVERSITY HOSP		1003 EASTON RD APT 406	
215-427-7000		WIRTS JR, MD, C WILMER	GE	333 CITY AVE STE IL40		PHILADELPHIA PA 19140-5189		WILLOW GROVE PA 19090-2019	
WILEY, FRANKLIN W	ST	2401 PENNSYLVANIA AVE		610-664-1977		215-221-6843		ZIMMERMAN, DO, EDWARD	GP
3503 AINSLIE ST		PHILADELPHIA PA 19130-3061		WOODWARD, MD, JOHN P	GP	YU, MD, BYUNG H	IM	619 E ALLEGHENY AVE	
PHILADELPHIA PA 18129-1629		WISE, WENDY J	ST	699 MAYFAIR ST		101 SREWSBURY CT		PHILADELPHIA PA 19134-2302	
WILF, MD, HAROLD	OTO	736-38 PINE ST UNIT C		PHILADELPHIA PA 19120-2645		TRENTON NJ 08638-1913		215-634-2226	
375 TOWNSHIP LINE RD		WISECUP, DO, TRINA L	FP	215-677-4188		215-955-8904		ZIMMERMAN, MD, MARC S	ORS
ELKINS PARK PA 19117-2257		183 LONGSTREET DR		WORONOFF, MD, ALAN J	R	YUASA, MD, SHORTA	EM	2410-14 S BROAD ST STE 200	
215-663-1121		GETTYSBURG PA 17325		8201 HENRY AVE APT P-36		8200 HENRY AVE APT E4		PHILADELPHIA PA 19145	
WILHELM, MD, MAUREEN M	AN	215-871-1000		PHILADELPHIA PA 19128-2245		YUN, MD, DANIEL D	IM	215-334-3350	
CHILDRENS HOSP OF PHILA		WISLER, DARYL J	ST	WORRILOW, MD, CHARLES C	EM	60 TOWNSHIP LINE RD		ZIMMERMAN, MICHELLE K	ST
PHILADELPHIA PA 18104		358 DENNY DR		1106 COVENTRY POINTE LN		PHILADELPHIA PA 19117-2249		3904 SPRUCE ST	
215-590-1858		YARDLEY PA 19067-4634		POTTSTOWN PA 19464		215-663-0246		PHILADELPHIA PA 19104-4113	
WILKENS, MD, JILL C	IM	419 CONSHOHOCKEN STATE RD	P	215-842-6701		YUSSEN, MD, PHILIP S	DR	ZIPIN, MD, HOWARD S	IM
GLADWYNE PA 19035-1453		WILKINSON, MD, AMELIA M		WREN, FRANCIS J	ST	1509 SWEET BRIAR RD		205 GLEN LN	
WILKERSON, MD, CARLOS J	AN	409 GRANGE RD		3600 CHESTNUT ST BOX 803		GLADWYNE PA 19035-1216		ELKINS PARK PA 19117-1761	
620 STRATH HAVEN RD		WAYNE PA 19087-2919		PHILADELPHIA PA 19104-6111		215-842-7158		215-707-2500	
SWARTHMORE PA 19081-2307		215-762-8126		WRIGHT, ANGELA C	ST	ZACHIAN, MD, VICTOR A	OBG	ZIRVI, KHALID M	ST
215-955-6161		WITKOWSKI, MD, JOSEPH A	D	PO BOX 2441		700 SPRUCE ST STE 508		3024 W QUEEN LN APT A3-B	
WILCOX JR, MD, THOMAS O	OTO	3501 RYAN AVE		BALA CYNWYD PA 19004		PHILADELPHIA PA 18106-4027		PHILADELPHIA PA 19129	
909 WALNUT ST RM 320		PHILADELPHIA PA 19136-4313		WRIGHT, GEOFFREY A	ST	215-829-3222		ZOJWALLA, NASEEM J	ST
PHILADELPHIA PA 19107-5211		215-332-6438		302 E HIGHLAND AVE		ZAGER, MD, ERIC L	NS	207 CRICKET LN	
215-955-6784		WITKOWSKI, MD, THOMAS A	AN	PHILADELPHIA PA 19118-2811		HOSP UNIV OF PA		WALLINGFORD PA 19086-6309	
WILLIAMS, DO, BARBARA T	FP	204 SUFFOLK RD		WRIGHT, MD, SCOTT H	GE	PHILADELPHIA PA 18104-4219		ZOLFAGHARI, MD, ROKNEDIN	GS
4027 BALWYNNIE PARK RD		FLOUROTOWN PA 19031-2118		PENNSYLVANIA HOSP		215-662-3497		8116 BUSTLETON AVE	
PHILADELPHIA PA 19131-1501		215-955-6161		PHILADELPHIA PA 19107		ZAGGER, GEORGE M	ST	PHILADELPHIA PA 19152-2803	
WILLIAMS, MD, ELIZABETH A	PD	WITTELS, MD, HEIDI L	PM	215-829-3561		1871 MERCER W MIDDLESEX RD		ZUBKOFF, MD, GERALD N	* PD
ENGLISH VILLAGE APTS		520 E DURHAM ST		WU, MICHAEL C	ST	MERCER PA 16137-2619		7500 CENTRAL AVE STE 205	
NORTH WALES PA 19454		PHILADELPHIA PA 19119-1224		834 CHESTNUT ST APT 1526		ZAIMES, MD, JEANETTE M S	P	PHILADELPHIA PA 19111-2432	
WILLIAMS, MD, F MARIAN	OBG	215-456-2951		PHILADELPHIA PA 19107-5147		107 MULLIN RD		215-728-7711	
4115 TIMBER LN		WOHL, MD, MILTON A	* ORS	WYLLONIS, MD, LAUREN J	P	WILMINGTON DE 19809-1801		ZUBROW, MD, SIDNEY N	IM
PHILADELPHIA PA 19144-5425		150 YERGER RD		2101 CHESTNUT ST APT 511		ZALE, MD, NANNETTE R	OPH	301 S 8TH ST	
700 POLO RD	PTH	SCHWENKSVILLE PA 19473-1708		PHILADELPHIA PA 19103-3110		7901 HENRY AVE APT B-506		PHILADELPHIA PA 19106-4014	
BRYN MAWR PA 19010-3826		215-456-9400		215-662-4000		PHILADELPHIA PA 18128-3064		215-829-8484	
215-334-2494		WOJCICK, BARBARA A	ST	WYNNKOOP, WALTER A	ST	215-248-8200		ZUCKER, MD, IVAN L	DR
WILLIAMS, MD, JANICE D	* OBG	834 CHESTNUT ST APT 931		175 PARKER AVE APT 1		ZAMOSTIEN, MD, BERNARD B	FP	1703 CHIPPEWA RIDGE	
5 NORTHVIEW DR		PHILADELPHIA PA 19107		PHILADELPHIA PA 19128-4443		1335 W TABOR RD APT 303		AMBLER PA 19002-3619	
GLENSIDE PA 19038-1317		WOLDOW, MD, ASHER	CD	XAVIER, MD, CHERIAN P	IM	PHILADELPHIA PA 19141-3041		215-707-4545	
215-828-8400		5401 OLD YORK RD STE 401		7505 VALLEY AVE		215-924-8181		ZUCKERMAN, MD, GILBERT L	CD
WILLIAMS, MD, JAY JAMES	AN	PHILADELPHIA PA 19141-3030		PHILADELPHIA PA 19128-3130		ZANGANEH, SHAHIN S	ST	1722 BETHLEHEM PIKE	
1 WINEBERRY DR		215-329-0633		215-578-3674		3026 W QUEEN LN APT B4A		FLOURTOWN PA 19031-1644	
HOCKESSIN DE 19707-2124		WOLF, ELIZABETH A	ST	YANG, MD, SHUIN-LIN	GS	PHILADELPHIA PA 19129		215-247-9400	
215-955-6161		1709 SPRING GARDEN ST APT D		705 FOX HOLLOW RD		ZARRO, MD, SUZANNE C	* IM	ZWEIZIG, MD, HELEN Z	PD
WILLIAMS, JOHN M	ST	PHILADELPHIA PA 19130-3915		AMBLER PA 19002-2061		1829 S BROAD ST		538 WALNUT LN	
317 N BROAD ST APT 411		WOLF, MD, LEWIS R	OPH	215-456-6933		PHILADELPHIA PA 19148-2115		PHILADELPHIA PA 19128-1741	
PHILADELPHIA PA 19107		7948 BUSTLETON AVE		YANKKEVICH, MD, RAUL	GP	215-762-4920		ZWILLENBERG, MD, DAVID A	OTO
WILLIAMS, MD, JOHN T	ORS	PHILADELPHIA PA 19152-3321		1233 LOCUST ST		PHILADELPHIA PA 19148-2115		111 S 11TH ST G4140	
5230 N BROAD ST		610-436-8828		PHILADELPHIA PA 19107-5612		ZATUCHNI, MD, JACOB	CD	PHILADELPHIA PA 19107-5083	
PHILADELPHIA PA 19141-1628		WOLF, MD, SANDRA M	OBG	5500 WISSAHICKON AVE APT 209A	ST	801 SPRUCE ST		ZWILLENBERG, MD, SETH	OTO
215-324-3800		2211 DELANCEY PLACE		PHILADELPHIA PA 19144		PHILADELPHIA PA 18107-5701		1920 CHESTNUT ST	
WILLIAMS, JONATHAN S	ST	PHILADELPHIA PA 19103-6501		YANOVSKI, MD, A VIVIAN	IM	215-829-5064		PHILADELPHIA PA 19103	
104 CHARLES DR APT B4		215-735-6297		5501 GREENE ST		ZAVARIN, MICHAEL	ST	215-842-6569	
BRYN MAWR PA 19010		WOLF JR, MD, JOHN H	ORS	PHILADELPHIA PA 19144-2805		165 ABBEY TER APT W406		ZYNDA, ANDREA M	ST
WILLIAMS, MD, KIRKLEY R	TS	ABINGTON PA 19001-3714		215-848-7600		DREXEL HILL PA 19026		2046 WHARTON RD	
309 EDGEHILL RD		215-886-7882		YANOVSKI, MD, ALEXANDER G	P	ZECCARDI, MD, JOSEPH A	EM	GLENSIDE PA 19038-5324	
WAYNE PA 19087-4716		WOLFERTH JR, MD, CHARLES C	GS	5501 GREENE ST		370 MT ROYAL ROAD		POTTER	
610-527-1185		THE GRADUATE HOSP		PHILADELPHIA PA 19144-2805		SEWELL NJ 08080-9707		AKL, MD, MICHEL E	PD
WILLIAMS, MD, MICHAEL J	AN	PHILADELPHIA PA 19146		215-848-7600		215-928-6844		LYONS ST	
T JEFFERSON UNIV		215-893-7677		YAVIL, DO, JULES S	DR	ZEGEL, MD, HARRY G	R	SHINGLEHOUSE PA 16748-0609	
PHILADELPHIA PA 19107		WOLFSON, MD, PHILIP J	PDS	351 BAIRD RD		156 VALLEY RD		814-697-7672	
215-955-6161		421 HAWTHORNE AVE		MERION STATION PA 19066-1414		ARDMORE PA 19003-1511		ASAR, MD, MARIAM H	PD
WILLIAMSON, MD, CLARKE E	GS	HADDONFIELD NJ 08033-1125		610-497-7441		ZEHNER, JEFFREY P	ST	353 E 2ND ST	
5226 GERMANTOWN AVE		215-955-7635		YAZDANFAR, MD, SHAHRIAR	* CD	1 GREENWOOD MALL		COUDERSPORT PA 16915	
PHILADELPHIA PA 19144-2302		WOLFSON, MD, ROBERT J	OTO	A EINHSTEIN MED CTR		WYOMISSING PA 19610-1915		814-276-9198	
215-849-1270		1920 CHESTNUT ST FL 700		PHILADELPHIA PA 19141		ZEIDMAN, MD, JOAN H	OBG	CHARLES COLE MEMORIAL HOSP	* OBG
WILLIG, MD, DORIS	P	PHILADELPHIA PA 19103-4625		215-456-7022		5038 BRITTANY LN		COUDERSPORT PA 16915	
2401 PENNSYLVANIA AVE	2C45	215-561-2546		YAZDI, MD, JOSEPH S	GS	BRYN MAWR PA 19010-2078			
PHILADELPHIA PA 19130-3014		WOLGIN, MD, WILLIAM	U	317 N BROAD ST APT 715		ZEITZER, MD, KENNETH L	TR	814-274-7101	
WILSON, MD, GEORGE M	GS	2800 S OCEAN BLVD		PHILADELPHIA PA 18107-1018		310 SAW MILL LN #11A		BARKE, MD, JAMES N	* FP
ROXBOROUGH MEMORIAL HOSP		BOCA RATON FL 33432-8332		215-762-7000		HORSHAM PA 19044-1820		LYON ST BOX 668	
PHILADELPHIA PA 19128-1737		WOLLMAN, MD, HARRY	AN	YEAGLEY, MD, THOMAS J	OBG	215-456-6285		SHINGLEHOUSE PA 16748	
215-483-0555		MUSEUM TOWERS		233 S 6TH ST APT 1505II		ZEITZER, MD, RANDI J	FP	814-697-7165	
WILSON, JEFFREY M	ST	PHILADELPHIA PA 19130		PHILADELPHIA PA 19106-3749		310 SAW MILL LN APT 11A		BROWN, MD, MARK S	IM
8201 HENRY AVE APT K-6		215-222-7120		YEH, ERNEST L	ST	HORSHAM PA 19044-1920		1309 MOUNTAINVIEW DR	
PHILADELPHIA PA 19128		WLOSHIN, MD, HENRY J	DR	3645 HAYWOOD ST		215-248-8415		WAYNE PA 19087-5542	
WILSON, MD, JOHN F	D	411 LINDEN DR		PHILADELPHIA PA 19129-1542		ZELAC, DANIEL E	ST	814-274-7500	
1901 WALNUT ST		ELKINS PARK PA 19027		YEN, MD, JULIE M	PD	8150 NEW SECOND ST		CALLAHAN, DO, MICHAEL E	FP
PHILADELPHIA PA 19103-4664		WONG, CARRIE C	ST	2429 LOCUST ST APT 521		ELKINS PARK PA 19117-2719		RR 1 BOX 203A	
WILSON, MD, MARTIN C	OPH	1801 JFK BLVD APT 2019		PHILADELPHIA PA 19103-5560		ZELAHY JR, MD, JOHN W	IM	GALETON PA 16922-9601	
305 HARBISON RD		PHILADELPHIA PA 19103		YESENOSKY, GEORGE A	ST	1340 EDGE HILL RD APT A		814-435-2942	
WAYNE PA 19087-5202		WONG, MD, KIRK L	ORS	4312 BROOKVIEW PL		ABINGTON PA 19001-2521		CRUZ JR, MD, MOISES B	GS
215-590-2791		2409 FITLERS WALK		ELKINS PARK PA 19027		ZELKOVIC, PAUL F	ST	COLE MEDICAL CENTER	
WILSON, MD, RICHARD P	OPH	PHILADELPHIA PA 19103		YIP, MARGIE D	ST	1000 WALNUT ST APT 1810A		COUDERSPORT PA 16915	
WILLS EYE HOSP		WONG, MD, SHANNON M	OPH	3305 INDIAN QUEEN LN		PHILADELPHIA PA 19107-5518		CUTRY, MD, JOSEPH J	DR
GLAUCOMA SERVS		4040 PRESIDENTIAL BLVD		PHILADELPHIA PA 19129-1519		ZELLIS, DO, JOSEPH	FP	PO BOX 470	
PHILADELPHIA PA 19107		PHILADELPHIA PA 19131-1727		YOON, MD, CHUNG H	GP	PHILADELPHIA PA 19145-1423		COUDERSPORT PA 16915-0470	
215-928-3193		215-707-3402		5031 N 5TH ST		215-389-1130		814-274-8186	
WILSON, MD, SAMUEL M	VS	WONG, MD, STEPHEN W	OPH	PHILADELPHIA PA 19120-3834		ZEMBLE, DO, HERBERT A	FP	DALLAIRE, MD, LOUISE A I	DR
384 BEAVER HOLLOW RD		3401 N BROAD ST 6TH PP		215-324-0230		PHILADELPHIA PA 19114-1120		COLE MEDICAL CENTER	
JENKINTOWN PA 19046-3804		PHILADELPHIA PA 19140		YOUNG, ALLISON L	ST	215-632-4000		COUDERSPORT PA 16915-0470	
215-379-4600		215-707-3185		8201 HENRY AVE APT O-22		ZERITSKY, MD, SAMUEL	P	814-274-8186	
WILTSHIRE-SCOTT, MD,	IM	WONG, MD, VERNON K	OPH	PHILADELPHIA PA 19128		43 SPRINGWOOD DR		FREEMAN, MD, RICHARD E	FP
JOANNE A		604 S WASHINGTON SQ APT 2114		YOUNG, MD, GERALDINE P	PTH	SOUTHAMPTON PA 18966-3054		1068 S KENDALL AVE	
1631 W RUSCOMB ST APT 414		PHILADELPHIA PA 19106-4152		681 MEETING HOUSE RD # 7		215-476-6364		BRADFORD PA 16701-3637	
PHILADELPHIA PA 19141-1539		215-928-3300		ELKINS PARK PA 19027				814-486-0810	

POTTER—SCHUYLKILL

GIRON, MD, LEONARDO F 360 E 2ND ST COUDERSPORT PA 16915 814-274-8036	* IM	BIZUP, MD, THOMAS PO BOX 148 NEW RINGOLD PA 17960-0148 717-943-2424	GP	GUASTAVINO, MD, THOMAS D 700 SCHUYLKILL MNR RD STE 1 POTTSVILLE PA 17901-3849 717-622-5672	ORS	LEMASTERS, DO, THOMAS R RR 3 BOX 114A TAMAQUA PA 18252-9803 717-386-5900	OTO	NICHOLLS, MD, RICHARD H 1023 CENTER ST ASHLAND PA 17921-1204 717-875-2922	GP
GLENNEY, MD, ROBERT J ACADEMY ST ULYSSES PA 16948 814-848-7556	* FP	BOHNENBLUST, MD, WALTER R 520 RARING DR ORWIGSBURG PA 17961-2204	R	HALE, MD, THOMAS K 117 W FRACK ST FRACKVILLE PA 17931-1710	GP	LENYO, MD, GEORGE E HOMETOWN R F D 2-59 TAMAQUA PA 18252 717-668-4299	FP	O'CONNOR, MD, ROBERT D 318 E HANCOCK ST ST CLAIR PA 17970-1050 908-530-2416	* IM
MILLER, MD, HOWARD J RR 3 BOX 63 COUDERSPORT PA 16915-9803 814-274-7070	IM	BORAN, MD, ROBERT P 313 WASHINGTON ST POTTSVILLE PA 17901-3640 717-622-6241	* ORS	HARKINS, MD, ROBERT S 209 E MARKET ST ORWIGSBURG PA 17961-1905 717-366-3885	FP	LEWIS, MD, JOFFRE P 18 VALLEY DR BIRDSBORO PA 19508-9307 610-327-7487	R	PARK, MD, SUNG H 3140B W TILGHMAN ST APT 113 ALLEN TOWN PA 18104-4222 610-400-3200	* FP
MOSCH, MD, GEORGE C 207 CARTEE ST COUDERSPORT PA 16915-1443 814-274-8450	* FP	BORAN, MD, THOMAS V 450 WASHINGTON ST POTTSVILLE PA 17901-3655 717-621-5010	OTO	HARRING, MD, MAYNARD 105 W MAIN ST PO BOX 165 VALLEY VIEW PA 17983 717-682-3136	GP	LIN, MD, CHING H 312 MAUCH CHUNK ST POTTSVILLE PA 17901-3614 717-622-7688	OBG	PETERS III, MD, ROBERT H 185 S W END AVE POTTSVILLE PA 17901-2029 717-622-1650	* GE
MOSCH, MD, HERMAN C 4 S EAST ST COUDERSPORT PA 16915-1407	AN	BOYSEN, MD, HOMER 238 W PINE STREET MAHANOCY CITY PA 17948-2539	GP	HAWLEY, MD, RICHARD C 625 E UNION ST SCHUYLKILL HAVEN PA 17972-1332 717-622-2777	* GE	LING, MD, CHARLES C 1717 MAHANTONGO ST POTTSVILLE PA 17901-3224	GS	PIERDON, MD, STEVEN B 316 MAUCH CHUNK ST POTTSVILLE PA 17901-3614 717-622-2281	PD
NURBHAI, MD, MURTAZA E CHARLES COLE MEMORIAL HOSP COUDERSPORT PA 16915-9803 814-274-7761	OTO	CAROL, MD, MARILYN N 200 E ARCH ST POTTSVILLE PA 17901 717-622-8100	OBG	HEFFNER JR, MD, GEORGE W 405 WASHINGTON ST STE 11-401 POTTSVILLE PA 17901-3655 717-622-1887	IM	LOK, MD, MAI PAI RR 3 BOX 3505 POTTSVILLE PA 17901-9370	AN	PLATT, MD, BENJAMIN B PO BOX 266 ORWIGSBURG PA 17961-0266 717-622-4209	* IM
POORE, MD, GEORGE C 65 S EAST ST COUDERSPORT PA 16915-1406	* U	CHAWLUK, MD, JOHN B 700 SCHUYLKILL MANOR RD POTTSVILLE PA 17901-3849 717-622-7704	* N	HEISTAND, MD, LANDIS C 700 SCHUYLKILL MANOR RD POTTSVILLE PA 17901-3849 717-622-5672	ORS	LONGARINI, MD, RICARDO 8 ALLENWOOD CIR SCHUYLKILL HAVEN PA 17972-9526 717-335-5525	IM	RANGANATH, MD, GUBBI N POTTSVILLE INTERNISTS ASSOC POTTSVILLE PA 17901-0269 717-622-4209	IM
SHELLEY, MD, MARK H PO BOX 307 PORT ALLEGANY PA 16743-0307 814-642-9531	FP	CHOONG, MD, SHUNG S 463 BARCLAY RD ROSEMONT PA 19010-1253	GP	HERMANY, DO, DEBRA K 199 DOCK ST SCHUYLKILL HAVEN PA 17972-1207 610-776-4622	* EM	LUO, MD, SOLOMON C 350 PATTON DR ORWIGSBURG PA 17961-1620 717-628-4444	OPH	RAO, MD, YASHODA D POTTSVILLE INTERNISTS ASSOC POTTSVILLE PA 17901-0269 717-622-4209	NEP
SO, MD, GEORGE L WESTFIELD HEALTH CTR WESTFIELD PA 16950 814-367-5971	CD	CONNOLLY, DO, WILLIAM S 420 S JACKSON STREET POTTSVILLE PA 17901-3625 717-621-5325	DR	HEUERMAN, MD, ROBERT P 930 CENTER ST ASHLAND PA 17921-1244 717-875-3438	GS	MALICK, MD, DONALD V PO BOX 438 HEGINS PA 17938-0438 717-682-3168	GP	RASHID, MD, ABDOUL 106 S CLAUDE A LORD BLVD POTTSVILLE PA 17901-3639 717-622-4209	IM
SOIKA, MD, CHRISTOPHER W RD 2 BOX 14 COUDERSPORT PA 16915-0662 814-274-0772	GS	CONRAD, MD, JOSEPH E RD 2 BOX 14 HEGINS PA 17938-9306 717-621-4180	R	HOBBS, MD, JOSEPH H 1407 MAHANTONGO ST POTTSVILLE PA 17901-3307 717-622-0905	GP	MALIK, MD, MAOSOOD A 106 S CLAUDE A LORD BLVD POTTSVILLE PA 17901-3639 717-622-4209	CD	RAVITZ, MD, GERALD A 100 E UNION ST POTTSVILLE PA 17901-3505 717-622-8903	U
SORBER, MD, WILLIAM A COLE MEDICAL CENTER COUDERSPORT PA 16915-9762 717-584-2177	IM	CUBLER, MD, EDWARD W 119 AVENUE B SCHUYLKILL HAVEN PA 17972-1304 717-385-1891	AN	HOBBS, MD, ROBERT E 10 AVENUE D SCHUYLKILL HAVEN PA 17972-1406	PTH	MALISHAUCKI, MD, MARY G 4 STONECROP RD WILMINGTON DE 19810-1316	GER	REIMER, MD, CRAIG L 407 W MARKET ST POTTSVILLE PA 17901-2930 717-622-2341	IM
SUPINSKI, MD, ROBERT S COLE MEDICAL CENTER COUDERSPORT PA 16915 814-274-9650	* ORS	CUPINO, MD, ELMER 704 VILLAGE RD ORWIGSBURG PA 17961-9660 814-371-1100	P	HU, MD, WEI-TZER 19 S MAIN ST SHENANDOAH PA 17976-2332 717-621-5000	GP	MARCONIS, MD, JOSEPH T 1501 BIRCH RD POTTSVILLE PA 17901-3334 717-621-5000	* U	REITZ, MD, MELVIN L 582 N KEMP ST KUTZTOWN PA 19530-1232	GP
VAN ANTWERP, MD, MARK A CHARLES COLE MEMORIAL HOSP COUDERSPORT PA 16915 814-274-8560	* AN	CURRY, MD, THOMAS A 316 MAUCH CHUNK ST POTTSVILLE PA 17901-3614 717-622-2291	PD	JENKINS, MD, BARRY L 1827 RIDGEWOOD RD AUBURN PA 17922 717-622-6120	AN	MARINO, MD, GLEN A 1827 RIDGEWOOD RD ORWIGSBURG PA 17961 717-621-5210	PM	RICCIUTI, MD, A GEORGE 335 E CENTER ST MAHANOCY CITY PA 17948-2708	OTO
VILLA, MD, FRANCISCO B 46 S MAIN ST PORT ALLEGANY PA 16743-1345 814-642-2800	FP	DAWSON, MD, MICHAEL H O 739 E NORWEGIAN ST POTTSVILLE PA 17901-2709 717-622-7051	ORS	JULIAN, MD, MARYJANE A 8539 TOLBUT ST PHILADELPHIA PA 19152-1210	GP	MARSHALL, MD, DAVID S 1023 MAHANTONGO ST POTTSVILLE PA 17901-3026 717-622-7149	CD	RICCIUTI, MD, JOSEPH F 444 W PALMETTO PARK RD BOCA RATON FL 33432-3678	DMP
VILLANUEVA, MD, STEVEN Y RR 3 BOX 209V COUDERSPORT PA 16915-9567 814-486-1549	GE	DE REMIGIO, DO, DAVID M 2101 VILLAGE RD ORWIGSBURG PA 17961-9667 717-621-4787	AN	KASUNDR, MD, PARSHOTAM N 106 S CLAUDE A LORD BLVD POTTSVILLE PA 17901-3639 717-429-0788	IM	MARSHALL, MD, HELEN L 1023 MAHANTONGO ST POTTSVILLE PA 17901-3026 717-622-7149	OS	RISMILLER, MD, ROSS W 205 E LAUREL BLVD POTTSVILLE PA 17901-2534 717-622-1887	IM
WALLISCH, MD, MICHAEL D PO BOX 470 COUDERSPORT PA 16915-0470 814-274-8186	DR	DECOLLI, DO, ROBERT A 205 E LAUREL BLVD POTTSVILLE PA 17901 717-622-1887	IM	KATZ, MD, ILENE M 437 N CENTRE ST POTTSVILLE PA 17901-1705 717-628-2229	OBG	MATEER JR, MD, HARRY O AMERICAN REHAB CENTER #400 POTTSVILLE PA 17901 717-622-8100	OBG	RITTER, MD, THOMAS J 320 MACARTHUR DR ORWIGSBURG PA 17961-1614	GS
WEI, MD, LAWRENCE C COLE MED CTR US RTE 6 COUDERSPORT PA 16915-9762 814-274-7910	OPH	DINICOLA, MD, ARTHUR N 28 SUNBURY ST MINERSVILLE PA 17954-1448	IM	KHAN, MD, SULTAN 26 S CENTRE ST POTTSVILLE PA 17901-3001 717-622-5751	OTO	MATHUR, MD, KAILASH 78 SHERWOOD RD POTTSVILLE PA 17901-4023	R	ROMEIKA, MD, MARY M 14 N JARDIN ST SHENANDOAH PA 17976-1636 717-462-0832	FP
WONGPAKOE, MD, SOBSAN 1011 S MAIN ST COUDERSPORT PA 16915-1336 814-294-7474	GS	DINICOLA, MD, ARTURO N 336 S GARFIELD AVE SCHUYLKILL HAVEN PA 17972-1234 717-621-5730	* AN	KHOLOUSKY, MD, ABDELMOHSEN M 1851B W END AVE POTTSVILLE PA 17901-2029 717-622-4164	GS	MC CLOSKEY, MD, SISTER ANN M GOOD SAMARITAN HOSP POTTSVILLE PA 17901-2798 717-621-4093	PTH	RUSSO, MD, JOHN F GOOD SAMARITAN REG MED CTR POTTSVILLE PA 17901 717-621-4036	CLP
SCHUYLKILL		DINICOLA, MD, ARTURO N 336 S GARFIELD AVE SCHUYLKILL HAVEN PA 17972-1234 717-621-5730		KIM, MD, INKYO 525 MCINTOSH LN ANDREAS PA 18211-9777	* IM	MC LAUGHLIN, MD, THOMAS W 1 NORWEGIAN PLZ POTTSVILLE PA 17901-3056 717-622-0907	IM	SAHOO, MD, DILLISWAR 48 W PHILLIP ST COALDALE PA 18218-0025 717-645-3297	IM
AHLUWALIA, MD, HARWINDER S MOUNT HOPE MED CTR POTTSVILLE PA 17901-1337 717-622-1575	PUD	FEINBERG, MD, KALMEN A ASHLAND STATE GENRAL HOSP ASHLAND PA 17921 717-875-5949	* PTH	KIM, MD, SUN C 136 W MARKET ST MAHANOCY CITY PA 17948-2627 717-773-2240	* FP	MEERAN, MD, M MOHAMED 1 NORWEGIAN PLZ POTTSVILLE PA 17901-3056 717-622-3754	GS	SARACENI, MD, ANTHONY J 205 E LAUREL BLVD POTTSVILLE PA 17901 717-622-1887	IM
AKBAR, MD, MOHAMMAD M 26 S CENTRE ST POTTSVILLE PA 17901-3001 717-622-5751	OTO	FEUDALE, MD, RICHARD F GENERAL DELIVERY GORDON PA 17936-9999 717-875-0380	GP	KIMMEL, MD, ROBERT M 700 SCHUYLKILL MANOR RD POTTSVILLE PA 17901 717-622-9390	PS	MILLER, MD, RICHARD E 242 E BROAD ST TAMAQUA PA 18252-2057 717-668-4734	OBG	SCHLITZER, MD, WILLIAM H 1247 W NORWEGIAN ST POTTSVILLE PA 17901-2211	GP
ASLAM, MD, MOHAMMAD 101 MILL CREEK AVE POTTSVILLE PA 17901 717-622-6732	N	FITZPATRICK, DO, JAMES W 205 E LAUREL BLVD POTTSVILLE PA 17901-2534 717-622-1887	IM	KO, MD, CHAN S 212 MAHANTONGO ST POTTSVILLE PA 17901-3011 717-622-3322	GP	MILLER-SCHAEFFER, MD, CAROL A 23 WOODLAWN DR SCHUYLKILL HAVEN PA 17972-9324 717-622-0907	* IM	SCHWARTZ, MD, IRA 723 RIGHTERS MILL RD NARBERTH PA 19072-1428 610-617-7230	U
BANE, MD, DENIS M 1 NORWEGIAN PLZ POTTSVILLE PA 17901-3056 717-622-0907	IM	FORSTER, DO, CARL J 211 TIMBER RD POTTSVILLE PA 17901-4036 717-622-9508	* GP	KRUSZEWSKI, MD, STEFAN P 450 WASHINGTON ST POTTSVILLE PA 17901-3204 717-621-5016	P	MODARRESS, MD, JOHN Y 289 ROBERTS DR HENDERSONVILLE NC 28793	GS	SCICCHITANO, MD, LEON P 5341 WINDWARD WAY NEW PORT RICHEY FL 34652 SETLOCK, DO, WALTER W 605 LEE ST ORWIGSBURG PA 17961-1531 717-628-9508	FP
BARCLAY, MD, CLAYTON C PO BOX 332 ORWIGSBURG PA 17961-0332	R	FRABLE, MD, DEAN G 413 W MARKET ST POTTSVILLE PA 17901-2930 717-628-2040	IM	LADO, MD, MICHAEL 608 HILLCROFT AVE SCHUYLKILL HAVEN PA 17972-1834	OBG	MODY, MD, SMITA S 219 TIMBER RD POTTSVILLE PA 17901-4036 717-622-1750	AN	SHAH, MD, SYED G MEDICAL ARTS BLDG POTTSVILLE PA 17901 717-622-4209	IM
BARDELL, MD, CRAIG R W MAIN ST PO BOX 660 VALLEY VIEW PA 17983 717-682-9031	* FP	GIANFAGNA, MD, WILLIAM J 316 MAUCH CHUNK ST POTTSVILLE PA 17901-3614 717-622-2291	PD	LAZUR, DO, DIANNA D 622 E MT VERNON ST SHENANDOAH PA 17976-1839	IM	MOHAN, MD, FRANCIS P 241 S TULPEHOCKEN ST PINE GROVE PA 17963-1037 717-345-3321	FP	SHIPTON, DO, WILLIAM E UNION AND PROGRESS AVES POTTSVILLE PA 17901 717-622-8903	U
BEAUSANG, MD, THOMAS 316 MAUCH CHUNK ST POTTSVILLE PA 17901-3614 717-622-2291	PD	GRAVES, MD, LYNDA C S 200 S 4TH ST MINERSVILLE PA 17954-1104 717-544-9123	FP	LEAL, MD, GUMERSINDO R PO BOX 1271 POTTSVILLE PA 17901-7271 717-622-2818	FP	MUNIR, MD, MUHAMMAD 106 S CLAUDE A LORD BLVD POTTSVILLE PA 17901-3639 717-622-4209	CD	SINGH, MD, GURSHARAN 323 E CENTRE ST MAHANOCY CITY PA 17948-2708 717-773-2301	FP
BEMILLER, MD, CARL 205 E LAUREL BLVD POTTSVILLE PA 17901-2534 717-622-1887	CD	GRECO, MD, ROBERT M 2 PEAR ST SCHUYLKILL HAVEN PA 17972-1418 717-622-0907	IM	LEE, MD, JANGWOO THOMPSON BLDG POTTSVILLE PA 17901 717-628-5625	OBG	NARULA, MD, AMRIT P 106 S CLAUDE A LORD BLVD POTTSVILLE PA 17901-3639 717-622-4209	GE	SINGH, MD, RAJENDRA 1630 MOUNT HOPE AVE POTTSVILLE PA 17901-1302 717-622-6680	PDA
BERGUSON, MD, PAUL D 48A W PHILLIPS ST COALDALE PA 18218-1437	AN	GREEN, MD, CHARLES 700 SCHUYLKILL MNR RD STE 9 POTTSVILLE PA 17901-3849 717-622-5555	* GE	LEE, MD, WON Y 58 S TULPEHOCKEN ST PINE GROVE PA 17963-1112 717-345-4009	GP	NEWMAN, MD, DONALD A BEN P HOUSER JR MD & ASSOC TAMAQUA PA 18252-9803 717-386-5926	* OPH	SLIMMER JR, MD, SAMUEL C 1722 BRECKENRIDGE RD ORWIGSBURG PA 17961-9544 717-621-5060	* EM
BILINSKI, MD, CAROL A BLUE MOUNTAIN PEDIATRICS SCHUYLKILL HAVEN PA 17972	* PD	GREEN, MD, ROY PO BOX 70 GIRARDVILLE PA 17935-0070	AN	LEIB, MD, PAMELA L 7 N 6TH ST POTTSVILLE PA 17901-2801 717-628-3554	P	NICHOLLS, MD, JOAN E 1023 CENTER ST ASHLAND PA 17921-1204 717-875-2922	P	SLUSSER, MD, STEPHEN O 700 SCHUYLKILL MANOR STE 9 POTTSVILLE PA 17901 717-622-5555	GE
BINDIE, MD, RICHARD P 150 AVENUE E SCHUYLKILL HAVEN PA 17972-1412 717-621-5262	PTH								

SWAIN, MD, STEPHEN S 205 E LAUREL BLVD POTTSVILLE PA 17901-2534 717-622-1887	IM	MONTGOMERY JR, MD, GEORGE A 223 S PLEASANT AVE STE 405 SOMERSET PA 15501-2902 814-443-4634	GP	GRACE, MD, JAMES J 27 SOUTH MAIN STREET MONTROSE PA 18801-1317 717-278-3192	GP	HIPPS, MD, JOHN G 11 W MAIN ST GALETON PA 16922-1013 814-435-8580	GP	HEID, MD, CHARLES E 3 HOSP DRIVE LEWISBURG PA 17837-9394 717-523-9631	* CD	
TANANIS, MD, LEONARD J 1606 MAHANTONGO ST POTTSVILLE PA 17901-3223	OPH	MORRIS, MD, ELEANOR G RR 4 BOX 231 SOMERSET PA 15501-8404	GP	HENNING III, MD, GEORGE F 7 HILLENDALE DR MONTROSE PA 18801-9006 717-879-2142	* FP	JOHN, MD, THOMAS 20 1/2 MEADE ST WELLSBORO PA 16901 610-237-4000	IM	HOBBS, MD, JAN D LEWISBURG MEDICAL PARK LEWISBURG PA 17837 717-523-1163	OTO	
TAVARIA, MD, SOLI 105 N DELAWARE AVE MINERSVILLE PA 17954-1726 717-622-0675	* IM	MUSSER JR, MD, HAROLD E 105 W CHURCH ST SOMERSET PA 15501-2251 814-443-3538	GS	KADIWAR, MD, RAJNIKANT M 34 MAPLE ST MONTROSE PA 18801-1227 716-473-2200	IM	LARSON, MD, ELEANOR 217 MAIN ST ELKLAND PA 16920-1107 814-258-7448	GP	HOYLE, MD, J PRESTON 191 SMOKETOWN RD LEWISBURG PA 17837-8706	ADL	
TISSENBAUM, MD, ALLAN 313 WASHINGTON ST POTTSVILLE PA 17901 717-622-6241	* ORS	NAIR, MD, V KRISHNAN 225 S CENTER AVE STE 401 SOMERSET PA 15501-2033 814-445-7101	* CD	KERR, MD, PAUL B 1 GROW AVE MONTROSE PA 18801-1103 717-278-3801	FP	MOORE, MD, JOSEPH J LANGDON PLACE OF DOVER DOVER NH 03820	CD	KANT, MD, NAVAL 14 WESTRIDGE LN LEWISBURG PA 17837-9201 717-522-2788	R	
TOMLIN, MD, JOSEPH G 151 SCHUYLKILL AVE SHENANDOAH PA 17976-1338	GP	NAYAK, MD, SATISH R 901 MENOHER BLVD JOHNSTOWN PA 15905-2834	OBG	KLETTER, MD, JAN C PO BOX 434 MONTROSE PA 18801-0434 717-278-3801	* GS	OLASIN, DO, REGINA F 15 MEADE ST STE L4-L8 WELLSBORO PA 16901-1813 717-724-5200	IM	KANT, MD, NILA N 14 WESTRIDGE LN LEWISBURG PA 17837-9201 717-524-4446	DR	
VILLARREAL, MD, CARLOS X 1851 B WEST END AVE POTTSVILLE PA 17901 717-622-4164	GS	NOVAK, MD, JOSEPH 1136 WIGHTMAN ST PITTSBURGH PA 15217-1050	PM	MARKARIAN, MD, MICHAEL 220 MAIN ST PO BOX M HALLSTEAD PA 18822 717-879-2696	FP	REICH, MD, WILLIAM P 18 MORRIS LN WELLSBORO PA 16901-1916	PTH	LIN, MD, PAUL S 900 BUFFALO RD LEWISBURG PA 17837-1206 717-524-4446	ORS	
VISOT, MD, LUIS R 809 PINEWOOD DR POTTSVILLE PA 17901-9546 717-385-5050	PM	PESSOLANO, MD, FRANCIS X RR 1 BOX 329 SOMERSET PA 15501-9644 412-527-9261	DR	PATEL, MD, BHUPENDRA R 508 BROAD AVE SUSQUEHANNA PA 18847-1614 717-465-7330	IM	SCOTT, MD, PHYLLIS B LAUREL HEALTH CENTER ELKLAND PA 16920-1403 814-258-5117	* FP	LONG, MD, ROBERT D 3 HOSP DR LEWISBURG PA 17837-9394 717-523-1109	* D	
VOYSTOCK JR, MD, JOSEPH F 1851-B W END AVE POTTSVILLE PA 17901-2029 717-622-4164	GS	POGGI, DO, ALFRED J RR 6 SOMERSET PA 15501-9806 814-443-3637	GP	PATEL, MD, PRAVINCHANDRA K 512 E CHURCH ST SUSQUEHANNA PA 18847-1604 717-798-2282	OBG	SHU, MD, JASON C 15 MEADE ST STE L3 WELLSBORO PA 16901 717-723-0630	OBG	MAGILL III, MD, JOHN T 900 BUFFALO RD LEWISBURG PA 17837-1206 717-524-4446	ORS	
WAHHAB, MD, ABDUL 1 NORWEGIAN PLZ POTTSVILLE PA 17901-3056 717-622-3754	GS	REISINGER JR, MD, WILLIAM E PO BOX 428 NEW EAGLE PA 15067-0428 412-258-2646	R	PURKAYASTHA, MD, ARINDAM PO BOX 241 SUSQUEHANNA PA 18847-0241 717-853-3141	IM	SWAGLER, DO, CURTIS P WELLSBORO FAMILY PRACTICE WELLSBORO PA 16901-1358 717-724-1010	GP	MAILMAN, MD, WENDY R 101 LAKESIDE DRIVE LEWISBURG PA 17837-9308 717-522-2637	AN	
WALL, MD, NORMAN M 6258 COUGAR RUN APT B101 FT MYERS FL 33908	IM	ROCK, MD, LEONARD L 209 NORTH ST MEYERSDALE PA 15552-1353	GP	SARAN, MD, MADHUKAR 405 PINE ST SUSQUEHANNA PA 18847-1627	PUD	TERRY, MD, JOHN M RD NO1 BOX 61-A TIOGA PA 16946 717-724-7477	FP	MC TIGHE, MD, ARTHUR H EVANGELICAL COMMUNITY HOSP LEWISBURG PA 17837-9390 717-522-2513	* PTH	
WANG, MD, KER-SHI CHAMBERSBURG HOSP CHAMBERSBURG PA 17201 717-621-4000	AN	ROOT, MD, DOUGLAS C 202 BEACHLEY ST MEYERSDALE PA 15552-1220 814-634-5935	FP	SHAH, MD, MAHENDRA K 308 BROAD AVE SUSQUEHANNA PA 18847-1608 717-853-3141	IM	WEBSTER, MD, LANE 62 WALNUT ST WELLSBORO PA 16901-1431	IM	MILLER II, MD, GEORGE C 3 HOSP DR LEWISBURG PA 17837-9394 717-524-4405	CLP	
WATSON, MD, THOMAS G 241 S TULPEHOCKEN ST PINE GROVE PA 17963-1037 717-345-3321	FP	RUMBAUGH, MD, ROSS S 131 MEYERS AVE MEYERSDALE PA 15552-1125	GS	SHELLY, MD, ROBERT M 83 BEACHWAY DR PALM COAST FL 32137-8654	PD	WIGERT, MD, WALTER S RD 1 BOX 319B BLOSSBURG PA 16912-9718 717-662-7600	P	MORGAN JR, MD, JAMES W 135 JPM RD LEWISBURG PA 17837-9313 717-523-3290	OBG	
ZAKHARY, MD, GEORGE S PLEASANT VALLEY JEANNETTE PA 15644-9668	OTO	RYAN, MD, WILLIAM C 917 W MAIN ST SOMERSET PA 15501-1213 814-443-3648	GP	WOLFF, MD, DANIEL C 101 8TH ST MILFORD PA 18337-1203 717-775-9777	FP	UNION				
SOMERSET										
ASLAM, MD, MOHAMMED 1118 JAMES ST SOMERSET PA 15501-1115 814-629-5612	FP	SAADAT, MD, MOHAMMAD J 1304 TERRILIN DR SOMERSET PA 15501-2761	GE	WONG, MD, ALEXANDER 4 OLE MISS DR LAUREL MS 39440-1252 717-278-3801	IM	ARBOGAST JR, MD, JOHN W 3 HOSP DR LEWISBURG PA 17837-9394 717-524-0230	OBG	MUSSEY, MD, WILLIAM T 100 CHESTNUT ST MIFFLINBURG PA 17844-1314 717-966-1122	* GP	
ATWELL II, DO, GRANT E 132 MEYERS AVE MEYERSDALE PA 15552-1126	GP	SINGH, MD, AJAY P 614 S FRANKLIN AVE SOMERSET PA 15501-1817 814-443-2888	* PD	TIOGA				GS	NISSLEY, MD, JAY M 139 HOSP DR LEWISBURG PA 17837-9314 717-523-3264	* PD
ATWELL SR, DO, GRANT E 132 MEYERS AVE MEYERSDALE PA 15552-1126	FP	SUTTON, MD, CHARLES A 903 LAWRENCE DR DUNCANVILLE PA 16635-7213 814-443-5032	* DR	BAIR, MD, ROBERT C WEST AVE WELLSBORO PA 16901	* GS	BETZ, MD, LOUIS H 3 HOSP DR LEWISBURG PA 17837-9394 717-524-4473	OPH	PATEL, MD, RASILA P 8 ROSEWOOD CT DANVILLE PA 17821-8593 717-522-2535	* DR	
BACESKI, MD, DEBORAH A 105 W CHURCH ST SOMERSET PA 15501-2251 814-443-1213	* IM	TENSUAN JR, MD, LEONARDO S 433 W MAIN ST SOMERSET PA 15501-1515 814-445-4129	IM	BELLINGER, MD, E LEE 15 MEADE ST WELLSBORO PA 16901-1813 717-724-3636	U	BRILL, MD, LESSA A RR 1 BOX 4 LEWISBURG PA 17837-9501 717-524-1401	OBG	PERSING, MD, JOHN H 3 HOSP DR LEWISBURG PA 17837-9394 717-524-7777	* IM	
BASALA, DO, PHILIP A 229 S KIMBERLY AVE SOMERSET PA 15501-2022 814-445-3535	OBG	THOMAS, MD, NATHAN O RD #3 INSOUTRIAL PARK ROAD MEYERSDALE PA 15552-1035 814-634-5954	FP	BERTRAM, MD, KARL R PO BOX 112 WELLSBORO PA 16901-0112 717-724-2675	P	BROWN, MD, MICHAEL D 98 REITZ RD LEWISBURG PA 17837-9206 717-524-4443	FP	REGALADO, MD, REGULUS D 714 R MAIN ST WATSONTOWN PA 17777 717-538-5524	* GS	
BEITZEL, MD, JAMES E 135 MEYERS AVE MEYERSDALE PA 15552-1125 717-782-3131	IM	THOMAS, MD, TERENCE J 200 HOSP DR MEYERSDALE PA 15552-1249 814-634-5911	GS	BOWERS, MD, ROBERT M 48 PEARL ST WELLSBORO PA 16901-1423 717-724-2411	GS	BRUCE, MD, WILLIAM B LEWISBURG MEDICAL PARK I LEWISBURG PA 17837 717-523-1163	OTO	REISH, MD, WILLIAM G 900 BUFFALO RD LEWISBURG PA 17837-1298 717-524-4234	ORS	
CASTELLI II, MD, PETER J PO BOX 4062 HIDDEN VALLEY PA 15502 412-547-5882	DR	TRENTON, DO, WALTER D 229 S KIMBERLY AVE SOMERSET PA 15501-2022 814-445-3535	OBG	BUTLER, MD, ANNE K 1 MORRIS LN WELLSBORO PA 16901-1913 814-634-5911	GP	CALDERON, MD, AMADOR G 56 UPPER MARKET ST MILTON PA 17847-1210 717-742-3586	EM	RINCK II, MD, GEORGE W 424 GRAND ST MIDDLEBURG PA 17842-1214 RUETSCHI, MD, MAJA S 3 HOSP DR LEWISBURG PA 17837-9394 717-524-7777	FP	
DESAI, MD, JAYESH B 226 E CHURCH ST SOMERSET PA 15501-2217 814-443-1908	PUD	WATTERSON, MD, SAMUEL G CONEMAUGH HEALTH FIRST JOHNSTOWN PA 15904 814-266-6256	FP	CAHILL, MD, DAVID M 15 MEADE ST STE L5 WELLSBORO PA 16901-1813 717-724-4670	GS	COLE JR, MD, CHARLES L 900 BUFFALO RD LEWISBURG PA 17837-1298 717-524-4446	ORS	SMITH, MD, DENNIS R OXFORD DR LEWISBURG PA 17837-9806 STANKIEWICZ, MD, RUSSELL J 3 HOSP DR LEWISBURG PA 17837-9394 717-524-4405	* CD	
DEVRIES, MD, JAN R J 430 STONEYCREEK ST BOSWELL PA 15531-1024 814-629-5612	* FP	WONG, MD, ALBERT 142 E CHURCH ST SOMERSET PA 15501-2219 717-443-2695	FP	CALLENBERGER, MD, RONALD W NORTHERN TIER ORTHO ASSOC WELLSBORO PA 16901-1813 717-724-2325	ORS	DIX JR, MD, ROBERT C PO BOX 180 MILTON PA 17847-0180	FP	STECHSCHULTE JR, MD, DONALD W ZIEGLER HEALTH CENTER LEWISBURG PA 17837 717-524-1401	OBG	
GIAMPOLO, MD, ANTHONY J 1410 LAKESIDE DR ALLISON PARK PA 15101-4013 814-443-6387	N	YODER, MD, DELBERT L 229 S KIMBERLY AVE SOMERSET PA 15501-2022 814-445-3535	OBG	DAVIS, MD, STUART M 137 WOODLAWN DR WESTFIELD PA 16950-1310 814-367-5971	GP	DOUGLAS, MD, DONALD D THE HOUSE AT TURTLE CREEK LEWISBURG PA 17837-9560 717-523-7600	* GE	STOLTZFUS, MD, ELAM R 139 HOSP DR LEWISBURG PA 17837-9314 717-523-3264	* PD	
GOODMAN, MD, ADAM J 314 W MAIN ST SOMERSET PA 15501-1508	P	BENNETT, MD, RAYMOND L 1 GROW AVE MONTROSE PA 18801-1103 717-278-3801	OBG	OY, MD, GEORGE R RD 3 BOX 51F WELLSBORO PA 16901-9406 717-662-2002	IM	EVARD, MD, HELEN M 10 N 5TH ST LEWISBURG PA 17837-1408 717-522-8111	AI	TEICHMAN, MD, FRED 108 JAMES RD LEWISBURG PA 17837-8850 717-524-4405	FP	
HAY, MD, HAROLD S RR 7 BOX 246 SOMERSET PA 15501-7850 814-629-5647	GP	BERTSCH, MD, ALBERT M 3 GROW AVE MONTROSE PA 18801-1103 717-278-3801	GP	DZERA, MD, OLEH PO BOX 814 WELLSBORO PA 16901-0814 717-724-1631	P	FAIRWEATHER, MD, JACK L LEWISBURG MEDICAL PARK LEWISBURG PA 17837 717-523-1210	* OBG	STECKEL, MD, DONALD C 3 HOSP DR LEWISBURG PA 17837-9394 717-524-4141	* IM	
KASHURBA, MD, GLENN J 113 S CENTER AVE SOMERSET PA 15501-2057 814-445-9695	CHP	DANA, MD, IHAB 64 CROSSLEY RD APT 2 MONTROSE PA 18801 717-278-3801	GS	GILLUM, MD, DAVID F 135 MAIN ST WELLSBORO PA 16901-1415 717-724-1900	OPH	GAIN, MD, JOHN J 3 HOSP DR LEWISBURG PA 17637-9394 717-523-8700	OBG	TURNER III, MD, JOHN F 135 J P M RD LEWISBURG PA 17837-9009 717-523-3290	OBG	
KASHURBA, MD, MARY T RR 4 BOX 51 SOMERSET PA 15501-9402 814-443-5590	PM	DAVIS, MD, RAYMOND C PO BOX 304 SUSQUEHANNA PA 18847 412-833-9804	IM	GUELIG, MD, EDMUND P RD 6 BOX 68 WELLSBORO PA 16901-1811 717-724-1010	* FP	GRAY, MD, DAVID W PO BOX 432 LEWISBURG PA 17837-0432 717-523-3707	FP	VELAYO, MD, DANTE P 3 HOSP DR LEWISBURG PA 17837-9394 717-523-8331	GS	
KLOSE, MD, PAUL L 509 NORTH ST PO BOX 196 BERLIN PA 15530-1112 814-267-4011	GER	FELDMAN, MD, NATHAN I 101 UPLAND TER CLARKS SUMMIT PA 18411-8983 717-853-3135	R	HESS, MD, EDWARD R 38 WEST AVE WELLSBORO PA 16901-1325 717-724-2411	GS	HANH, MD, JONATHAN F 900 BUFFALO RD LEWISBURG PA 17837-1298 717-524-4446	GS			
LEIGHTY, MD, RALPH G 6 TODD RD CARLISLE PA 17013-4402	IM									
MOCK, MD, GREGORY D LAUREL MEDICAL ASSOC INC JENNERSTOWN PA 15547-0190 814-629-5647	FP									

UNION—VENANGO—WARREN—WASHINGTON

WARD, MD, H RICHARD 836 CHESTNUT STREET MIFFLINBURG PA 17844-9765 717-966-1166	GP	FAN, MD, YOUNG C 119 E MECHANIC ST TITUSVILLE PA 16354-2161 812-827-4602	GS	NAZZARO, MD, RALPH 106 N PERRY ST TITUSVILLE PA 16354-1625 812-827-7418	US	ENDRES, MD, JAY E 204 WILLOUGHBY AVE WARREN PA 16365-1475 814-723-3520	FP	WASHINGTON ABERNATHY, MD, ERNEST L 1086 N MAIN ST WASHINGTON PA 15301-2821 412-225-4423	PTH
WEIBEL, MD, DAVID C 3 HOSP DR LEWISBURG PA 17837-9394 717-524-0383	* U	FEE JR, MD, WILLIAM H RR 4 BOX 713 FRANKLIN PA 16323-9734 814-437-3761	PUD	NECAS, MD, MICHAEL G 111 OVERLOOK DR TITUSVILLE PA 16354-8705 812-827-2736	OPH	FINO, MD, JULIUS A 308 MARKET ST WARREN PA 16365-2385 814-723-2323	OBG	ADLER, MD, JON S 151 N FRANKLIN ST WASHINGTON PA 15301-4307 412-222-7240	FP
WEIGHTMAN, MD, JOSEPH 801 BROWN LANE LEWISBURG PA 17837-9511	OS	FETTEROLF, MD, MICHAEL L 150 PROSPECT AVE FRANKLIN PA 16323-2542 814-437-3674	FP	PADALINO, MD, MICHAEL J 1324 LIBERTY ST FRANKLIN PA 16323-1529 814-437-1662	IM	FRTZ JR, MD, KARL J 7 DITMAR ST NORTH WARREN PA 16365-4657	R	AZZONA, MD, OSCAR C 132 VALLEYVIEW DR LAWRENCE PA 15055 412-746-5600	GP
WEISNER, MD, MICHAEL J 45 LOCUST ST MILTON PA 17847-1207 717-742-2300	* FP	FRITZ, MD, WILLIAM D 181 PARK AVE FRANKLIN PA 16323-2663 814-432-3149	* ORS	PADIN, MD, FREDERICO A 150 PROSPECT AVE FRANKLIN PA 16323-2542 814-437-1662	* U	FURMAN, MD, DONALD J 2-12 CRESCENT PARK WARREN PA 16365 814-723-2234	PTH	BAIR, MD, VICTOR W 1107 FAYETTE AVE BELLE VERNON PA 15012-2303 820 E BEAU ST APT 6J WASHINGTON PA 15301-2912	GP
WENTZLER, MD, J DONALD PO BOX 275 WATSONTOWN PA 17777-0275 717-538-9020	AN	GEHRING, MD, DAVID A VA MEDICAL CTR COATESVILLE PA 19320 610-384-7711	IM	PILEWSKI, MD, ROBERT M 122 W 1ST ST OIL CITY PA 16301-2724 814-676-8571	IM	IGNATIUS, MD, PAUL F 103 ST CLAIR ST WARREN PA 16365-2197 814-726-1921	ORS	BADIALI, MD, S CHARLES GREENBAUM, MD, ARTHUR M WARREN CANCER TREATMENT CTR WARREN PA 16365-2199 814-723-7906	GP
WESTON, MD, JOHN M 3 HOSP DR LEWISBURG PA 17889-9752 717-524-4244	IM	GELFAND, MD, STEVEN B 9 GLENVIEW AVE OIL CITY PA 16301-2137 814-676-8393	* N	RIGHTOR, MD, JOHN T 204 CENTRAL AVE OIL CITY PA 16301-2738	* GP	JAVIER, MD, ROMULO J 4350 W 28TH ST ERIE PA 16506-1704 814-723-5500	P	BAQUERO-BUENO, MD, MARIO R PO BOX 306 CANONSBURG PA 15317-0306 412-746-5430	GS
WILLIAMS III, MD, IRVING 1115 SUNSET DR LEWISBURG PA 17837-9524	AN	GLOWACKI, MD, FRANCIS L RR 4 BOX 805 FRANKLIN PA 16323 HAM, MD, JAMES W 150 PROSPECT AVE APT 202 FRANKLIN PA 16323-2555	AN	ROARKE, MD, GARY L 112 BIRCH RD FRANKLIN PA 16323-2104 814-437-7000	AN	JOHNSON, MD, VAN W 103 ST CLAIR ST STE D1 WARREN PA 16365-2195 814-726-1921	* ORS	BARTOS, MD, SYLVIA A 333 CURRY HILL RD CANONSBURG PA 15317-2213 412-873-3399	FP
YANNACCONI, MD, ROBERT 611 MAIN ST WATSONTOWN PA 17777-1511 717-538-5418	GP	HAMM, MD, GLENN G 110 N 13TH ST FRANKLIN PA 16323-2312 814-437-1541	OBG	ROODE, MD, ALBERT G RR 1 BOX 158 UTICA PA 16362-9407	PD	KEVERLINE, MD, PAUL O 103 W SAINT CLAIR ST WARREN PA 16365-2197 814-726-2020	OPH	BAYRER, MD, JOSEPH F 87 E MAIDEN ST WASHINGTON PA 15301-4964 412-222-3005	PD
YANOVIAK, DO, FRANCIS J RR 1 BOX 320 SUNBURY PA 17801-9616	AN	HOPE, MD, ALEXANDRA M 244 CENTER CHURCH RD GROVE CITY PA 16127-9306 814-437-4553	PM	SECHLER, MD, EDITH W PO BOX 945 POLK PA 16342-0945	* OS	KUHNNEN, MD, WALTER H 219 QUAKER HILL RD WARREN PA 16365-1462 814-723-3300	R	BENTON, MD, OWEN D PO BOX 13 WASHINGTON PA 15301-0013	P
ZALESKI, MD, CHARLES E 620 VILLA VISTA AVE LEWISBURG PA 17837 717-523-3900	U	HOUSER, MD, JAMES J 150 PROSPECT AVE FRANKLIN PA 16323-2542 814-437-5776	* IM	SHIM, MD, CHUNGJIA C 1 ORCHARD LN TITUSVILLE PA 16354-1039 814-827-1851	PTH	LAREAU, MD, DANIEL G 11 OUAKER CIR WARREN PA 16365-4125 814-723-3300	R	BHATT, MD, NARESH I 315 SARASOTA DR UNIONTOWN PA 15401 412-757-6801	* IM
ZALESKI, MD, LINDA K 620 VILLA VISTA AVE LEWISBURG PA 17837 717-522-2000	AN	HUSTON III, MD, CHARLES C E BISSELL AVE STE 178A OIL CITY PA 16301 814-676-0848	* GS	SPADARO, MD, DONNA P 1 DALE AVE FRANKLIN PA 16323-2301 814-437-7891	* ON	MACKENZIE, MD, CHARLES E 103 ST CLAIR ST WARREN PA 16365-2197 814-723-2770	* GS	BLTYHE, MD, PEGGY J 48 LOCUST AVE CHARLEROI PA 15022-2537	A
ZUCKERMAN, MD, MITCHELL E 36 MEADOW RUN DR WINFIELD PA 17889-9721 717-522-2631	* AN	JOHNSTON, MD, JAMES B 9 GLENVIEW AVE OIL CITY PA 16301-2137 814-676-5631	P	SUK, MD, JIN H NORTHWEST MEDICAL CENTER FRANKLIN PA 16323 814-437-7000	CLP	MALJOVEC, MD, JOSEPH J 304 QUAKER HILL RD WARREN PA 16365-4268 814-723-2323	OBG	BONESS, COBY 400 JEFFERSON AVE WASHINGTON PA 15301-4261 412-222-1400	EXEC
ZUG, MD, P RONALD 3 HOSP DR LEWISBURG PA 17837-9394 717-523-7625	* IM	KAHLER, MD, GERALD W 1263 ELK ST FRANKLIN PA 16323-1399 814-437-3674	FP	SWITZER, MD, GARY L 1 SPRUCE ST FRANKLIN PA 16323-2544 814-437-7000	AN	MC AFOS, MD, GARY L 2077 CONEWAGO AVE WARREN PA 16365 814-723-2770	GS	BONI JR, MD, DINO R 380 W CHESTNUT ST STE 103 WASHINGTON PA 15301-4645 814-228-5540	GE
VENANGO		KARTLAND III, MD, HOWARD H 1 DALE AVE FRANKLIN PA 16323-2399 814-437-7891	NS	THOMPSON, MD, PETER J 150 PROSPECT AVE FRANKLIN PA 16323-2542 814-437-1312	* IM	MC NETT, MD, DALE L 114 MAIN AVE WARREN PA 16365-2119	IM	BRANDON, MD, JOHN M 2273 CLAIRMONT DR PITTSBURGH PA 15241-3251	PTH
ASINARI, MD, MARTIN P 1 SPRUCE ST FRANKLIN PA 16323-3038 814-437-7000	AN	KUMAR, MD, HARINATH V 32 SENECA ST OIL CITY PA 16301-1314 814-676-0111	* ON	TIPTON, MD, RAYMOND L RR 3 BOX 246 TITUSVILLE PA 16354-8953 814-827-9675	IM	MORGAN, MD, JEFFREY F 808 PENNSYLVANIA AVE W WARREN PA 16365-1834 814-723-6550	OTO	BROOKS, DO, FRANK J 2001 WATERDAM PLAZA DR MCMURRAY PA 15317-2475 814-222-3180	* OBG
BITTNER, MD, DONALD F NORTHWEST MED CTR FRANKLIN PA 16323-2587 814-437-4525	DR	LANDFRIED, DO, ROBERT M NORTHWEST MED CTR FRANKLIN PA 16323-2587 814-437-7000	U	VIRGILE, MD, ROGER S H 312 13TH STREET FRANKLIN PA 16323-2542 814-437-2444	OPH	MULL, MD, JOSEPH C 230 CHURCH ST SHEFFIELD PA 16347 PETERS, MD, RICHARD A 124 W MAIN ST YOUNGSVILLE PA 16371-1423 814-563-4955	FP	BROWN, MD, DENNIS P 95 LEONARD AVE STE 301 WASHINGTON PA 15301-3368 412-225-7300	* GS
BOYER, MD, WALTER E 101 WOODLAND DR OIL CITY PA 16301-2040	FP	LAVIERDE, MD, PHILIP S 507 W 3RD ST OIL CITY PA 16301-3101 814-677-7781	AN	VUKMER, MD, GEORGE J TITUSVILLE HOSP TITUSVILLE PA 16354-1499 814-827-1851	* DR	PUESAN, MD, REYNALDO 319 N STATE ST NORTH WARREN PA 16365-4867 814-726-2100	IM	CABRERA, MD, RAFAEL 90 W CHESTNUT MILLCRAFT WASHINGTON PA 15301 412-228-9600	OBG
BURICK, MD, SHEILA M 150 GRANT ST FRANKLIN PA 16323-2330 814-432-4744	IM	MARSHALL, MD, JANE M 813 LAKE TERRACE CIRCLE DAVIS CA 95616-2747	GS	WALTER, MD, DAVID L 180 E BISSELL AVE OIL CITY PA 16301-1957 814-677-4006	D	REINHARD, MD, HAROLD J RR 1 BOX 1249 RUSSELL PA 16345-9767	P	CANTERNA, MD, ANTHONY C 380 W CHESTNUT ST WASHINGTON PA 15301-4645 412-225-8657	ORS
BUSH, MD, TODD A FRANKLIN MEDICAL GROUP FRANKLIN PA 16323-1313 814-432-2145	IM	MASLOV, MD, MARC D 150 PROSPECT AVE FRANKLIN PA 16323-2542 814-437-6006	EM	WUEBBOLT, MD, GORDON E 132 13TH ST FRANKLIN PA 16323 814-437-2444	OPH	RILEY, MD, VERYL M OLD WARREN AND JAMESTOWN RD RUSSELL PA 16345-0118 814-757-8808	* OBG	CAPOBRES JR, MD, RUDOLFO M 1400 LOCUST ST PITTSBURGH PA 15219-5166 412-232-8005	AN
CARTWRIGHT, MD, SCOTT R 110 N 13TH ST FRANKLIN PA 16323 814-437-1541	PD	MC CANDLESS, MD, DAVID P 1228 ELK ST FRANKLIN PA 16323-1313 814-432-2145	OTO	ZEHRER, MD, JAMES M 231 N MAIN ST PO BOX 70 PLEASANTVILLE PA 16341-9722 814-589-7066	FP	ROBERTSON, MD, JOHN L 2 HERTZEL ST WARREN PA 16365-2531 814-723-5450	IM	CARAZOLA, MD, JOSEPH H 3532 SHORELINE CIRCLE PALM HARBOR FL 34684-1743	FP
CENEDELLA, MD, STEPHEN C 150 PROSPECT AVE FRANKLIN PA 16323-2542 814-432-4744	IM	MC CANDLESS, MD, WARREN J 1228 ELK ST FRANKLIN PA 16323-1313 814-432-2145	IM	ZEHRER, MD, JANET A 603 N PERRY ST TITUSVILLE PA 16354-1151 814-827-1851	DR	SANGHI, MD, JOOH K 1209 CIN-D LN SOMERSET PA 15501 814-445-7901	CD	CAVA, MD, JOHN 396 LOCUST AVE WASHINGTON PA 15301-3357 412-222-1125	* CD
CHEN, MD, HENRY Y 614 E MAIN ST TITUSVILLE PA 16354-2011 814-827-2527	* OBG	MILLER, MD, SUSAN A RR 1 BOX 151-B CRANBERRY PA 16319-9717 814-677-5800	GP	AHMED, MD, NIAZ 111 EAST ST WARREN PA 16365-2503	AN	SERENA, MD, THOMAS E 103 W ST CLAIR WARREN PA 16365-2197 814-723-2770	GS	CAVASINA, MD, MARY M 160 PIKE ST CANONSBURG PA 15317-1328 412-745-3943	GS
CONCANNON-FINK, DO, ERIN B 150 PROSPECT AVE FRANKLIN PA 16323 814-437-3761	FP	MORRIS, DO, WALTER G 18 OAKWOOD DR OIL CITY PA 16301-2108 814-437-7000	EM	BERTA, MD, JULIUS W WARREN GENERAL HOSP WARREN PA 16365-2217 814-723-3300	R	SHANMUGAM, MD, KASINATHAN 104 JACKSON AVE WARREN PA 16365-2638 814-726-3143	AN	CERVONE, MD, PAUL N 240 ROSEWOOD ST APT RR4 BELLE VERNON PA 15012-9422	OBG
CRAWFORD, MD, PAMELA A 150 PROSPECT AVE FRANKLIN PA 16323-2542 814-437-6006	OTO	MULLICK, MD, JOWHERI J 11110 MEDICAL CAMPUS RD HAGERSTOWN MD 21742-6710 301-582-3580	N	BORGER, MD, LEE J RR 1 BOX 1066 RUSSELL PA 16345-9716	* PD	SIMONSEN, MD, RONALD W 341 BIRD AVE WARREN PA 16365-1410 814-726-0211	FP	CHANGCO, MD, ALVARO N PO BOX 232 COKEBURG PA 15367-1383 412-945-6128	* FP
DIXON, MD, GARRETT W 1 DALE AVE FRANKLIN PA 16323-2301 814-437-4553	PM	MULLICK, MD, JOWHERI J 11110 MEDICAL CAMPUS RD HAGERSTOWN MD 21742-6710 301-582-3580	FP	BRYAN JR, MD, ROSS E RR 1 BOX A1365 CLARENDON PA 16313-9801 814-723-3300	FP	SMITH, MD, ROBERT G 2 LAUREL HILL LANE SAVANNAH GA 31411-2512	GS	CHO, MD, YONG D CENTERVILLE MEDICAL GROUP FREDERICKTOWN PA 15333 412-752-6801	FP
DRAGUN, MD, JOANNE B NORTHWEST MEDICAL CENTER FRANKLIN PA 16323 814-437-5234	RO	MULLICK, MD, JOWHERI J 11110 MEDICAL CAMPUS RD HAGERSTOWN MD 21742-6710 301-582-3580	AN	BUTT JR, MD, FRANK H 508 S STATE ST NORTH WARREN PA 16365-1247 814-723-7251	GP	WALTERS, MD, WILLIAM S 381 PLEASANT DRIVE WARREN PA 16365-3306	FP	CHOUGH, MD, SIMON H 1290 CHESS ST MONONGAHELA PA 15063-2716 412-258-3966	* CD
DUNAGIN, MD, WILLIAM G 108 N 13TH ST FRANKLIN PA 16323-2312 814-437-2122	D	MULLICK, MD, JOWHERI J 11110 MEDICAL CAMPUS RD HAGERSTOWN MD 21742-6710 301-582-3580	OBG	CHAREPOO, MD, KHASHAIAR 410 MARKET ST WARREN PA 16365-1764 814-723-6644	U	WEISS, MD, ROBERT J 103 W SAINT CLAIR ST WARREN PA 16365-2197 814-726-2020	OPH	CHRISTIAN, MD, EUGENE P 160 LAKEVIEW DR MCMURRAY PA 15317-2733 412-941-0111	* ORS

CHRISTOFORETTI, MD, RUSSELL J 110 SHEFFIELD LN MCMURRAY PA 15317-2635 412-223-4091	AN	GALLETTA, MD, ANTHONY S 160 W PIKE ST CANONSBURG PA 15317-1328 412-745-4244	FP	LESNOCK, MD, ROBERT G 40 SAMUEL DR WASHINGTON PA 15301-3206 412-745-3400	IM	PIRRIS, MD, JOHN 400 LOCUST AVE WASHINGTON PA 15301-3329 412-225-0990	* U	TARWATER, MD, DOYLE L 529 MCKEAN AVE PO BOX 105 CHARLEROI PA 15022-1533 412-222-6769	EM
CIBIK, MD, LISA M 750 E BEAU ST WASHINGTON PA 15301-6661 412-228-2982	* OPH	GEORGE, MD, GARY R 123 MEADOWVIEW DRIVE CANONSBURG PA 15317-2388 412-223-3300	* DR	LONG, MD, RICHARD A 508 CIRCLE DR BELLE VERNON PA 15012 412-929-2260	IM	PLATTO, MD, MICHAEL J DEPT OF REHAB MEDICINE WASHINGTON PA 15301-3336 412-223-3281	* PM	THEAKSTON, MD, ROBERT W RR 1 BOX 164 FREDERICKTOWN PA 15333-8916	GS
CLEMENTS, MD, JAMES K 970 DAVIS SCHOOL RD WASHINGTON PA 15301-9672 412-223-9335	* FP	GORDON, DO, SANFORD A 788 ELM SPRING RD PITTSBURGH PA 15243-1004 412-223-3310	* DR	LOWENSTEIN, MD, ROBERT A 2 CONELIN PL PITTSBURGH PA 15232-1418 412-281-5151	* P	PROUDFIT, MD, J PAUL 820 E BEAU ST APT 6HR WASHINGTON PA 15301-2906 412-223-3281	IM	THOMEIER, MD, WILLIAM C 1180 ST MELLON DR PRESTO PA 15142-1010 412-745-3904	DR
COLANTONI, MD, WILLIAM PO BOX K326 RICHEYVILLE PA 15358-0326 412-632-2102	AN	GOSAI, MD, KAMLESH B 119 WILSON RD BENTLEYVILLE PA 15314-1027 412-239-4700	IM	MACHIKO, MD, GREGORY G 654 WATERDAM RD MCMURRAY PA 15317-2744 412-228-5540	IM	RACH, MD, JOEL F 717 MAPLE DR MONONGAHELA PA 15063-1342 412-258-8866	* U	TIBBENS, MD, GEORGE F 630 PALM ST WASHINGTON PA 15301-5932	OPH
COPPOLA, MD, ROBERT J 199 N FRANKLIN ST WASHINGTON PA 15301-4307 412-225-9030	* IM	HAGGARD, MD, REBEKAH M 1615 TODD LN CHESTER SPRINGS PA 19425-2112 412-225-7000	FP	MALAYIL, MD, MICHAEL T 150 W BEAU ST WASHINGTON PA 15301-4425 412-225-1121	P	RAWNSLEY, MD, HERBERT H 188 LEMOYNE AVE WASHINGTON PA 15301-3663 412-225-3640	OBG	TRIPOLI, MD, CHARLES J 90 W CHESTNUT ST WASHINGTON PA 15301-4524 412-225-9951	FP
CORTINOVIS, MD, CHARLES R 115 LEXINGTON DR MCMURRAY PA 15317-3639 412-941-8330	AN	HAHN, MD, RICHARD M 825 S MAIN ST WASHINGTON PA 15301-6267 412-228-4535	IM	MAMROS, MD, MARK A 838 OLD WASHINGTON RD MCMURRAY PA 15317-3228 412-825-3700	FP	REARDON JR, MD, PAUL L 380 WILBERT AVE WASHINGTON PA 15301-2832 412-745-9150	FP	TRIPOLI, MD, LOUIS C 90 W CHESTNUT ST WASHINGTON PA 15301-4524 412-225-9951	IM
CORWIN, MD, DOUGLAS T 95 LEONARD AVE WASHINGTON PA 15301-3368 412-228-2555	* ORS	HALL JR, MD, JOHN H 53 ACRE DR WASHINGTON PA 15301-3201 412-228-2555	IM	MARTIN JR, MD, JOHN B RR 1 BOX 141A FREDERICKTOWN PA 15333-8905 412-632-6801	IM	RICHARDSON, MD, JAMES E 1146 W CHESTNUT ST WASHINGTON PA 15301-4631 412-258-2575	* FP	TSAMBASSIS, MD, NICHOLAS A 107 SKYLINE DR CALIFORNIA PA 15419-1240 412-632-6801	PD
COSBY, MD, ROBERT L 819 EVERGREEN DR WASHINGTON PA 15301-2725 412-228-1303	NEP	HAUSER, MD, JOHN R 1025 COUNTRY CLUB RD MONONGAHELA PA 15063-1553 412-258-8040	GE	MARTINA, DO, PETER A 67 E PIKE ST CANONSBURG PA 15317-1311 412-746-1600	FP	RONGAUS, MD, WILLIAM J 837 BOX 196 MONONGAHELA PA 15063 412-258-2575	* US	URREA, MD, OSCAR 110 HIDDEN VLY RD MCMURRAY PA 15317-2685 412-941-4070	R
COX, MD, WALTER R 1261 COUNTRY CLUB RD MONONGAHELA PA 15063-1057 412-258-2229	OBG	HEADLEY, MD, CHAUNCEY R 295 WILBERT AVE WASHINGTON PA 15301-2829 412-258-2229	OBG	MARTINEZ, MD, JESS M 206 W EDGEWOOD DR MCMURRAY PA 15317-3312 412-547-1161	EM	RUBEN, MD, JEROLD R 820 E BEAU ST WASHINGTON PA 15301-2906 412-223-3308	IM	UY, MD, HENRY T 304 OAKLAWN DR PITTSBURGH PA 15241-1739 412-223-3308	R
CUNNINGHAM, MD, WILLIAM L 502 LINCOLN AVE NORTH CHARLEROI PA 15022-2417 412-483-6567	GS	HEWIE, MD, S P 1328 WICKERHAM DR MONONGAHELA PA 15063-1050 412-258-1063	AN	MASKARINEC, DO, BRUCE K 4151 HENDERSON RD HICKORY PA 15340 412-223-3100	FP	RUBEN, MD, MALCOLM E 173 CLARE DR WASHINGTON PA 15301-6639 412-223-3308	U	VALLEJO, MD, MANUEL C RR 1 PO BOX 146A CANONSBURG PA 15317-9801 412-746-5600	GS
DAVE, MD, NIKHIL K 433 OAKLAWN DR PITTSBURGH PA 15241-1722 412-483-2060	AI	HSU, MD, SHIEN S 303 W LINCOLN AVE MCDONALD PA 15057-1406 412-228-1717	FP	MAYNARD JR, MD, EUGENE H 74 MCCLANE AVE WASHINGTON PA 15301-3333 412-225-7000	FP	RUEHL, MD, WILLIAM W PO BOX 906 SMITHFIELD PA 15478-0906 412-223-3100	OTO	VALLEJO JR, MD, MANUEL C 50 FAIRHILL DR WASHINGTON PA 15301-3844 412-232-8112	AN
DAVIS, MD, DENNIS 50 EAST WYUVE AVE WASHINGTON PA 15301-2002 412-228-1717	FP	HUGHEY, MD, JAMES R PO BOX 87 MCDONALD PA 15057-0087 412-228-1717	GP	MC BEE, MD, ALDEN G 155 WILSON AVE WASHINGTON PA 15301-3336 412-223-7116	PTH	SCHEIB, MD, FREDERICK J 212 WILSON AVE WASHINGTON PA 15301-3339 412-223-0700	* OPH	VANSTRIEN, MD, ADRIAN R 400 LOCUST AVE WASHINGTON PA 15301-3329 412-222-9300	IM
DE RIZENZO, MD, UMBERTO A 625 LINCOLN AVE NORTH CHARLEROI PA 15022-2451 412-228-1717	* GP	JONES, MD, GEORGE J 400 LOCUST AVE WASHINGTON PA 15301-3329 412-225-0990	* U	MC CULLUM, MD, NANCY N 299 DIXON AVE PITTSBURGH PA 15216-1207 412-745-3400	FP	SCHMIELER, MD, GEORGE C WASHINGTON HOSP WASHINGTON PA 15301-3398 412-223-3528	* FP	VAZQUEZ, MD, JORGE MONONGAHELA VALLEY HOSP MONONGAHELA PA 15063 412-258-1063	AN
DEHAAS, MD, DAVID R 24 WILMONT AVE WASHINGTON PA 15301-3537 412-223-3100	OBG	JOSON, MD, PHILIP M 3515 WASHINGTON RD MCMURRAY PA 15317-3063 412-941-3020	GE	MC CABE, MD, JOHN S 95 LEONARD AVE STE 303 WASHINGTON PA 15301-3368 412-228-8585	TS	SHARPBACK, MD, BRUCE C 4151 HENDERSON ROAD HICKORY PA 15340 412-356-2273	FP	VEACH, MD, CATHY M 64 COLONIAL DR WASHINGTON PA 15301 412-225-7200	FP
DEYARMIN, MD, BRIAN J 255 LEONARD AVE WASHINGTON PA 15301-3323 412-223-3100	FP	KARAMCHETI, MD, ANAND 27 HIGHLAND AVE WASHINGTON PA 15301-4061 412-222-8871	* U	MC MAHON, MD, WILLIAM J 74 STONEHEDGE DR WASHINGTON PA 15301-3026 412-223-3300	* R	SHETH, MD, MALAY C 95 LEONARD AVE WASHINGTON PA 15301 412-225-3640	OBG	WADHWANI, MD, BHAGWAN J 125 SIMPSON RD BROWNSVILLE PA 15417-9624 412-785-2330	PUD
DONOHUE, MD, BRYAN C 396 LOCUST AVE WASHINGTON PA 15301-3357 412-222-1125	* IM	KARPEN, MD, JAY L 107 FARMVIEW PL VENETIA PA 15367-1365 412-228-8040	* AN	MEINDL, MD, GEORGE T WASHINGTON HOSP WASHINGTON PA 15301 412-225-5501	DR	SHROFF, MD, SANATKUMAR 119 WILSON RD BENTLEYVILLE PA 15314-1027 412-489-0866	IM	WALTHEER, MD, BRENDA L 20 GINA DR WASHINGTON PA 15301-9533 412-228-7400	FP
DORO, MD, LOUIS C 169 DODD DR WASHINGTON PA 15301-9500 412-222-5940	PS	KILPATRICK, MD, WILLIAM F 1025 COUNTRY CLUB RD MONONGAHELA PA 15063-1553 412-258-8040	IM	MINTEER, MD, JEFFREY F 155 WILSON AVE WASHINGTON PA 15301-3398 412-223-3100	PD	SIEGEL, MD, JOSEPH F 426 E WHEELING ST WASHINGTON PA 15301-3614 412-873-3435	PD	WELDON, MD, JOHN F 125 TOWER ST MONONGAHELA PA 15063-1141 412-228-7400	U
EVANGELISTA, MD, JESUS S 50 E WYUVE AVE WASHINGTON PA 15301-2002 412-223-8626	FP	KITSKO, DO, DENNIS 151 N FRANKLIN ST WASHINGTON PA 15301-4307 412-222-7420	FP	MITTELL, MD, DAVID C 128 ROCKINGHAM LN MCMURRAY PA 15317-3111 412-941-6424	FP	SILVIO, MD, HARRY J 400 LOCUST AVE WASHINGTON PA 15301-3329 412-222-9300	FP	WEYRICH, MD, TIMOTHY P 2001 WATERDAM PLZ STE 201 MCMURRAY PA 15317-2475 412-942-3963	GP
FAGIOLETTI, MD, ROBERT J 457 TYLER AVE WASHINGTON PA 15301-3840 412-225-7865	FP	KLEIN, MD, FRED S 118 MAIN ST NEW EAGLE PA 15067-1151 412-258-7500	GP	NIES, MD, GERALD F 750 E BEAU ST STE 101 WASHINGTON PA 15301-6661 412-225-5501	OTO	SILVIS, MD, HARRY J 400 LOCUST AVE WASHINGTON PA 15301-3329 412-222-9300	IM	WHALEN, MD, THOMAS J 2001 WATERDAM PLAZA DR MCMURRAY PA 15317-2475 412-941-9289	IM
FINN, MD, DORON H 382 W CHESTNUT ST WASHINGTON PA 15301-4645 412-228-9905	PS	KOMEN, MD, SUPOTE S 1025 COUNTRY CLUB RD MONONGAHELA PA 15063-1553 412-258-8040	CD	NOBLE, MD, ELLENETTA B 339 E BEAU ST WASHINGTON PA 15301-3639 412-225-2384	GP	SINCLAIR, MD, CATHERINE P 341 WATERDAM RD MCMURRAY PA 15317-2726 412-873-3435	GP	WODLINGER, MD, PAUL M 400 JEFFERSON AVE WASHINGTON PA 15301-4261 412-228-7400	PD
FOLEY JR, MD, EDWARD L 400 JEFFERSON AVE WASHINGTON PA 15301-4261 412-228-7400	PD	KOTTNER JR, MD, WILLIAM W 199 N FRANKLIN ST WASHINGTON PA 15301-4307 412-225-9030	* IM	OSOWSKI, MD, THAD MONONGAHELA VALLEY HOSP MONONGAHELA PA 15063 412-258-1000	AN	SLOMIANY, MD, WALTER P 1194 TIDEWOOD DR BETHEL PARK PA 15102-1063 412-587-3472	FP	WORTHIL, MD, MARK E WASHINGTON HOSP WASHINGTON PA 15301-3398 412-223-3100	FP
FOX, MD, CRAIG D 645 DUNCAN AVE WASHINGTON PA 15301-4110 412-228-4550	FP	KRISHNAN, MD, R G 1025 COUNTRY CLUB RD MONONGAHELA PA 15063-1553 412-258-8040	CD	PALUSO, MD, JOHN R PO BOX 28 WASHINGTON PA 15301-0028 412-228-3400	EM	SMITH JR, MD, PERRY C 48 PARK VIEW DR WASHINGTON PA 15301-3057 412-223-3138	NM	YOUNG, MD, DONNA C 117 OJENS WAY CANONSBURG PA 15317-2292 412-578-5038	IM
FRAME, MD, DAVID C 95 LEONARD AVE WASHINGTON PA 15301-3368 412-225-9320	ORS	KROH, MD, DEAN F CENTERVILLE CLINIC FREDERICKTOWN PA 15333 412-757-6801	FP	PANICCO, DO, RICHARD J 3515 WASHINGTON RD STE 508 PITTSBURGH PA 15317-3063 412-941-3021	GE	SNOWBERGER, DO, TINA M 6080 SPRINGHOUSE PL APT C12 BRIDGEVILLE PA 15017 412-225-0410	PD	ZINSER, MD, MICHAEL H 95 LEONARD AVE WASHINGTON PA 15301-3368 412-925-3640	OBG
FRIEDSAM, MD, PATRICIA L 400 LOCUST AVE WASHINGTON PA 15301-3329 412-222-9300	IM	KROSNOFF, MD, MICHAEL 95 LEONARD AVE STE 203 WASHINGTON PA 15301-3368 412-222-6706	GS	PARENT JR, MD, FERNAND N 426 W MAIN ST MONONGAHELA PA 15063-2552 412-258-7700	GS	SORENSEN, MD, ALFRED L MEADOWVILLE MEDICAL COMPLEX CANONSBURG PA 15317-9710 412-746-4445	D	WAYNE/PIKE ACHECAR, MD, RAFAEL WAYNE MEMORIAL HOSP HONESDALE PA 18431-1498 717-253-8100	AN
FRONCZEK JR, MD, WILLIAM M 122 STRATFORD DR MCMURRAY PA 15317-2669 412-941-1466	* OPH	KUMAR, MD, ASHOK PO BOX 276 RTE 519 HOUSTON PA 15342-1820 412-746-3110	IM	PARESO, MD, JAMES D 95 LEONARD AVE STE 301 WASHINGTON PA 15301-3368 412-941-3021	* GS	SPANOGIANS, MD, ANGELO J 52 HINDMAN AVE BURGETTSTOWN PA 15021-1157 412-223-3138	GP	ARONICA, DO, CHARLES D 112 CORNER ST DUNMORE PA 18512-2312 717-228-2151	IM
FROST JR, MD, WILLIAM W 50 BERRY RD WASHINGTON PA 15301-2768 412-228-0224	PM	LANE, MD, JOHN F 805 RUPLE LN WASHINGTON PA 15301-4335 412-225-1600	PM	PATAKI, MD, RICHARD S WASHINGTON HOSP WASHINGTON PA 15301-3398 412-223-3131	PTH	STINELY, MD, REGIS W WASHINGTON HOSP WASHINGTON PA 15301 412-223-3138	PTH	AUERBACH, DO, JEFFREY C 906 PENNSYLVANIA AVE MATAMORAS PA 18336-1542 717-491-4164	* IM
FUERST, MD, NICHOLAS E 151 N FRANKLIN ST WASHINGTON PA 15301-4307 412-222-7420	FP	LARGE, MD, FRED D 228 MAIN ST CLAYSVILLE PA 15323 412-667-7791	GP	PATEL, MD, MANOJHAI P 300 CAMERON RD WASHINGTON PA 15301-9551 412-222-5567	P	STOCKER, MD, KEVIN D 423 MARY LANE CANONSBURG PA 15317-2282 412-225-3640	OBG	BENNETT, MD, PAULA R 635 PARK ST HONESDALE PA 18431-1445 717-253-1205	FP
GABRIEL, MD, DANIEL E 3944 WASHINGTON RD MCMURRAY PA 15317-2537 412-941-6556	GP	LESLIE, MD, DAVID C 95 LEONARD AVE WASHINGTON PA 15301-3368 412-225-3640	OBG	PETRO, MD, DIMITRI M 718 MCKEAN AVE DONORA PA 15033-1094 412-379-4401	GP	SWAD, MD, SAMUEL J 384 LEONARD AVE WASHINGTON PA 15301-3326 412-223-3100	FP	BROOKS, MD, JANE F 401 BROAD ST MILFORD PA 18337-1532 717-296-6007	HEM

WAYNE/PIKE—WESTMORELAND

BUCKLEY, MD, MARINA RR 3 BOX 26 MILFORD PA 18337-9535 717-296-4000	GP	PALYDOWYCZ, MD, SEVERIN B WESTFALL PROFESSIONAL PLAZA MILFORD PA 18337 717-296-9696	* OPH	ALMALLAH, MD, SHADIYA 599 N CHURCH ST MOUNT PLEASANT PA 15666-1004 412-547-5200	OBG	BLATCHLEY, MD, DONALD M 19 HOLLY RD GREENSBURG PA 15601-5809 412-837-5625	* D	CHAHIN, MD, JUAN J 3510 MAYER DRIVE MURRYSVILLE PA 15668-1622 412-335-2000	OTO
BUCKLEY, MD, RICHARD E RR 3 BOX 26 MILFORD PA 18337-9535 717-296-4000	IM	PARDINE, MD, MARILYN T 404 KEYSTONE ST HAWLEY PA 18428-1324 717-253-0952	GS	ANDERSON, MD, VICTOR S 1100 SUMMIT DR GREENSBURG PA 15601-5659 412-832-1224	* PS	BOLDEN, MD, RICHARD O 124 CROFTON DR PITTSBURGH PA 15238-2504 412-337-5035	R	CHANDRA, MD, DINESH N 235 LONGFELLOW ST VANDERGRIFT PA 15690-1444 412-568-5551	NEP
CHARNEY, MD, ALAN N 1422 N MAIN ST HONESDALE PA 18431-2006 717-253-0952	NEP	PETERSON, DO, MICHAEL T BOX 2170 TAFRON PA 18464 717-226-2151	IM	ANDROKITES, MD, ARTHUR T 606 AGNES ST GREENSBURG PA 15601-4991 412-832-9611	PM	BOONE, MD, EDGAR A 401 CHURCH STREET HERMINIE PA 15637-1457 412-448-5571	FP	CHANDRASEKARAN, MD, SANNASIE 2900 MEMORIAL BLVD CONNELLSVILLE PA 15425-1491 412-628-0201	GE
CITA, MD, KATHLEEN R 1837 FAIR AVE HONESDALE PA 18431 717-253-5838	PD	PETKUS, MD, JOHN A 1803 LAUGHTON PLACE SUNCITY CENTER FL 33573 717-559-7400	GP	ANTOON JR, MD, SALEEM J 251 7TH ST STE C202 NEW KENSINGTON PA 15068-6538 412-337-8404	* U	BOONE, MD, JOY L 401 CHURCH STREET HERMINIE PA 15637-1457 412-446-5571	FP	CHANG, MD, CHARLES H 1 BRADDOCK RD AVE MT PLEASANT PA 15666-1453 412-547-3883	* US
DAVIS, MD, WILLIAM F 1325 MAIN ST HONESDALE PA 18431-2003 717-253-1205	FP	POPICK, DO, ALAN J PO BOX 168 SHOHOLA PA 18458-0168 717-559-7400	IM	ARMANIOUS, MD, ADEL W 600 LIGONIER ST LATROBE PA 15650-1426 412-539-8542	* GS	BORTZ, MD, DONALD W RR 8 BOX 300-B GREENSBURG PA 15601 412-834-9430	IM	CHOI, MD, JONG J 520 JEFFERSON AVE JEANNETTE PA 15644 412-527-9362	PM
DEWAR II, MD, WILLIAM R BOX 183A TAFTON PA 18464-0183 717-226-2151	* FP	PROCTOR, MD, MICHAEL S 1227 WESTSIDE DR HONESDALE PA 18431 717-253-2620	* D	ASPINALL, MD, ALAN R 450 ROUTE 22 DELMONT PA 15626-1638 412-468-5500	* FP	BOSCHA, MD, KENNETH W 107 ROCKY DR GREENSBURG PA 15601-9775 412-547-4536	IM	CHRISTIANSON, MD, ALAN D 22 W 4TH AVE LATROBE PA 15650-1111 412-668-7833	FP
DEWAR III, MD, WILLIAM R 650 PARK ST HONESDALE PA 18431-1446 717-253-0105	IM	PROBST, MD, HARRY D 507 HIGH ST HONESDALE PA 18431-1733 717-253-2620	* GS	ASSANASEN, MD, BENJA V 595 ROUTE 66 APOLLO PA 15613-8862 412-339-6641	PD	BOWMAN, MD, ROBERT G 208 S ARCH ST CONNELLSVILLE PA 15425-3519 412-628-5221	P	CLARK, MD, ANN K 1010 LIGONIER ST LATROBE PA 15650-1837 412-539-8582	OBG
DIAMOND, MD, PAUL M 1837 FAIR AVE HONESDALE PA 18431-2121 717-253-5838	PD	PROBST-PROCTOR, MD, SANDRA L 1227 WESTSIDE DR HONESDALE PA 18431 717-253-2489	* ORS	ASSANASEN, MD, CHARIN 596 RTE 66 APOLLO PA 15613-9684 412-339-6641	IM	BOYLE, MD, BRIAN F 207 S MAPLE AVE GREENSBURG PA 15601 412-832-9592	* PM	CLEARFIELD, MD, RONALD J CITIZEN GENERAL HOSP NEW KENSINGTON PA 15068-6591 412-337-5035	* R
GOLDFEDER, MD, WARREN J WAYNE MEMORIAL HOSP HONESDALE PA 18431 717-253-8125	DR	RAST, MD, MARK L 410 BROAD ST HONESDALE PA 18431-1608 717-253-1205	FP	BAHLER, MD, ELLEEN 501 WELDON ST LATROBE PA 15650-1520 412-537-0733	FP	BRADLEY, MD, WILLIAM L RR 6 BOX 1162 MT PLEASANT PA 15666-8809 412-547-1500	AN	CLEMENTS, MD, DAVID H 18 FELDARELLI SO NEW KENSINGTON PA 15068-4669 412-335-0252	OBG
HAHN, MD, KON S 1018 CHURCH ST HONESDALE PA 18431-1941 717-253-4008	* OPH	RUSSO, MD, JOSEPH R 602 PARK ST HONESDALE PA 18431-1446 717-253-8140	* CD	BAJWA, MD, SURINDER S 305 7TH ST NEW KENSINGTON PA 15068-6529 412-339-3900	IM	BRADY, MD, DOUGLAS F FELDARELLI SOUARE NEW KENSINGTON PA 15068-6009 412-335-3719	GS	COBETTO, MD, BERNARD H 116 BARCLAY ST GREENSBURG PA 15601-1514 412-864-4011	DR
KILBOURN, MD, CYNTHIA L 410 BROAD ST HONESDALE PA 18431-1608 717-253-1205	FP	SHISHAK, MD, ARYO A 209 E HIGH ST MILFORD PA 18337-1518 717-296-7313	FP	BALCITA, MD, ARTHUR L 635 5TH AVE NEW KENSINGTON PA 15068-6508 412-339-4418	OBG	BRALLIER, MD, HUGH W 728 HILLSIDE DRIVE LIGONIER PA 15642-3552 412-864-5759	FP	COLE, MD, RICHARD S 207 COULTER BLDG GREENSBURG PA 15601-5405 412-837-5050	* EXEC
KOHR, MD, ALAN E 1837 FAIR AVE HONESDALE PA 18431-2121 717-253-5838	PD	STERNBURG, MD, JON K 1500 MAIN ST HONESDALE PA 18431-2008 717-253-1205	FP	BANDARANAYAKE, MD, NISANTHA M 104 DOWNING DR PITTSBURGH PA 15238-2506 412-337-5006	AN	BRICKLEY, MD, RICHARD S 532 W PITTSBURGH ST GREENSBURG PA 15601-2239 412-832-4003	AN	COMINI, MD, LIDIA 1100 LIGONIER ST LATROBE PA 15650 412-539-3535	PD
KUBER, MD, MATTHEW T 310 SUNRISE AVE HONESDALE PA 18431-1032 717-253-4255	CD	TALAGA, MD, RONALD N RR 1 BOX 1600 HONESDALE PA 18431-9767 717-253-1205	FP	BANKACI, MD, MURAT 609 N CHURCH ST MT PLEASANT PA 15601-5801 412-547-4575	* OTO	BRIZUELA, DO, FELIX CENTRAL MEDICAL ARTS BLDG GREENSBURG PA 15601 412-537-0885	* N	CONFORTI, MD, WILLIAM J 13370 LINCOLN WAY NORTH HUNTINGDON PA 15642-2149 412-864-4011	* FP
KUTCH, MD, JAMES D 310 SUNRISE AVE HONESDALE PA 18431-1032 717-253-3991	GE	TIETJEN, MD, GEORGE W 507 HIGH ST HONESDALE PA 18431-1733 717-253-2620	* GS	BARBER, MD, JOHN V 426 GREENWOOD DRIVE GREENSBURG PA 15601-1208 717-253-2620	US	BROWN, MD, DONALD C 100 PENNSYLVANIA AVE IRWIN PA 15642-3552 412-864-5759	GS	CONTE, MD, ROBERT R 1010 LIGONIER ST LATROBE PA 15650-1837 412-539-8582	OBG
LA FRANCO, MD, THERESA A WESTFALL PROFESSIONAL PLZ MILFORD PA 18337 717-296-4901	PD	TULLY, MD, VINCENT J 1325 MAIN ST HONESDALE PA 18431-2003 717-253-1205	FP	BARSOUM, MD, ADIB H RR 7 OLD RTE 30 GREENSBURG PA 15601-9807 412-537-9100	US	BULLARD JR, MD, RAY E RD1 BOX 82A VANDERGRIFT PA 15690 412-459-4511	P	COOK, MD, RANDALL C 880 MAIN ST LATROBE PA 15650-1633 412-539-8582	IM
LEE, MD, YOUNG W RR 5 BOX 125 HONESDALE PA 18431-9707 717-253-1300	PTH	VANNATTA, MD, FRED C WAYNE MEMORIAL HOSP-RAD HONESDALE PA 18431 717-253-1300	DR	BARUA, MD, SUBRATA P WALTON TEA ROOM RD GREENSBURG PA 15601-9326 412-523-4215	ORS	BURES, MD, J CONRAD LATROBE AREA HOSP LATROBE PA 15650 412-537-1952	* PTH	COSTELLO, MD, RALPH M PO BOX 505 PLESANT UNITY PA 15676-0505 412-539-8582	PTH
LIM, MD, CHANG-SEIN 725 HIGH ST HONESDALE PA 18431-1703 717-253-1300	AN	VERGARA, MD, J ROBERTO RR 2 BOX 225 DINGMANS FERRY PA 18328-9732 717-828-2273	IM	BAUM, MD, ALICIA 8700 PENNSYLVANIA AVE NORTH HUNTINGDON PA 15642-2762 412-863-7530	* D	BURSALI, MD, SELAHATTIN 609 N CHURCH ST MOUNT PLEASANT PA 15666-1006 412-547-4441	* IM	COURTNEY, MD, WILLIAM B 559 SHEARER ST GREENSBURG PA 15601-2745 412-836-7400	GYN
LIU, MD, PHILIP G 650-2 PARK ST HONESDALE PA 18431-1446 717-253-0202	OTO	WALKER, MD, MARCELLUS A 1855 FAIR AVE HONESDALE PA 18431-2121 717-253-0800	* IM	BAUM, MD, NEIL B 113 MARA LAGO GREENSBURG PA 15601-9593 412-832-4355	* FP	CAMPANA, MD, FREDERICK T 219 GROSS ST PITTSBURGH PA 15224-1613 412-684-7274	US	CROYLE, MD, RAY W 3200 7TH STREET RD NEW KENSINGTON PA 15068-3723 412-832-4355	PD
LIU, MD, ROSITA O 650-2 PARK ST HONESDALE PA 18431-1446 717-253-0214	ID	WERNER, MD, ROBERT S UPPER DELAWARE VALLEY CANCER MILFORD PA 18337-9466 717-296-4411	* RO	BAUTISTA, MD, PRIMO V ALLEGHENY VALLEY HOSP NATRONA HEIGHTS PA 15065-1150 412-226-7077	PTH	CAPONE, MD, RALPH A 520 JEFFERSON AVE STE 502 JEANNETTE PA 15644-2547 412-527-1544	PTH	CRUDO, MD, CHITO M 25 FAYETTE ST BELLE VERNON PA 15012-1666 412-929-4122	GS
MARTIN, MD, JEFFREY A 33 MOTT AVE NEW LONDON CT 06320 301-295-2208	AN	YOO, MD, HOON WOMENS HLTH CARE OF NE PA HONESDALE PA 18431-2023 717-253-3005	OBG	BAYANI JR, MD, ELADIO Y 235 HUMPHREY RD STE 1 GREENSBURG PA 15601-4579 412-836-2828	U	CARAMANNA, MD, JAMES F 638 W MAIN ST MT PLEASANT PA 15666-1815 412-547-7900	IM	CURRIE, MD, PHILIP W 18 E TACOMA AVE LATROBE PA 15650-1141 412-539-8582	GYN
MCCORMICK, DO, ALICE WALLENPAUPACK MED GROUP TAFTON PA 18464 717-226-2151	US	ZEGLEN, MD, ARTHUR F RR 2 BOX 2 HAWLEY PA 18428-9604	FP	BELLANCA JR, MD, GUY L 1265 BRINKERTON RD GREENSBURG PA 15601-5852 412-836-2828	OS	CARETTI, MD, J WILLIAM 559 SHEARER ST STE 302 GREENSBURG PA 15601-2745 412-837-3322	OBG	CZUBA, MD, MICHAEL T LATROBE AREA HOSP LATROBE PA 15650-1166 412-537-1455	DR
MELZER, MD, PATRICIA S WESTFALL PROFESSIONAL PLAZA MILFORD PA 18337 717-296-4901	PD	WESTMORELAND ABARBANEL, DO, JACK ALLE KISKI REGIONAL ONCOLOGY NEW KENSINGTON PA 15068-6401 412-335-2727	ON	BERARDI, MD, RONALD S LATROBE AREA HOSP LATROBE PA 15650-1096 412-537-1554	PTH	CARTER, MD, DONALD L 614 4TH AVE NEW KENSINGTON PA 15068-6505 412-337-6569	GYN	DATTA, MD, TAPAN D 307 ARROWHEAD LA NEW KENSINGTON PA 15068-4632 412-894-2723	AN
MENCIA, MD, PEDRO R PO BOX 665 HONESDALE PA 18431-0665 717-253-3005	OBG	ABOOSI, MD, ALI J 599 N CHURCH ST MOUNT PLEASANT PA 15666-1004 412-547-5103	* PD	BERBERICH, MD, WALTER F 4002 E SAN JUAN AVE PHOENIX AZ 85018-1136 602-840-4045	CD	CASPER, MD, DANIEL R 305 7TH ST NEW KENSINGTON PA 15068-6529 412-339-3900	IM	DAVIES, MD, HELEN A P MOUNT PLEASANT PA 15666-1006 412-547-9810	* OPH
MERLO, DO, FRANCIS A 307 BROAD ST MILFORD PA 18337-1322 717-296-6213	IM	ABUL-FADL, MD, YAHYA 603 N CHURCH ST MOUNT PLEASANT PA 15666-1006 412-547-3030	OS	BERGQUIST, MD, ERICK J 210 W TACOMA AVE LATROBE PA 15650-1026 412-537-1682	ID	CASTILLO, MD, FRANCISCO A FRICK HOSP MT PLEASANT PA 15666 412-547-1268	R	DEBIASSE, MD, TIMOTHY A 3950 WILLIAM PENN HWY MURRYSVILLE PA 15668-1805 412-325-2133	FP
MILKS, MD, CARL J 1837 FAIR AVE HONESDALE PA 18431-2121 717-253-5838	PD	AHMED, MD, QUZI M 524 TRW BLDG RTE 30 IRWIN PA 15642 412-864-9300	OPH	BERMAN, MD, HOWARD J 139 HARWOOD DRIVE PITTSBURGH PA 15208-2417 412-731-8171	CLP	CATALANO, MD, KATHLEEN F 161 LAKEWOOD RD GREENSBURG PA 15601 412-537-9400	PD	DECOSMO, MD, VINCENT J 221 W LOYALHANNA ST LIGONIER PA 15658-1125 412-238-6668	PD
MISTRY, MD, MEHERWAN J 505 PENNSYLVANIA AVE MATAMORAS PA 18336-1631 717-491-2388	GS	AHUJA, MD, SUBASH C 651 4TH AVE NEW KENSINGTON PA 15068-6591 412-337-5031	PTH	BEYER, MD, DAVID W LATROBE AREA HOSP ANES LATROBE PA 15650 412-537-0885	* AN	CATALANO JR, MD, LOUIS W CENTRAL MEDICAL ARTS BLDG RR7 GREENSBURG PA 15601 412-537-0885	* N	DEFABO, MD, FRANCIS L 911 LIGONIER ST STE 004 LATROBE PA 15650-1805 412-532-2322	OBG
MORTON, MD, ROBERT J 1837 FAIR AVE HONESDALE PA 18431-2121 717-253-5838	PD	AL-SADI, MD, KHALDON 420 E CRAWFORD AVE CONNELLSVILLE PA 15425-3435 412-628-6012	GS	BEYER, MD, F D FRICK COMMUNITY HEALTH CTR MOUNT PLEASANT PA 15666-1790 412-547-1216	PTH	CAWOG, MD, ANTOINE F 30 S FOURTH STREET YOUNGWOOD PA 15697-1202 412-925-3570	FP	DEFRANCESCO, MD, CHARLES A WESTMORELAND HOSP GREENSBURG PA 15601-2282 412-832-4002	AN
NIESEN, MD, EMIL T RR 1 BOX 1710 HONESDALE PA 18431-9775	CD	ALMALLAH, MD, AHMAD Y 599 N CHURCH ST MOUNT PLEASANT PA 15666-1004 412-547-4710	GS	BLACKBURN, MD, LAWRENCE F 111 W 3RD ST GREENSBURG PA 15601-2905 412-837-1010	* IM	CERNE, MD, ANDREW J 1 UPPERWOOD ST HERMINIE PA 15637-1613	GP		

DEGREGORY, DO, THOMAS R 51 LAKEWOOD ROAD GREENSBURG PA 15601-9798 412-832-7877	* FP	FUSIA JR, MD, DONALD A 419 5TH AVE NEW KENSINGTON PA 15068-6622 412-335-8880	IM	HOFFMAN, MD, WILLIAM J LATROBE AREA HOSP LATROBE PA 15650-1166 412-537-1456	DR	KROUSE, MD, JOHN M 1122 SCENIC DR GREENSBURG PA 15601-3752 KUCERA, MD, RICHARD F	TS * PUD	MARI-MAYANS, MD, JUAN B 113 E MAIN ST PO BOX 495 LIGONIER PA 15658-1226 412-238-2347	IM * R
DEJESUS, MD, ROBERT 545 RUGH ST GREENSBURG PA 15601-5636 412-836-5500	* GE	GALL, MD, JOSEPH A 559 SHEARER ST GREENSBURG PA 15601-2745 412-832-3960	HEM	HOSSAIN, MD, AYESHA 601 MICHIGAN AVE JEANNETTE PA 15644-2432 412-523-5721	FP	MEDICAL ARTS BLDG STE 203 GREENSBURG PA 15601 412-837-1894	FP	MARIANO JR, MD, BENEDICTO P 20 LAKEWOOD RD GREENSBURG PA 15601-9773 412-527-9262	PD
DEMEZZA, MD, ANGELO WALWORTH MEDICAL CTR GREENSBURG PA 15601-5319 412-837-4000	IM	GAVIN, MD, GEORGE M 220 ORCHARD DR LATROBE PA 15650-2346 412-694-2723	FP	HUGHES, MD, WILLIAM M 155 MOUNT PLEASANT RD WEST NEWTON PA 15089-1839 412-872-8500	FP	KUMAR, MD, HEMA V 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-3500	FP	MARON, MD, THOMAS J 1100 LIGONIER ST LATROBE PA 15650-1917 412-539-3535	PD
DESAI, MD, PRAFUL V 1 BRADDOCK RD MT PLEASANT PA 15666-1453 412-832-7544	US	GERGER, MD, JOSEPH P 607 MICHIGAN AVE JEANNETTE PA 15644-2433 412-527-6424	* FP	HUNTER, MD, GEORGE R 610 JEFFERSON AVE JEANNETTE PA 15644-2507 412-527-1145	* IM	KUMAR, MD, PRADEEP 2219 WOODMONT DR EXPORT PA 15632-8939 412-837-8118	GE	MARRERO, MD, CARLOS J UNITY PLAZA OFC CTR #2 LATROBE PA 15650 412-532-1511	N
DIDDLE, MD, KENNETH W 601 MICHIGAN AVE JEANNETTE PA 15644-2432 412-523-2901	CD	GESSNER, MD, THOMAS P LATROBE AREA HOSP LATROBE PA 15650-1068 412-537-1939	PD	JAKUBEK, MD, DONALD J 501 WELDON STREET LATROBE PA 15650-1917 412-537-0733	FP	KUNDA, MD, GOPAL D NEW KENSINGTON ANESTHIA NEW KENSINGTON PA 15068-6591 412-337-5006	AN	MASTERSON, DO, JAMES N 516 PELLIS RD GREENSBURG PA 15601-4506 412-832-2570	FP
DOHERTY, MD, JOSEPH C 712 BRINKER AVE LATROBE PA 15650-1613 412-537-6409	GS	GIANNOTTO, MD, RICHARD P 500 WINSTON SALEM AVE STE 500 VIRGINIA BEACH VA 23451-4790 412-864-6000	ORS	JANA, MD, BARID B 261 E CRAWFORD AVE CONNELLSVILLE PA 15425-3635 412-626-0005	GS	LABUDA, DO, BRYAN E 9 SPRING VALLEY RD GREENSBURG PA 15601-9016 412-539-8670	OBG	MATTHEWS JR, MD, TED A 123 W MAIN ST STE 1 LIGONIER PA 15658-1253 412-539-9155	GS
DOLECKI, MD, MICHAEL 507 W NEWTON ST STE 1 GREENSBURG PA 15601 412-832-6490	ORS	GIBSON, MD, F CLAY 918 FAIRMONT ST LATROBE PA 15650-2045 412-537-8918	GP	JAVAN, MD, MEHDI B 636 4TH AVE NEW KENSINGTON PA 15068-6505 412-339-2900	* GS	LACE, MD, THOMAS E 1323 CLEARVIEW DR GREENSBURG PA 15601-3763 412-832-4003	AN	MAXWELL, MD, BETH A 1010 LIGONIER ST LATROBE PA 15650-1837 412-539-8581	OBG
DOMIT, MD, JOHN RR 6 BOX 1921 MT PLEASANT PA 15666-8815 412-547-8020	GS	GLASSER, MD, STUART A 916 GREEN ST GREENSBURG PA 15601-4135 412-832-1800	* D	JOSEPH, MD, GEOFFREY 1275 S MAIN ST STE 204 GREENSBURG PA 15601-5319 412-836-6575	GS	LAFONTANT, MD, ROBERT R MEDICAL ARTS BLDG STE 301 GREENSBURG PA 15601 412-837-1150	US	MAXWELL, MD, DORIS B 439 RIDGE RD GREENSBURG PA 15601-5642 412-834-4826	GS
DONCASTER, MD, RICHARD M 21417 UNIVERSITY DR WORTON MD 21678	HS	GOLDBERG, MD, STEVEN P STONE VILLA PROF CTR GREENSBURG PA 15601 412-836-2722	OTO	KAMINSKI, MD, THOMAS N 1 BRADDOCK ROAD AVE MOUNT PLEASANT PA 15666-1453 412-547-4536	IM	LALLY, MD, PATRICK T 911 LIGONIER ST STE 102 LATROBE PA 15650-1805 412-537-6500	OPH	MAZEO, MD, JOHN R LATROBE AREA HOSP LATROBE PA 15650-1166 412-537-1020	IM
DONOVAN, MD, BYRON L TITUSVILLE HOSP TITUSVILLE PA 16354-1404 814-827-1851	AN	GOLDSTROM, MD, GREGG L 507 W NEWTON ST GREENSBURG PA 15601-2819 412-832-6490	ORS	KAR, MD, DILIP S 807 LIGONIER ST LATROBE PA 15650-1827 412-537-7788	US	LANG, MD, KAREN A RT 119 N & CAMEO LN GREENSBURG PA 15601 412-834-1326	FP	MCCLARY, MD, MERRITT J RR 6 BOX 2636 MOUNT PLEASANT PA 15666-8822 412-832-8004	GP
DUDA JR, MD, JOHN J GREENSBURG X-RAY ASSOC GREENSBURG PA 15601-5699 412-832-8004	DR	GOLIO, MD, ANTHONY G 1600 PACIFIC AVE STE 3 NATRONA HEIGHTS PA 15065-2101 412-226-3833	* U	KATZ, MD, JERALD M 600 LIGONIER ST LATROBE PA 15650-1426 412-539-9736	U	LAST, MD, JOEL I 401 E MURPHY AVE CONNELLSVILLE PA 15425-2700 412-571-5945	* P	MCCLUNG, MD, LARRY S 200 DELBERTA RD LOWER BURELL PA 15068-9718 412-537-1461	FP
DUGAN, MD, CHARLES T SALEM 22 SHOPPING PLAZA DELMONT PA 15626 412-468-5500	* FP	GORDON, MD, HAROLD E 117 S SAINT CLAIR ST LIGONIER PA 15658-1330 412-238-9510	PTH	KEARNEY, MD, JOSEPH A 545 RUGH ST GREENSBURG PA 15601-5636 412-832-4380	DR	LAURO, MD, GREGORY R 10-A PAULINE DR LATROBE PA 15650-2764 412-532-1118	ORS	MCCLURE, MD, THOMAS D LATROBE AREA HOSP LATROBE PA 15650 412-537-1461	DR
DULL, MD, JAMES A 17 SYCAMORE ST GREENSBURG PA 15601-1621 EL-ATTRACHE, MD, MAMDOUH F 20 E MAIN ST MT PLEASANT PA 15666-2013 412-547-3576	GS	GORDON, MD, MILTON S 622 4TH AVE NEW KENSINGTON PA 15068-6505 412-335-8883	GP	KECK, MD, WILLIAM S 516 PELLIS RD GREENSBURG PA 15601-4506 412-834-3730	* OPH	LAZZARO, MD, THEODORE A 1 AESTHETIC WAY GREENSBURG PA 15601-9500 412-832-7555	* PS	MCFADDEN, MD, DEBRA R 516 KELLINGWOOD DR PITTSBURGH PA 15238-1034 412-845-7765	FP
EL-ATTRACHE, MD, SELIM 606 S CHURCH ST MT PLEASANT PA 15666-1704 412-547-3561	* ORS	GORDON, MD, HAROLD E 117 S SAINT CLAIR ST LIGONIER PA 15658-1330 412-238-9510	PTH	KENNEDY, MD, SHIRLEY A 5107 ELLSWORTH AVE PITTSBURGH PA 15232 412-664-2121	EM	LEE, MD, JONG Y WESTMORELAND HOSP GREENSBURG PA 15601 412-832-4003	GS	MCGLATH, DO, ROBERT C 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-1199	FP
EL-HILLAL, MD, MOHAMMAD F 01 LINCOLN HWY W JEANNETTE PA 15644-3022 412-523-9952	GS	GUMM, MD, EDWARD A 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-3300	* EM	KENNER, JR, DO, EUGENE W 950 GREENGATE N PLAZA GREENSBURG PA 15601-2012 412-837-9113	* ORS	LEIGH, MD, REWING MEDICAL ARTS BLDG NATRONA HEIGHTS PA 15065 412-224-4600	AN	MCGRONAN, MD, FRANK P 155 MOUNT PLEASANT RD WEST NEWTON PA 15089-1839 412-872-8501	FP
ELIAS, MD, FARID J 905 SPRUCE ST IRWIN PA 15642-3636 412-863-9109	GS	GUPTA, MD, KRISHNA G 251 7TH ST APT C202 NEW KENSINGTON PA 15068-6538 412-337-8404	U	KENNEY, MD, DAVID A 401 DEPOT ST LATROBE PA 15650-1578 KERR JR, MD, CLARK M 12895 ROUTE 30 NORTH HUNTINGDON PA 15642-1324 412-864-7101	* VS	LEONIDA, MD, ELFREN L RD 6 BOX 1923 MOUNT PLEASANT PA 15666-8815 412-547-4565	* FP	MCHUGH, MD, REGIS W 419 W PITTSBURGH ST GREENSBURG PA 15601-2236 412-837-5810	* D
EVANS, MD, TERRY L 507 WEST NEWTON ST STE 2 GREENSBURG PA 15601-2745 412-834-3940	HEM	HAAS, MD, DONALD D 27 BENNETT LN GREENSBURG PA 15601-5829 HANNA, MD, ANTONIOUS H PO BOX S 44 HARRISON CITY PA 15636-0044 412-744-7444	DR	KERR JR, MD, CLARK M 12895 ROUTE 30 NORTH HUNTINGDON PA 15642-1324 412-864-7101	FP	LEONIDA, MD, ELFREN L RD 6 BOX 1923 MOUNT PLEASANT PA 15666-8815 412-547-4565	GS	MCGLATH, DO, ROBERT C 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-1199	FP
FAHMY, MD, ANTHONY N 540 SOUTH ST STE 304 GREENSBURG PA 15601-2727 412-837-3680	GS	HANNA, MD, ANTONIOUS H PO BOX S 44 HARRISON CITY PA 15636-0044 412-744-7444	IM	KETTERING, MD, DONALD L PULMONARY & CRITICAL CARE MED GREENSBURG PA 15601 412-837-1894	* PUD	LEWIS, MD, GARY W 38 SADDLEBROOK DRIVE GREENSBURG PA 15601-9788 412-834-9430	GP	MCGLATH, DO, ROBERT C 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-1199	FP
FERGUSON, MD, ROBERT H 562 SHEARER ST GREENSBURG PA 15601-2746 412-836-8303	* NEP	HANNA, MD, SALAH G 698 PITTSBURGH ST SPRINGDALE PA 15144-1505 412-274-9797	GP	KEVENK, MD, KERIM C 1262 LAUREL VIEW DR JOHNSTOWN PA 15905-1508 KHALIL, MD, KARIM 30 MARYLAND PL JEANNETTE PA 15644-2823 412-864-3550	R	LEWIS, MD, HENRY C 559 SHEARER ST GREENSBURG PA 15601-2745 412-834-9430	CD	MCGLATH, DO, ROBERT C 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-1199	FP
FERIMER, MD, HOWARD N MERCY HOSP PITTSBURGH PA 15219 412-232-7388	CCM	HARRISON, MD, FRANK D 651 4TH AVE NEW KENSINGTON PA 15068-6591 412-337-5035	R	KHAN, MD, ANWARULLAH 1005 LIGONIER ST LATROBE PA 15650-1838 412-532-1020	* CD	LIGHT, MD, WILMA C 1100 LIGONIER ST LATROBE PA 15650-1917 412-539-4551	* A	MCGLATH, DO, ROBERT C 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-1199	FP
FLANNAGAN, MD, SAMUEL W 600 LIGONIER ST LATROBE PA 15650-1426 412-539-3595	* OBG	HARSTER, MD, GERALD A JEANNETTE HOSP JEANNETTE PA 15644-2505 412-527-9330	PTH	KIM, MD, YONG IL FRICK COMMUNITY HLTH CTR MOUNT PLEASANT PA 15666-1410 412-547-1188	AN	LIM, MD, YOUNG K 605 N CHURCH ST MOUNT PLEASANT PA 15666-1000 412-547-5708	PD	MCGLATH, DO, ROBERT C 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-1199	FP
FLEEGLER, MD, SAUL M 301 BEDFORD HALL NEW KENSINGTON PA 15068 FLORENTIN, MD, HERIBERTO M 2618A MEMORIAL BLVD CONNELLSVILLE PA 15425-1400 412-628-1920	IM	HARTMAN, MD, H KING 516 PELLIS RD GREENSBURG PA 15601-4506 412-836-0190	* OPH	KINNEY, MD, MARY S 200 S MARKET ST LIGONIER PA 15658-1206 412-238-9860	FP	LUNDIE, MD, WILLIAM M 134 WASHINGTON AVE VANDERGRIFT PA 15690-1214 412-568-5566	IM	MCGLATH, DO, ROBERT C 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-1199	FP
FONG, MD, JAKE 35 FAIRWAY DR GREENSBURG PA 15601-1220 FOSTER, MD, WALTER D MAPLEWOOD TER GREENSBURG PA 15601-5642	FP	HATTOUM, MD, PITTAGORE 8700 PENNSYLVANIA AVE NORTH HUNTINGDON PA 15642-2762 HAUGER, MD, HAROLD N 12828 DORNOCH CT FORT MYERS FL 33912	* GYN	KLIEGER, MD, HERMAN L 651 4TH AVE NEW KENSINGTON PA 15068-6591 412-337-5031	PTH	LUTES, DO, RONALD A KIDNEY DIS AND HYPERTEN ASSOC CHARLEROI PA 15022-2141 LUTHRA, MD, DAMYANTI 3058 LEECHBURG RD LOWER BURELL PA 15068-3446 412-337-7727	* NEP	MCGLATH, DO, ROBERT C 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-1199	FP
FRANCKEN, MD, GREGORY J W 2ND AVE LATROBE PA 15632-8904 412-537-1459	R	HAUS, MD, MARY M 36 BRIARWOOD DR JEANNETTE PA 15644-9600 412-837-9113	* ORS	KLINGENSMITH, MD, MARK R 104 WEDGEWOOD CT JEANNETTE PA 15644-9624 412-834-8113	* OTO	LYNN, MD, RICHARD E 1 BRADDOCK ROAD AVE MOUNT PLEASANT PA 15666-1453 412-547-4536	GE	MCGLATH, DO, ROBERT C 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-1199	FP
FREEDBERG, MD, LAWRENCE E 600 LIGONIER ST LATROBE PA 15650-1426 412-539-9736	U	HAZLETT JR, MD, WALTER S 807 CHESTNUT STREET LATROBE PA 15650-2007 HEBRANK, MD, GREGORY T RD 5 BOX 148 GREENSBURG PA 15601-9507 412-832-9190	GP	KLIONS, MD, DOUGLAS E 911 LIGONIER ST STE 108 LATROBE PA 15650 412-532-2801	* US	MACPAIL, MD, JOHN A SALEM ORTHOPEDIC GROUP GREENSBURG PA 15601-2012 412-837-9113	* ORS	MCGLATH, DO, ROBERT C 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-1199	FP
FRIEDMAN, MD, BART J 651 4TH AVE NEW KENSINGTON PA 15068-6591 412-337-5035	R	HELLMAN, MD, ARTHUR A 60 S WASHINGTON AVE GREENSBURG PA 15601 412-838-8601	CDS	KOSTER, MD, LEE H 834 4TH AVE NEW KENSINGTON PA 15068-6505 412-339-8600	* END	MAIDA, MD, FRANK V 107 W MAIN ST MOUNT PLEASANT PA 15666-2001 412-547-7566	FP	MCGLATH, DO, ROBERT C 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-1199	FP
FRONOUTI, MD, LUCIAN J 4575 COVE CIR APT 906 ST PETERSBURG FL 33708-2841	GS	HERSHOCK, MD, BRUCE A 1010 JEFFERSON ST LATROBE PA 15650-1810 412-539-3233	* ORS	KOWALYK, MD, STEPHAN 540 SOUTH ST STE 306 GREENSBURG PA 15601-2727 KRISHNAPPA, MD, BORIAN N 32 BLACK HILL RD IRWIN PA 15642 412-864-2711	PD	MANKOVICH, MD, PAUL A 731 WALNUT ST LATROBE PA 15650-2033 412-537-3158	GP	MCGLATH, DO, ROBERT C 505 N 4TH ST YOUNGWOOD PA 15697-1529 412-925-1199	FP

WESTMORELAND—WYOMING—YORK

MORROW, MD, HERBERT J PO BOX 338 NEW ALEXANDRIA PA 15670-0338 412-668-2548	GP	PLUMMER, MD, LLOYD G 108 COBBLESTONE DR GREENSBURG PA 15601-5862 PLUNDO, DO, GARY P 516 PELLIS RD GREENSBURG PA 15601-4506 412-832-2570	GYN FP	SCHULTZ, MD, THEODORE A 558 HAMEL AVE GREENSBURG PA 15601-4471 412-459-8000	P	STILE, MD, SABATO A 3485 TREELINE DR MURRYSVILLE PA 15668-1523 412-327-4966	P	WEINBERG, MD, MICHAEL G 315 DEPOT ST LATROBE PA 15650-1560 412-537-8222	* FP
MORROW, MD, THAYER K 135 UNDERWOOD AVE GREENSBURG PA 15601-3428	PTH	516 PELLIS RD GREENSBURG PA 15601-4506 412-832-2570	GP	SCHWARTZ, MD, JONATHAN 1260 MARTIN AVE NEW KENSINGTON PA 15068-5022 412-339-6641	GS	SULECKI, MD, MATTHEW G 1100 LIGONIER ST LATROBE PA 15650-1817 412-539-3555	HEM	WEINSTEIN, MD, DAVID P CITIZENS GENERAL HOSP NEW KENSINGTON PA 15068 412-537-5037	DR
MOSS, MD, JOSEPH S 10 PAULINE DR LATROBE PA 15650-2764 412-537-9208	* NEP	516 PELLIS RD GREENSBURG PA 15601-4506 412-832-2570	GP	SEARFOSS, MD, ROGER C 811 LIGONIER ST STE 104 LATROBE PA 15650-1805 412-537-5594	* ORS	SUNG, MD, LEE H PO BOX 737 10 PAULINE DR LATROBE PA 15650-0737 412-537-9208	* NEP	WIDLAN, MD, SHELDON 3856 HENLEY DR PITTSBURGH PA 15235-5041 412-539-8517	D
MUCCIO, MD, DANIEL J BERKSHIRE CENTER GREENSBURG PA 15601 412-537-9100	NS	PROMUBOL, MD, YUWAREE 1218 LOWRY AVE JEANNETTE PA 15644-3003 412-527-1009	OBG	SEECOF, MD, RICHARD M 1005 LIGONIER ST LATROBE PA 15650-3429 412-532-1020	* CD	SWACKHAMMER, MD, RANDY L 333 WESTVIEW COURT GREENSBURG PA 15601-9022 412-539-3555	IM	WIGLE, MD, ARNOLD R 811 LIGONIER ST STE 3 LATROBE PA 15650-1805 412-537-4321	ORS
MURCEK, MD, MARTIN A 562 SHEARER ST STE 101-2 GREENSBURG PA 15601-2746 412-837-4070	* A	PROSPERI, MD, ALDO J 501 WELDON ST LATROBE PA 15650-1520 412-537-0733	FP	SELIP, MD, STEVEN W 911 LIGONIER ST LATROBE PA 15650 412-537-8518	FP	SWIERCZEWSKI, MD, EDWARD V 1212 WOODMONT AVE NEW KENSINGTON PA 15068-5537 412-568-5581	FP	WILLIAMS, DO, MARK S 305 EVERSON AVE SCOTTDALE PA 15683-1512 412-887-4550	FP
NAIDU, MD, RAHUL K 1100 LIGONIER ST LATROBE PA 15650-1917 412-532-1551	OTO	PROVANCE, DO, WILLIAM J 205 LAKESIDE WAY GREENSBURG PA 15601-9757 412-532-2801	GE	SETTY, MD, POLEPALLI S 2900 MEMORIAL BLVD CONNELLSVILLE PA 15425-1491 412-628-1701	IM	SZABO, MD, EDWARD T 1005 LIGONIER ST LATROBE PA 15650-1838 412-532-1020	* CD	WILLIAMSON, MD, EDWARD L 1302 CLEARVIEW DR GREENSBURG PA 15601-3702 412-838-0090	N
NASSUR, MD, ADNAN K 434 MAIN ST IRWIN PA 15642-3440 412-863-8172	PUD	PUNUKOLLU, MD, C RAO 1027 W MAIN ST MT PLEASANT PA 15666-1733 412-628-0201	* IM	SHAH, MD, RATAN S JEANNETTE MEMORIAL HOSP JEANNETTE PA 15644-2505 412-527-9261	DR	TEET, MD, DANIEL A 601 S CHURCH ST STE 1000 MOUNT PLEASANT PA 15666-1703 412-547-3535	PS	WILSON, MD, ADAM S LATROBE AREA HOSP LATROBE PA 15650 412-532-1531	OTO
NAVARRO, MD, EMILIO R 404 HIGHLAND AVE HERMINIE PA 15637-1415 412-489-0820	FP	RAMOS, MD, CLARITA P 1526 KING HENRY DR PITTSBURGH PA 15237-1536 REEL, MD, CHARLES M 5141 DORSET RD PITTSBURGH PA 15213-3805	FP	SHAIKH, MD, M NASIR 60 S WASHINGTON AVE GREENSBURG PA 15601-2768 412-836-2970	* TS	TESTA, MD, JOSEPH A CORNER MAGEE AVE AND 2ND ST JEANNETTE PA 15644 412-523-4321	GP	WILSON, MD, JOHN S 515 RUGH ST GREENSBURG PA 15601-5615 412-832-8004	DR
NAYAK, MD, SHANTERI U 2979 TRAFFORD RD MURRYSVILLE PA 15668-1758 412-527-9252	NM	REILLY JR, MD, PHILIP J PO BOX 749 SMITHTON PA 15479-0749 412-872-7202	GP	SHEDRO, MD, HECTOR 358 FREEPORT ST NW KENSINGTON PA 15068-6015 412-337-9344	CD	THOMAS, MD, JAMES H EASTWOOD PR CT PELLIS RD GREENSBURG PA 15601 412-837-5257	FP	WITHERSPOON, MD, ROBERT G U S RTE 30 BOX 330 LATROBE PA 15650 412-459-8000	P
NEGRO, MD, ATTILIO G MEDICAL PAVILION GREENSBURG PA 15601-1215 412-834-6360	OBG	RELIGIOSO, MD, ELOISA P 50 BIGELOW ST STE 200 JEANNETTE PA 15644-3103 412-523-6571	PD	SHEPPECK, MD, RICHARD A MEDICAL STAFF OFFICE GREENSBURG PA 15601-2239 SHETE, MD, LEENA P 11 ROBIN RD MCKEES ROCKS PA 15136-1111	AN	TONEY, MD, DAVID M 206 MORRISON AVE GREENSBURG PA 15601-3412 412-832-8004	R	WODZINSKI, MD, STEVEN F 203 MEDICAL ARTS BLDG GREENSBURG PA 15601 412-837-1894	* PUD
NEMEC, MD, JOHN E 611 TURNPIKE DR NORTH HUNTINGDON PA 15642-3127 412-858-2770	* FP	REYNA, MD, OSCAR D 328 WELDON ST LATROBE PA 15650-1851 412-537-3381	* GP	SHETTY, MD, KARUNAKAR S 124 LAKEVIEW DR GREENSBURG PA 15601-9729 412-527-9263	DR	TORIO, MD, REYNALDO M 1 BRADDOCK ROAD AVE MOUNT PLEASANT PA 15666-1453 412-547-7507	FP	WOLFF, MD, JEFFREY M 419 W PITTSBURGH ST GREENSBURG PA 15601-2236 412-837-5810	D
NEWMAN, MD, WILLIAM T RR 5 BOX 415 GREENSBURG PA 15601-9552 412-837-8877	GS	RIBAUDO, MD, JANICE 826 4TH ST SUTERSVILLE PA 15083-1052 412-872-4522	FP	SHEVCHIK, MD, GRANT J 101 ORCHARD DR LEVEL GREEN PA 15085-1610 412-856-7332	* FP	TRAVERS, MD, DANIEL J 540 SOUTH ST STE 304 GREENSBURG PA 15601-2727 412-837-3880	GS	WYSZOMIERSKI, MD, DAVID A 1100 LIGONIER ST LATROBE PA 15650-1917 610-539-8380	PD
NIKOULA, MD, JAWDAT A 255 MAPLE DR GREENSBURG PA 15601-5720 412-864-3550	* FP	RICHARDS, MD, DAVID S 1325 DELLVIEW GREENSBURG PA 15601-3743 412-539-3555	IM	SHUTTER, MD, WALTER D 111 WASHINGTON ST LIGONIER PA 15658-1432 SIEPER, DO, WILLIAM J RADIATION ONCOLOGY CTR GREENSBURG PA 15601-2792 412-832-4260	FP	TROUT, MD, JOHN A 545 RUGH ST GREENSBURG PA 15601-5636 412-837-8400	IM	YOUNG, MD, JOSEPH M 529 SCHOONMAKER AVE MONESSEN PA 15062-1114 412-684-5401	IM
NINO, MD, RAYMOND F 87 3RD ST CALIFORNIA PA 15419-1127 412-938-7000	FP	ROMAN, MD, STEPHEN J 447 W PITTSBURGH ST GREENSBURG PA 15601-2236 412-832-9711	RHU	SLOANE, MD, CHARLES E 7 FELDARELLI SO NEW KENSINGTON PA 15068 412-337-9900	TR	TURBESSI, MD, EILEEN M 104 W 2ND AVE LATROBE PA 15660-1072 412-834-8900	FP	ZAITOON, MD, MOHAMMAD M 1027 W MAIN ST MOUNT PLEASANT PA 15666-1733 412-547-4122	US
NOEL, MD, PAUL A 10 TIMBER TRL GREENSBURG PA 15601-9732 412-864-9595	* FP	ROTH, MD, THOMAS G 600 JEFFERSON AVE JEANNETTE PA 15644-2504 412-527-9300	* EM	SLEZAK, MD, JOSEPH A 601 S CHURCH ST MT PLEASANT PA 15666 412-547-7561	* OBG	TYMOCCZO, MD, ROBERT G 545 PUGH ST GREENSBURG PA 15601 412-837-8400	IM	ZELEZNIK, MD, MIROSLAV 312 E MAIN ST LIGONIER PA 15658-1418 412-238-5667	* FP
NSEIR, MD, NAWAF I 562 SHEARER ST GREENSBURG PA 15601-2746 412-836-8303	* NEP	ROTTSCHEAFER, MD, BERNARD L WEST PENN CORP MED SVCS PITTSBURGH PA 15224 412-578-1699	IM	SLOANE, MD, CHARLES E 7 FELDARELLI SO NEW KENSINGTON PA 15068 412-337-9900	GS	URBAN, MD, ROBERT R RD 3 BELLE VERNON PA 15012-9803 412-929-5711	IM	ZUCK, MD, WALTER N 851 4TH AVE NEW KENSINGTON PA 15068-6591 412-337-5035	R
OVERLY, MD, WYLIE L 1100 LIGONIER ST LATROBE PA 15650-1917 412-539-3555	ON	RYCKMAN, MD, WILLIAM F 575 COAL VALLEY RD STE 406 CLAIRTON PA 15025-3726 412-469-7113	* FP	SMITH, MD, JACK D 133 DONAHUE RD GREENSBURG PA 15601-9380 412-834-4448	ORS	VANDYK, MD, KLAAS 600 WASHINGTON AVE MOUNT PLEASANT PA 15666-1899 412-547-5794	FP		
PAE, MD, DONG W 606 OAK ST IRWIN PA 15642-3528 412-863-9160	FP	SABO, MD, ROBERT P 562 SHEARER ST GREENSBURG PA 15601-2746 412-836-8303	* NEP	SMITH, MD, WALTER K 212 N GRANT ST LIGONIER PA 15658-1153 412-238-6668	FP	VASUDEVAN, MD, GOPALAN GREENSBURG CARDIOLOGY GREENSBURG PA 15601 412-836-2722	GS		
PAINTER, DO, SUSAN G 136 BELLA VISTA DR MURRYSVILLE PA 15668-2622 PARK, MD, IN-BUM 1 MONROEVILLE CTR STE 650 MONROEVILLE PA 15146-2143 412-374-9449	IM	SACHAKUL, MD, CHITRINEE 562 SHEARER ST # 103 GREENSBURG PA 15601 412-834-4055	PM	SNOWMAN, MD, WHITNEY R 600 LIGONIER ST LATROBE PA 15650-1494 412-539-9736	U	VELEZ, MD, RAFAEL I 200 THORNBERRY DR PITTSBURGH PA 15235-5062 412-765-1975	* CD		
PARKER, MD, GERALD A 5 ONEIDA TRL LOWER BURRELL PA 15068-9782 412-335-8223	IM	SAGHAFI, MD, DARIUS 251 7TH ST APT C205 NEW KENSINGTON PA 15068-6538 412-339-1633	IM	SOLAN, MD, JAMES A 217 MAIN ST FAYETTE CITY PA 15438 412-326-9945	AN	VILLEGAS, MD, EMILIO 100 PENNSYLVANIA AVE IRWIN PA 15642-3552 412-863-1204	FP		
PARKER, MD, JOHN S 201 APPLE HILL DR LATROBE PA 15650-9057 412-539-3555	* IM	SALATKA, MD, KARL W 638 4TH AVE NEW KENSINGTON PA 15068-6505 412-339-2229	GS	SONG, MD, YOUNG J 1260 MARTIN AVE NEW KENSINGTON PA 15068-5022 412-339-6641	IM	VIN, MD, PRAKASH K PO BOX 215 DERRY PA 15627-0215 412-694-2765	IM		
PARONISH, MD, CHRISTOPHER B 23 W 2ND AVE LATROBE PA 15650-1167 412-537-1000	FP	SALOMON, MD, MICHAEL A PO BOX 141 JEANNETTE PA 15644-0141 412-836-3375	* FP	SOLOTO, MD, AUGUSTO 235 HUMPHREY RD GREENSBURG PA 15601-4579 412-838-8818	OTO	VITTONI, MD, DANIEL C HC 64 PO BOX 230 LAUGHLINTOWN PA 15655-9801 412-539-1671	IM		
PATEL, MD, MOHAN M 235 LONGFELLOW ST VANDERGRIFT PA 15690-1444 412-568-5551	IM	SANDERS, MD, ROBERT E 8981 NORWICH AVE STE 101 IRWIN PA 15642-2772 412-864-3030	IM	SPEEDY, MD, HARRY W 1100 LIGONIER ST LATROBE PA 15650-1917 412-539-3555	IM	VITTONI, MD, RONALD B 1010 LIGONIER ST LATROBE PA 15650-1837 412-539-1671	OPH		
PATHEJA, MD, JOTINDER K 480 EAGLE ST MOUNT PLEASANT PA 15666-1700 412-547-9919	TR	SANTAMARIA, MD, FRANK R RR 6 BOX 1921 MOUNT PLEASANT PA 15666-8815 412-547-8020	GS	SPINO, MD, PASCAL D 311 S MAPLE AVE GREENSBURG PA 15601-3218 412-834-2375	PD	WAHA, MD, HANEY N MERCY FAMILY HEALTH CENTER PITTSBURGH PA 15235-5411 412-825-3700	FP		
PESKE, MD, EDGAR D RR 7 BOX 148-A GREENSBURG PA 15601-9561 412-836-6338	* FP	SARVER, MD, RAY G 1100 LIGONIER ST LATROBE PA 15650-1917 412-539-3535	PD	STAFFEN, MD, ROBERT N 1119 LAURELVIEW DR LATROBE PA 15650 412-532-1020	* IM	WANG, MD, BARBARA K 1100 LIGONIER ST LATROBE PA 15650-1917 412-539-3555	IM		
PETERS, MD, JEROME A 330 W PITTSBURGH ST GREENSBURG PA 15601-2235 412-832-7800	OBG	SAUNDERS, MD, CATHY L ALLEGHENY GENERAL HOSP PITTSBURGH PA 15212-4772 412-359-3131	OBG	STEFFENSEN, MD, DAVID O 260 MOUNT VERNON AVE EXPORT PA 15632-9035 412-832-4000	ID	WARD JR, MD, THOMAS D 300 OLD AIRPORT RD GREENSBURG PA 15601-5806 412-537-9208	* IM		
PETERSON JR, MD, JAY B 662 N MAIN ST GREENSBURG PA 15601 412-837-8460	ORS	SCHERER, MD, BERNARD C 135 E MARKET ST STE 116 BLAIRSVILLE PA 15717-1369 412-459-7338	FP	STEM JR, MD, THEODORE B 1506 WOODVIEW DR GREENSBURG PA 15601-3739 412-836-8303	* NEP	WATKINS, MD, GLORIA J FRICK HOSP AND COMM HLTH CTR MOUNT PLEASANT PA 15666-1790 412-547-1198	PTH		
PICA, MD, JAMES E 916 GREEN ST GREENSBURG PA 15601-4135 412-832-1800	* D	SCHOWALTER, MD, DONALD R 356 FREEPORT ST NEW KENSINGTON PA 15068-6015 412-335-8223	IM	STEWART, MD, DOUGLAS P 1100 LIGONIER ST LATROBE PA 15650-1917 412-539-3535	PD				

AHLBRANDT, MD, DUANE E 1224 S QUEEN ST YORK PA 17403-3923 717-846-2821	IM	BORNT, MD, MARSHA D STE 230 MONUMENT DR YORK PA 17403 717-741-0857	GYN	COHEN, MD, DAVID L 80 WYNTRE BROOKE DR YORK PA 17403-4535 717-741-4653	* ORS	DOUGLASS, MD, PAUL H 3015 EASTERN BLVD YORK PA 17402-3026 717-757-3511	OBG	FRIEDRICH, MD, ROLAND APPLE HILL MEDICAL CTR YORK PA 17403-5049 717-741-2277	GE
ALANDETE, MD, ALVARO 217 BROADWAY HANOVER PA 17331-2503 717-632-7785	PD	BORTNER, MD, DONALD L S BROAD ST NEW FREEDOM PA 17349-9701 717-235-2127	FP	COLLINS, MD, FRANK J 1010 LINDSAY LN HAGERSTOWN MD 21740	GS	DOW, MD, JENNIFER E 3891 SANDRA DR YORK PA 17402-5111	EM	FULTON, MD, WILLIAM O 1666 WYNTRE BROOKE DR N YORK PA 17403-4542	FP
ALEXANDER, MD, KAREN E 1012 SKYVIEW DR YORK PA 17402-1275	FP	BOWEN, MD, KAREN A 2159 WHITE ST YORK PA 17404-4943 717-846-8791	IM	CRAIG, MD, RICHARD A 110 PINE GROVE COMMONS YORK PA 17403-5151 717-741-5257	AN	DUE, MD, CHRISTOPHER F 815 ARLINGTON ST YORK PA 17403-3101 717-266-3631	IM	GABRIELE, MD, AUGUST A 200 ELMWOOD BLVD YORK PA 17403-1925	GER
ALLEN, MD, BRIAN D 9 MARIE DR HANOVER PA 17331-9370 717-633-9119	FP	BOWERS, MD, BARBARA A 1620 S QUEEN ST YORK PA 17403-4637 717-854-1595	PD	CURTIS JR, MD, CHARLES W 1927 QUEENSWOOD DR APT F202 YORK PA 17403-4235	EM	DUNCAN, MD, CARL R 1935 SECURITY DR YORK PA 17402-4728 717-741-4165	DR	GARBER, MD, EDWARD H 2079 NORTHBROOK CIR YORK PA 17403-4749 717-741-0733	GS
ALLINGHAM, DO, LARRY A 300 BALTIMORE ST HANOVER PA 17331-3239 717-367-4068	AN	BOYLE, MD, L EAMONN 25 MONUMENT RD STE 294 YORK PA 17403-5049 717-741-9229	HEM	D'AGATA, MD, SAMUEL D 200 BLOOMING GROVE RD HANOVER PA 17331-9569 717-632-5259	ORS	DUNCAN, MD, RALPH E APPLE HILL MEDICAL CENTER YORK PA 17403-5049 717-741-4785	* U	GARDNER, MD, GEORGE E 3110 5TH AVE YORK PA 17402-3020	GP
ALPERT, MD, JEFFREY R 1946 SECURITY DR YORK PA 17402-4727 717-741-4113	GS	BREIN, MD, KENNETH R 1945 QUEENSWOOD DR YORK PA 17403-4254 717-846-6900	OPH	DABB, MD, RICHARD W APPLE HILL MED CTR STE 292 YORK PA 17403-5049 717-741-4746	PS	EAGLE, MD, PERRY A 191 LEADERS HEIGHTS RD YORK PA 17402-4714 717-741-4888	* ORS	GASOWSKI, MD, GARY L 25 CHARLES ST HANOVER PA 17331-2205 717-632-7714	DR
ALTLAND, MD, ROBERT C 14 WATER ST GLEN ROCK PA 17327-1029	* OS	BRIDE, DO, THOMAS P 1839 SHAWAN LN YORK PA 17402-8610 717-846-8910	AN	DALY JR, MD, RICHARD H 1930 SECURITY DR YORK PA 17402-4727 717-741-4641	FP	EIDER JR, MD, GEORGE E 815 RATHTON RD YORK PA 17403-3349 717-764-3839	EM	GASPARI, MD, RAYMOND J 1938 SECURITY DR YORK PA 17402-4727 717-741-3313	* IM
AMSBAGH, MD, GLENN A 924 COLONIAL AVE YORK PA 17403-3450 717-843-9089	OTO	BRIDENBAUGH, MD, G ALAN 1 BREVSTER ST HANOVER PA 17331-2827 717-637-1738	CD	DANYO, MD, J JOSEPH 908 S GEORGE ST YORK PA 17403-3757 717-848-4800	ORS	EDWARDS, MD, ANTONIO D 18 S GEORGE ST YORK PA 17401-1425 717-771-2202	GS	GEETHA, MD, DUVURU 3031 LORD BYRON LN APT 202 COCKEYSVILLE MD 21030 717-851-2345	IM
ANDREWS-MURRAY, MD, GAYLE 25 MONUMENT RD STE 185 YORK PA 17403-5049 717-845-6312	IM	BROWN, MD, MICHAEL E 337 W KING ST EAST BERLIN PA 17316 717-259-9568	FP	DAUGHERTY, MD, DONALD 201 W MAIN ST WINDSOR PA 17366-9605 717-246-3071	FP	ELLISON, MD, JAMES H 207 BLOOMING GROVE RD HANOVER PA 17331-9569 717-632-5259	ORS	GEMMILL, MD, REGINALD B 24 SPRINGWOOD AVE STEWARTSTOWN PA 17363-4076	GP
ANGELO, MD, JOHN J 100 MERION RD YORK PA 17403-3714	PS	BURCHMAN, MD, COREY A 110 PINE GROVE COMMONS YORK PA 17403-5151 717-741-5257	AN	DAVIDOFF, MD, JUDY B 6403 CLEARSPRING RD BALTIMORE MD 21212 717-851-2345	FP	ESCARO, MD, DANILO U YORK HOSP YORK PA 17405 717-851-5001	PTH	GIBBLE, MD, JOAN W 121 RATHTON RD YORK PA 17403-3743 301-764-7000	BLB
ANNULIS, MD, THOMAS M 1701 TAXVILLE RD APT 4H YORK PA 17404-4438 717-771-2345	IM	BURKLE, MD, JOSEPH S 75 BRIDLEWOOD WAY APT A32 YORK PA 17402-9172 717-757-3430	NM	DAVIS, DO, CHRISTOPHER J 2458 HEPPLWHITE DR YORK PA 17404-1214 717-846-8791	IM	ESKRIDGE, MD, TIMOTHY H 940 S QUEEN ST YORK PA 17403-3946 717-854-9543	OPH	GIBBLE, MD, LEON W 121 RATHTON RD YORK PA 17403-3743 717-266-3631	IM
ATKINS, MD, JOHN L 825 S GEORGE ST YORK PA 17403-3130	* IM	BUSHWICK, MD, BRUCE M 1001 S GEORGE ST YORK PA 17403-3676 717-771-2521	FP	DAVIS, MD, EARL C 924E COLONIAL AVE YORK PA 17403-3430 717-843-9089	OTO	ETTER, MD, RUSSEL H 55 WYNTRE BROOKE DR YORK PA 17403-4536 717-741-3896	FP	GIESSWEIN, MD, PETER FRANKENHAUSER STR 15 BERLIN GERMANY 12249	PS
AZAR, MD, ALBERT A 509 HILLCREST RD YORK PA 17403-4021 717-846-1637	P	BUSLER JR, MD, VERNE M 848 BROADWAY HANOVER PA 17331-2029 717-632-2700	FP	DAVIS, MD, JAMES H 3198 E MARKET ST YORK PA 17402-2504 717-755-4716	FP	FARKAS, MD, ROBERT W PO BOX 66 CHURCH CREEK MD 21622-0066	OBG	GLORIOSO, MD, ROBERT C SPRING GARDEN FAMILY PRAC YORK PA 17403-3430 717-845-4848	FP
BACASTOW, MD, MERLE S 1 SMUGGLERS COVE RD CAPE ELIZABETH ME 04107-2110	OS	BUTERA, MD, VINCENT 2339 S GEORGE ST YORK PA 17403-5009 717-741-9400	ORS	DAVIS, MD, ROBERT M 50 WYNTRE BROOKE DR YORK PA 17403-4535 717-741-0877	PS	FASANO, MD, M THERESA 110 PINE GROVE COMMONS YORK PA 17403-5151 717-741-5257	AN	GOBEL, MD, REGINALD T 928 E WALNUT ST HANOVER PA 17331-1523 717-848-3615	P
BAERTL, MD, JUAN M RR 1 BOX 220 FAWN GROVE PA 17321-9728	* IM	BUTLER, MD, IVAN L 1601 S QUEEN ST YORK PA 17403-4630	NS	DE MASI, MD, ROCCO J 924F COLONIAL AVE YORK PA 17403-3430 717-854-7831	RHU	FASANO, MD, MICHAEL J 110 PINE GROVE COMMONS YORK PA 17403-5151 717-777-2415	AN	GOCCHOCO, MD, JACINTO J YORK HOSP DEPT PATHOLOGY YORK PA 17403-3676 717-851-5001	PTH
BARLOW, DO, ALFRED M 958 E MARKET ST YORK PA 17403-1149 717-848-1318	FP	CALABRETTA, MD, ARTHUR M 50 WYNTRE BROOKE DR YORK PA 17403-4535 717-741-0877	PS	DEISHER, MD, SAMUEL W 1554 ROSEWOOD LN YORK PA 17403-4424	OBG	FAZIO, MD, GREGORY P 25 MONUMENT RD STE 200 YORK PA 17403-5055 717-741-4690	CD	GONZALEZ, MD, DIEGO J 401 HUNTSMAN CT HANOVER PA 17331-1381 717-633-1333	PD
BARR, MD, LYNN D 10 BRIDLEWOOD WAY APT C21 YORK PA 17402-9179	EM	CALL, MD, ROBERT S 2124 S QUEEN ST YORK PA 17403 717-843-6663	AI	DEMILIO, MD, MARY T 132 S GEORGE ST YORK PA 17401-1408 717-845-8617	FP	FEHLANDT JR, DO, ALLAN F 3613 HARROWGATE DR YORK PA 17402-4231 610-497-7468	ORS	GONZALEZ, MD, JOSE L 206 MOUNTAIN CT HANOVER PA 17331-8103	DR
BATTIN, MD, JASNA P RR 1 RIDGE RD BOX 221G THOMASVILLE PA 17364 717-637-3711	PTH	CAMITTA, MD, FRANCINE D 2004 CRESCENT RD YORK PA 17403-4730	END	DEPAMPHILIS, MD, HY J 66 LAUREL DR HANOVER PA 17331-9348 717-633-6644	IM	FERNANDEZ, MD, ARMANDO E 110 PINE GROVE COMMONS YORK PA 17403-5151 717-741-5257	AN	GOODMAN, MD, DAVID A 618 KENYON DR RED LION PA 17356-9464	GS
BAUER, MD, THOMAS L 25 MONUMENT RD STE 220 YORK PA 17403-5049 717-741-0733	GS	CAMPBELL, MD, SEAN C 146 EAST SPRINGETTSBURG AVE YORK PA 17402-3144 717-741-9063	PD	DEREWITZ, MD, DANIEL L 110 PINE GROVE COMMONS YORK PA 17403-5151 717-741-5257	AN	FERRENTINO, MD, FRANK L 915 S DUKE ST YORK PA 17403-3705 717-771-2613	PD	GOODSTEIN, MD, MICHAEL H 2231 TALL OAKS LN YORK PA 17402-8905 215-427-5000	PDC
BEAVEN, MD, BARRY J 225 E SPRINGETTSBURG AVE YORK PA 17403-3213 717-846-0622	FP	CANN III, MD, THOMAS W 1938 SECURITY DR YORK PA 17402-4727 717-741-2005	IM	DERRICK, MD, DAVID A 154 W CRESTLYN DR YORK PA 17403-5072	PTH	FISHER, MD, HAROLD 955 S GEORGE ST YORK PA 17403-3799 717-848-1440	AI	GRACEY, MD, JACK G YORK HOSP YORK PA 17405 717-771-2441	* CD
BEEKEY JR, MD, CYRUS E 15 WYNTRE BROOKE DR YORK PA 17403-4548 717-741-5010	NEP	CAROE, MD, ALAN E 1001 S GEORGE ST YORK PA 17405-7198 717-851-5001	PTH	DEVAN, MD, W TODD 213 EICHELBERGER ST HANOVER PA 17331-2233	GS	FLACCAVENTO, MD, FREDERICK G 110 PINE GROVE COMMONS YORK PA 17403-5151 717-741-5257	AN	GROHLMAN, MD, DENNIS M 110 PINE GROVE COMMONS YORK PA 17403-5151 717-761-5257	AN
BENE, MD, CATHERINE H PO BOX 3528 YORK PA 17402 717-755-1993	OPH	CARPENTER, MD, CATHY P WHITE ROSE FAMILY PRAC YORK PA 17403-4594 717-741-9462	FP	DI CASIMIRRO, MD, JOHN A 231 E JACKSON ST YORK PA 17403-3238 717-846-9120	* FP	FOSTER, MD, EDWIN N 1050 HILLSIDE DR YORK PA 17403-3620 717-741-5600	IM	GROSS, MD, DONALD R 178 HIGHLAND RD YORK PA 17403-3843	AN
BENE, MD, DAVID J 2915 E PROSPECT RD YORK PA 17402 717-755-1993	OPH	CARRIER, MD, WILLIAM W HANOVER GENERAL HOSP HANOVER PA 17331-2297 717-633-2145	EM	DIERICH, DO, MALCOLM H 1300 E MARKET ST YORK PA 17403-1251 717-843-4844	* FP	FRANCOIS, MD, DAVID T 25 MONUMENT RD STE 185 YORK PA 17403-5049 717-741-8322	RHU	GROVE, MD, BRUCE A 701 COUNTRY CLUB RD YORK PA 17403-3433	OPH
BERING, MD, THOMAS G 110 PINE GROVE COMMONS YORK PA 17403-5151 717-741-5257	AN	CARSON III, MD, JOHN N 410 PINE GROVE COMMONS YORK PA 17403-5161 717-741-5151	NEP	DIFFENDERFER, DO, JUDITH E 830 BROADWAY HANOVER PA 17331-2015 717-633-5994	FP	FREER, MD, CAROL V HANOVER GENERAL HOSP HANOVER PA 17331 717-637-3711	ID	GROVE, MD, WILLIAM K 426 W MARKET ST YORK PA 17404-3804 717-846-0621	GS
BERMAN, MD, IRA J RR 8 BOX 419 YORK PA 17403-9671	D	CASADY, MD, ROGER L 1001 S GEORGE ST YORK PA 17403 717-843-2345	GS	DOCKTOR, MD, JOHN W 5 RATHTON RD YORK PA 17403-3717 717-846-8995	OTO	FREY, MD, JACQUELINE M 625 LINDEN AVE YORK PA 17404-3318	FP	HAGERTY, MD, FRED D 2060 ROSEWOOD LN YORK PA 17403-5902	OPH
BEST, MD, JOHN W 182M DEW DROP RD YORK PA 17402-4602	U	CHODROFF, MD, CHARLES H 140 PINE GROVE COMMONS YORK PA 17403-5151 717-741-9511	IM	DOOLEY, MD, JOHN M RR 3 BOX 483 DELTA PA 17314-9536 717-456-6193	FP	FREY, MD, JEFFREY A 510 N MAIN ST RED LION PA 17356-9500 717-244-8229	* IM	HALL, MD, GRAVES S YORK HOSP YORK PA 17405 717-851-5001	PTH
BINDER, MD, ERIC J 510 ST JOHNS DR CAMP HILL PA 17011-1332 717-845-8617	IM	CHU, MD, KIMWAI 110 PINE GROVE COMMONS YORK PA 17403-5151 717-741-5257	C/O	DORSCH, MD, CAROLE A 1001 S GEORGE ST YORK PA 17403-3676 717-771-2688	RHU	FRIED, MD, ROBERT T 25 MONUMENT RD STE 299 YORK PA 17403 717-741-5257	* CDS	HAMME, MD, ELMER G 15 LAUREL WOODS LN HANOVER PA 17331-9439	GP
BLECKER, MD, DAVID 652 LANDINGS WAY S SAVANNAH GA 31411	DR	CICCARELLI, MD, CLEM A GREENHILL FAMILY HEALTH CTR NEW CUMBERLAND PA 17070-1931 717-774-8400	* FP	DOUGLAS, MD, ELAINE J 30 MAPLE RD YORK PA 17403-4908	IM	FRIEDRICH, MD, JOACHIM H 2032 CRESCENT RD YORK PA 17403-4730	FP	HARBARGER, MD, JAMES H CARLISLE COMMERCE CENTER YORK PA 17404-4943 717-846-8791	FP

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HARDEN III, MD, WESLEY R 221 POTOMAC AVE HANOVER PA 17331-2242	TS	JOHNSON, MD, GEORGE M 1693 S QUEEN STREET YORK PA 17403-4609 717-845-1621	OBG	LANGER, MD, D MORTON 1800 E MARKET ST YORK PA 17402-2835 717-755-8641	* GP	MAO BOOL, MD, FAUZIA O SCHOOLHOUSE PEDIATRICS YORK PA 17403 717-848-6899	PD	MULLIGAN, MD, JAMES F 462 W MARKET ST YORK PA 17404-3804 717-846-0831	FP
HARGEST JR, MD, THOMAS E 1 W MARKET ST STE 202 YORK PA 19400-3300 717-852-7766	FP	JONES, MD, DAVID J 1455 VIRGINIA AVE YORK PA 17403-3629 717-564-3700	GPM	LANPHER, MD, GREGORY B 2124 S QUEEN ST YORK PA 17403-4809 717-843-6663	AI	MARTIN, MD, C EDWIN YORK HOSP CARDIAC DIAG ASSOC YORK PA 17403-3676 717-741-4690	US	MURRAY, MD, CHERYL L 408 3RD ST NEW CUMBERLAND PA 17070-2013 717-771-2435	PTH
HARTMAN, MD, CHARLES E RR 7 BOX 7143 SPRING GROVE PA 17362-9748 717-846-9462	GP	JONES, MD, KAREN E WHITE ROSE FAMILY PRACTICE YORK PA 17403 717-845-8623	IM	LAPEL, MD, GEORGE A 1600 S GEORGE ST YORK PA 17403-4508 717-848-3615	* P	MASCHKE, MD, STUART P 3692 DRUCK VALLEY RD YORK PA 17402-8933 717-741-5257	AN	MURRAY JR, MD, RICHARD J YORK HOSP YORK PA 17403-3676 717-771-2465	PUD
HARTZELL, MD, DAVID L 90 HIGH RIDGE TRAIL MECHANISBURG PA 17055-1512	US	KEECH JR, MD, HAYDEN G 1589 CARLISLE AVE YORK PA 17404-4528	GP	LASKY, DO, MARTIN L 790 GLENWOOD DR YORK PA 17403-4456 717-737-4531	FP	MASUCCI, MD, DOUGLAS J 58 BREWSTER CIR HANOVER PA 17331-2808 717-637-4775	PD	MYERS, MD, COLLIN L 302 J QUEENSDALE DR YORK PA 17403-4312 717-851-2202	GS
HAVKO, MD, FREDERICK C YORK HOSP YORK PA 17405	EM	KEEPORTS, MD, RICHARD L RR 2 BOX 1200 NEW FREEDOM PA 17349-9410 717-771-2465	PUD	LAUCKS, MD, STEPHEN O 144 MERION ROAD YORK PA 17403-3729 717-741-5257	AN	MATHAI, MD, JOHN 1776 S QUEEN ST YORK PA 17403-4628 717-848-3106	* CDS	MYERS, MD, G BRADFORD 3015 EASTERN BLVD YORK PA 17402-3026 717-757-3511	OBG
HAWK, MD, DAVID L YORK CITY BUREAU OF HEALTH YORK PA 17401-1231 717-849-2294	FP	KEHM, MD, VINCENT A 1493 BEE TREE LN YORK PA 17403-3601	AN	LAUCKS II, MD, SAMUEL S 1601 S QUEEN ST YORK PA 17403-4630 717-848-2067	* CRS	MATHEWS, MD, RAYMOND E 4089 ROBINHOOD DR YORK PA 17404-9417	IM	NELSON, MD, EDWARD A RR 1 BOX 892 EAST BERLIN PA 17316-9060 717-259-9568	FP
HEAPS, MD, KENNETH P YORK HOSP MD AFFAIRS DEPT YORK PA 17403-3676 717-851-2221	PD	KENNEDY, MD, PETER S 1141 ADMIRALS WALK VERO BEACH FL 32963	FP	LAUCKS JR, MD, STANLEY P 1935 SECURITY DR YORK PA 17402-4728 717-741-4165	DR	MAY JR, MD, CARL J 66 E ELM AVE HANOVER PA 17331-5128 717-632-6063	* OPH	NEWCOMER, DO, KRISTINA M 1 W MARKET ST STE 202 YORK PA 17401 717-852-7766	FP
HENRIKSEN, MD, DANIEL S 133 JONATHAN WAY N RED LION PA 17356-9034 717-851-2345	GS	KEPERLING, DO, MARY O 133 WOODTHRUSH LN YORK PA 17403-9513 717-846-5353	OBG	LAWRENCE, MD, ROBINA R 1112 PENNSYLVANIA AVE YORK PA 17404-1706 717-848-6087	FP	MCBRIDE, MD, DAVID R 1927 QUEENSWOOD DR # K-206 YRK PA 17403-4249	FP	NICHOLAS, MD, BRADLEY E 1013 N GEORGE ST YORK PA 17404-2025 717-854-2719	GP
HENRIKSEN, MD, SUSAN A 133 JONATHAN WAY N RED LION PA 17356-9034	FP	KERR, MD, KRISS M 1731 RANDOLPH DR YORK PA 17403-4615 717-334-2121	R	LEBOUITZ, MD, STANTON S 195 LEADERS HEIGHTS RD YORK PA 17402-4798 717-741-0811	* D	MCCONVILLE, MD, JOHN H 1001 S GEORGE ST YORK PA 17403-3676 717-771-2164	ID	NICHOLAS, MD, JAMES L 274 W MARKET ST HELLAM PA 17406-1029 717-755-3743	FP
HENRY, MD, MARK R YORK HOSP YORK PA 17403-3676 717-771-2345	FP	KIRBY, MD, JAMES E 1 RATHTON RD YORK PA 17403-3717 -845-2657	PD	LEE, MD, ERNEST C 186-R DEWDROP RD YORK PA 17402-4602	GS	MCGANN, MD, THOMAS R 755 S PLEASANT AVE DALLASTOWN PA 17313-9239 717-244-4527	FP	NICHOLS JR, MD, TRENT W 195 STOCK ST STE 203 HANOVER PA 17331-2223 717-632-0300	GE
HERMAN, MD, RONALD J 1601 S QUEEN ST YORK PA 17403-4630 717-843-1129	* CD	KIRBY JR, MD, WILLIAM H 401 WALPOLE CT TIMONIUM MD 21093 401-583-7995	* OM	LEISTER, MD, GLENN F 220 POTOMAC AVE HANOVER PA 17331-2260 717-637-3791	FP	MCGANNON, MD, PATRICK K 110 PINE GROVE COMMONS YORK PA 17403-5151 717-846-8910	AN	NICHOLSON JR, MD, WALTER J APPLE HILL MEDICAL CTR YORK PA 17403-5049 717-741-4690	CD
HERROLD, MD, WARREN C 860 CRAGMOOR RD YORK HAVEN PA 17370-9059	FP	KIRKPATRICK, MD, SAMUEL A 139 VILLA VISTA AVE HANOVER PA 17331-8993	OBG	LEKAWA, MD, THADDEUS 2801 N GEORGE ST YORK PA 17402-1000 717-846-3355	* FP	MCGRAW, DO, THOMAS P J 1235 DETWILER DR YORK PA 17404-1107 717-843-8623	AN	NICKLES, DO, JULIE P SHILOH PROFESSIONAL CENTER YORK PA 17404-1549 717-764-9819	FP
HESS, DO, RUSSELL C 70 ACADEMY ST MCHERRYSTOWN PA 17344 717-637-4188	FP	KLASKIN, DO, BRUCE D 1020 CHERRY ORCHARD RD DOVER PA 17315-2448 717-767-6941	* PM	LERMAN, MD, MICHAEL G 300 BALTIMORE ST HANOVER PA 17331-3239 717-637-4068	AN	MCGUINN, MD, WILLIAM J 110 PINE GROVE COMMONS YORK PA 17403-5151 717-741-5257	AN	NIKOLAIDS, MD, LAZAROS A 310 K QUEENSDALE DR YORK PA 17403 717-851-2345	IM
HICKEY, MD, ANDREW E YORK COUNTY HOSP & HOME YORK PA 17402-9004 717-771-9124	FP	KLEIN, MD, MICHAEL A 110 PINE GROVE COMMONS YORK PA 17403-5151 717-771-2415	AN	LETOCHA, MD, CHARLES E 1945 QUEENSWOOD DR YORK PA 17403-4254 717-846-6900	OPH	MCHENRY, MD, D J 940 S QUEEN ST YORK PA 17403-3946 717-854-9543	* OPH	NUSSBAUM, MD, ALLEN S PEDIATRIC CARE OF YORK YORK PA 17403-5160 717-741-9063	PD
HIGGINS, DO, KENNETH R 2471 S QUEEN ST YORK PA 17402-4947 717-741-3888	FP	KLIMES, MD, RONALD L YORKSHIRE MEDICAL CTR INC YORK PA 17402-3031 717-755-1480	FP	LEVIN, MD, BRADLEY H 25 MONUMENT RD STE 299 YORK PA 17403 717-848-3106	* CDS	MCKEE, MD, TERENCE I RD 1, BOX 260 D SEVEN VALLEYS PA 17360-9801 717-851-2345	GS	O'MARA, DO, ELLEN M 1640 S QUEEN ST YORK PA 17403-4610 717-843-8983	R
HO, MD, CLEMENT T 25 MONUMENT RD STE 294 YORK PA 17403-5049 717-741-9229	HEM	KLINE, MD, JACK A 1601 S QUEEN ST YORK PA 17403-4630 717-845-3366	IM	LEVINE, MD, CHARLES B 755 OAKWOOD DR RED LION PA 17356-9093 717-741-5257	AN	MCLIN, MD, LEON N 321 BALTIMORE ST HANOVER PA 17331-3205 717-632-6296	GP	OCHENRIDER, MD, PAUL D 4428 SAN LUCIAN LN N FORT MYERS FL 33903 814-456-6278	GP
HOERNER, MD, GEORGE H 716 E END AVE LANCASTER PA 17602-3714	FP	KNOCH, MD, H ROEBLING 201 ELMWOOD BLVD YORK PA 17403-1924	CD	LIEB, MD, JOHN G 111 PENN ST HANOVER PA 17331-1929 717-632-4449	* FP	MCILLAN, MD, DEBORAH M 3370 EDENBRIDGE RD YORK PA 17402-4215 717-846-0831	FP	OLKOWSKI, MD, STEVEN T 25 MONUMENT RD STE 297 YORK PA 17403 717-854-3937	OPH
HOFFMAN, MD, DAVID J 924B COLONIAL AVE YORK PA 17403-3430 717-845-8623	IM	KONCHAR, MD, WILLIAM C PO BOX 244 SPRING GROVE PA 17362-0244 717-225-6556	FP	LINDLEY, MD, JUDDSON D 174-C DEW DROP RD YORK PA 17402 717-848-3106	OBG	MENCHERY, MD, MILTON J 924-B COLONIAL AVE YORK PA 17403-3430 717-845-8623	IM	OLSON, MD, JANNE R PO BOX 216 FAWN GROVE PA 17321-0216 717-382-4148	FP
HOFFMANN, MD, DOUGLAS J 2339 S GEORGE ST YORK PA 17403-5009 717-741-9400	ORS	KONKEL, MD, KAREN E 1420 CEDARCROFT RD BALTIMORE MD 21239	FP	LIS, MD, EDWARD T 466 COUNTRY CLUB RD YORK PA 17403-3652 717-843-6398	FP	MIRSKY, MD, HOWARD A APPLE HILL UROLOGY PC YORK PA 17403-5049 814-456-6278	* U	OWENS, MD, JOHN D 1001 S GEORGE ST YORK PA 17403-3676 717-851-5001	PTH
HOFFMANN, MD, JAMES W 201 ALLEGHENY AVE HANOVER PA 17331 717-637-7711	GS	KOUSEN, MD, MORTON 3705 SPRINGGETTS DR YORK PA 17402-9028	OBG	LISS, MD, JONATHAN 1050 OAKDALE YORK PA 17403-4496 717-771-2613	NPM	MOLL, MD, ALISON 129 N STEPHEN PL HANOVER PA 17331-1940 717-632-4449	FP	PANDELLIDIS, MD, K NICHOLAS 2339 S GEORGE ST YORK PA 17403-5133 717-741-9400	ORS
HOLLAND, MD, EDWARD F 540 S MAIN ST RED LION PA 17356-2415 717-244-0326	GP	KUKRIKA, MD, MIDORAG 25 MONUMENT RD STE 294 YORK PA 17403-3717 717-741-9229	HEM	LITRENTA, MD, DAVID E 191 SHARON DR YORK PA 17403-3805 717-846-9462	OM	MONK, MD, JOHN S 135 N STRATHCONA DR YORK PA 17403-3830	OBG	PANDELLIDIS, MD, P KIRK 1600 S GEORGE ST YORK PA 17403-4508 717-848-3615	* P
HOOPER, MD, DEAN S 304A LOVELY LN NEW OXFORD PA 17350-8531	FP	KURZ, MD, RICHARD B 1509 ROSEWOOD LN YORK PA 17403-4423 717-428-3931	IM	LOSS, DO, BETH A 2471 S QUEEN ST YORK PA 17402-4947 717-741-3888	GP	MONK JR, MD, JOHN S YORK HOSP YORK PA 17403-3676 717-771-2202	GP	PATER, MD, DAVID R 735 PENN STATE DR YORK PA 17404-1387 717-266-5623	FP
HOOPER, MD, PHILIP A 955 S PLEASANT AVE DALLASTOWN PA 17313-9631	IM	KURZ, MD, SUSAN D 1509 ROSEWOOD LN YORK PA 17403-4423 717-428-3931	GP	MACDOUGALL, MD, HOWARD H 137 SCARBORO DR YORK PA 17403-3817	GP	MOONEY, MD, BENJAMIN R 130 CLOVER LN YORK PA 17403-4006	PD	PAUL, MD, RONALD L 5550 NURSERY RD DOVER PA 17315-2338	NS
HOOPER II, MD, BENJAMIN A BROCKIE INTERNAL MED CONSULT YORK PA 17403-3430 717-845-8623	IM	KURZ, MD, SUSAN D 1509 ROSEWOOD LN YORK PA 17403-4423 717-428-3931	GP	MACDOUGALL, MD, ROBERT D 1720 CROWS NEST LN YORK PA 17403-5911	GP	MOORE, MD, DAVID H 128 SALEM CT JACOBUS PA 17407-1316 717-741-9063	PD	PEARCE, MD, STEVEN R 110 PINE GROVE COMMONS YORK PA 17403-5151 717-741-5257	AN
HORN III, MD, FRANK W 9 CHARLES CTR HANOVER PA 17331-2203 717-637-8955	* GS	KUSHNER, MD, LOIS N 150 WARRINGTON ST WELLSVILLE PA 17365-9631	R	MACKLE, MD, EDWARD J 300 BALTIMORE ST HANOVER PA 17331-3239 717-637-4068	AN	MOORTHY, MD, GITA TRI HILL MEDICAL CTR YORK PA 17403-4630 717-846-4700	N	PFEFFER, MD, WILLIAM H 205 STOCK ST HANOVER PA 17331-2225	U
HOWARD, MD, THOMAS K 100 PENN ST HANOVER PA 17331-1993 717-637-1977	ORS	KYEREMATEN, MD, GABRIEL A 1288 WANDERING WAY HARRISBURG PA 17110-2962	IM	MAGID, MD, WARREN P 110 PINE GROVE COMMONS YORK PA 17403-5151 717-741-5257	AN	MORITZ, MD, MICHAEL J 2339 S GEORGE ST YORK PA 17403-5009 717-741-9400	ORS	PHILLIPS, MD, CHRISTINE 401 ALLEGHENY AVE HANOVER PA 17331 717-724-4241	* RHU
HUDAK, MD, MARY J 20 GOTHAM PLACE RED LION PA 17356-9587 717-244-4594	* IM	LAMPE II, MD, WILLIAM T 924F COLONIAL AVE YORK PA 17403-3430 717-854-7831	IM	MANNING, DO, CATHY J 924 B COLONIAL AVE YORK PA 17403 717-845-8623	IM	MORREELS JR, MD, CHARLES L 955 UPLAND RD YORK PA 17403-4431	R	PHILLIPS, MD, R WAYNE 201 STOCK ST HANOVER PA 17331-2225 717-637-2383	IM
HUFFER, MD, DONALD H 1000 COUNTRY CLUB RD APT A15 YORK PA 17403-3400	GER	LANDER, MD, JEFFREY R 2340 EASTERN BLVD YORK PA 17402-2817 717-757-2141	OPH	MANUBAY, MD, JOHN A YORK HOSP YORK PA 17403-3676 717-771-2221	GS	MORRISON, MD, KEVIN S 120 ABBEY RD NEW FREEDOM PA 17349-9437 717-846-8910	AN	PINKNEY, MD, KERRIE A 22 EISENHOWER DR YORK PA 17402-2607	GS
HUNT, MD, JOSIAH A 15 SPRINGWOOD AVE STEWARTSTOWN PA 17363-4034	GP	LANDIS, MD, ROBERT C 1620 S QUEEN ST YORK PA 17403-4637 717-854-1595	PD	MANZELLA, MD, JOHN P YORK HOSP YORK PA 17403-3676 717-771-2417	ID	MUDGE, MD, KIMBERLEE YORK HOSPITAL DEPT OF MED AFF YORK PA 17403-3676 717-851-2345	GS	PRATS, MD, IGNACIO 2320 EASTERN BLVD YORK PA 17402 717-755-0743	* GS
HUTTON, MD, JOHN E 232 BALTIMORE ST HANOVER PA 17331-3202 717-632-3505	OPH	LANDIS, MD, WILLIAM A 924B COLONIAL AVE YORK PA 17403-3430 717-845-8623	IM						
JACKSON, MD, JAY R 1399 S QUEEN ST YORK PA 17403-3840	OBG								

PRENDERGAST, MD, MICHAEL J 25 MONUMENT RD STE 100 YORK PA 17403-5049 717-741-4785	* U	SCHLAGER, MD, CHARLES E 810 BONNEVIEW RD YORK PA 17402-2001 717-852-7766	FP	SMOLKO, MD, JAMES R 545 GATEHOUSE LN W YORK PA 17402-4332 717-771-2415	AN	TRIANTAFYLLOU, MD, STEVEN J 908 S GEORGE ST YORK PA 17403-3757 717-848-4800	ORS	WOO, MD, MARIANO 1 RATHTON RD YORK PA 17403-3717 717-845-2657	PD
PRINCIPATO, DO, ROBERT E 35 DALE DR VOORHEES NJ 08043-1401 609-342-2383	* R	SCHLEGEL JR, MD, ROBERT J 1601 S QUEEN ST YORK PA 17403-4630 717-846-4700	NS	SNYDER, MD, HENRY R 2602 GRANDVIEW PARK DR YORK PA 17404 717-771-2415	R	TRIMMER JR, MD, JOHN H 2636 FAIRWAY DR YORK PA 17402-7700	GP	WOODS, MD, ANNE M CARLISLE COMMERCE CENTER YORK PA 17404-4943 717-846-8791	* FP
RAMAGE, MD, ANN L YORK HEALTH CORP YORK PA 17401-1465 717-845-8617	FP	SCHMEYER, MD, JON E 250 E WALNUT ST HANOVER PA 17331-2534 717-632-6063	* OPH	SOCHAK, MD, MICHAEL A 110 PINE GROVE COMMONS YORK PA 17403-5151 717-741-5257	AN	UNWIN, MD, WILLIAM M 1957 VICKI DR YORK PA 17403-4260 717-845-1621	OBG	YOUNES, MD, MAMDOUH S 4 VALLEY VIEW RD HANOVER PA 17331-4214 717-851-2427	OBG
RAO, MD, USHA G 110 PINE GROVE COMMONS YORK PA 17403-5151 717-846-8910	AN	SCHNAPF, DO, DONALD J 132 SANDSTONE DR WILLOW STREET PA 17584-9440 717-843-8983	R	SOLOMON, MD, SAMUEL J 1001 S GEORGE ST YORK PA 17403-3676 717-771-2345	CD	UGARTE, MD, MARCOS A 201 ALLEGHENY AVE HANOVER PA 17331 717-630-2844	GS	YOHE, MD, WILLIAM C 125 N STRATHCONA DR YORK PA 17403-3830 717-851-2427	IM
REIGART, MD, PAUL M 20 PLEASANT ACRES ROAD YORK PA 17402-2720	* GP	SCHONAUER, MD, THOMAS D 1 RATHTON RD YORK PA 17403-3717 717-845-2657	PD	SPEARS, MD, LAURA S 490 SHADY DELL RD YORK PA 17403-4483 717-741-4666	D	UPDIKE JR, MD, FURMAN T 1 RATHTON RD YORK PA 17403-3798 717-845-2657	PD	YSLA, MD, ROY G 1681 KENNETH ROAD YORK PA 17404-1534 717-764-4781	* PM
REILLY, MD, CHARLES M YORK HOSP YORK PA 17403-3676 717-771-2345	PD	SCHRYVER, MD, THOMAS E CARDIAC DIAGNOSTIC ASSOCS YORK PA 17403-5055 717-771-2441	CD	SPEARS, MD, PAUL F 490 SHADY DELL RD YORK PA 17403-4483 717-741-9344	GE	VANBUSKIRK, MD, CHARLES 400 NE 20TH ST APT A107 BOCA RATON FL 33431-8102	N	ZARFOS, MD, MORGAN L 731 S QUEEN ST YORK PA 17403-3203 717-843-7973	IM
REINHARD, MD, RONALD J 1601 S QUEEN ST YORK PA 17403 717-854-2711	IM	SCOTT, MD, SHARON L 410 SHADY DELL RD YORK PA 17403-4483 SCOTT, MD, THOMAS R R D 6 BOX 73 YORK PA 17404-9519 717-848-2067	IM	SROUR, MD, JAMES W RR 8 BOX 14A YORK PA 17403-9808 717-846-2821	GE	VANSANT, MD, ALAN E 1101 EDGAR ST YORK PA 17403-2862 717-771-2382	PM	ZEIDAN, MD, ZEIDAN F YORK HOSP YORK PA 17403-3676 717-771-2345	GS
RENNINGER, RHONDA S 1001 S GEORGE ST YORK PA 17403-3676 717-843-6744	EXEC	SEIDL, MD, DANIEL C 129 N STEPHEN PL HANOVER PA 17331-1940 717-637-4068	AN	STICK, MD, WESLEY D 2985 CONIFER DR FORT PIERCE FL 34951 407-464-8526	GS	VIOLA, MD, JOHN E 110 PINE GROVE COMMONS YORK PA 17403-5151	AN	ZELESNICK, MD, GABRIEL 220 FREDERICK ST HANOVER PA 17331-3601 717-637-4139	GP
RHOADS JR, MD, JONATHAN E YORK HOSP YORK PA 17403-3676 717-771-2202	* TS	SEITZ, MD, NEVIN H BRETHREN HOME OF NEW OXFORD NEW OXFORD PA 17350 717-741-4666	FP	STONER, MD, JOHN G DERMATOLOGY ASSOCIATES YORK PA 17403-5056 717-741-4666	D	VOHRA, MD, SURINDER PAL S YORK HEMATOLOGY/ONCOLOGY CTR YORK PA 17403-2613 717-845-7373	* HM	ZEMO, MD, PETER L 924 COLONIAL AVE YORK PA 17403-3450 717-843-9089	OTO
RINKER, MD, R JAMES 100 PENN ST HANOVER PA 17331-1956 717-637-1977	ORS	SEMER, MD, NADINE B 103 WOODLAND DR YORK PA 17403 717-741-9599	PS	STORNILO, MD, COSIMO N PO BOX 546 MOUNT WOLF PA 17347-0546 717-846-8617	IM	WAGNER, MD, JULIE A 80 FAR CORNERS LOOP SPARKS MD 21152-9264	IM	ZENEL JR, MD, JOSEPH A 145 STRATHCONA DR N YORK PA 17403-3830 717-741-9063	PD
RITTENHOUSE, MD, ERIC R RR 1 BOX 1192A SPRING GROVE PA 17362-9736 717-851-2345	OBG	SHAPIRO, MD, STEVEN L 1001 S GEORGE ST YORK PA 17403-3676 717-771-3063	NPM	STOTT, MD, GERALDINE A YORK HOSP YORK PA 17403-3676 717-771-2417	ID	WALTMAN, MD, CLAIRE 25 MONUMENT RD STE 185 YORK PA 17403 717-845-6312	END		
RIVERA, MD, EDWIN A 518 MADISON AVE YORK PA 17404-2807 717-848-1611	FP	SHEARER, MD, DAVID M RR 2 BOX 312 YORK PA 17403-9775 717-771-2326	NM	STOUFFER JR, MD, VANCE R 1790 OLD TRAIL RD ETTERS PA 17319-9652 717-938-6588	* GP	WEAVER, MD, FRANK M 1070 ELLIOTT LN YORK PA 17403-3421	IM	ADAMS, DAVID R 243 UNIVERSITY MANOR E HERSHEY PA 17033-2831	ST
ROBERTS, DO, ROBERT L 285 N MAIN ST SPRING GROVE PA 17362-1134 717-225-3610	FP	SHEPPARD, DO, STEVEN R 20 NORTH ST HANOVER PA 17331-1389 717-637-7755	OBG	STRANG, MD, CLYDE A APPLE HILL MEDICAL CTR YORK PA 17403-5049 717-741-9536	* U	WEAVER, DO, RICHMAN G 170 KIRCH RD YORK PA 17402-4803 717-235-1745	GS	AGARWALA, NEENA 1010 S PUGH ST #29 STATE COLLEGE PA 16801-6136	ST
ROBINSON, MD, LESLIE E 1001 S GEORGE ST YORK PA 17403-7198 717-771-2443	OBG	SHUE, MD, WILLIAM M 586 FAIRVIEW TER YORK PA 17403-3608 717-848-2067	IM	STRAUSBAUGH, MD, JANET T 2675 JOPPA RD YORK PA 17403-5160 717-741-9063	PD	WEAVER, DO, RICHMAN G 170 KIRCH RD YORK PA 17402-4803 717-235-1745	GP	ALBRIGHT, CHAD D 307 W MAIN ST HUMMELSTOWN PA 17036	ST
ROBINSON II, MD, GEORGE R 711 ELM TER YORK PA 17404-2814 717-531-6525	IM	SICURANZA, MD, MICHAEL J 908 S GEORGE ST YORK PA 17403-3757 717-848-4800	ORS	STRAUSBAUGH, MD, RICHARD 110 PINE GROVE COMMONS YORK PA 17403-5151 717-741-5257	AN	WENNER JR, DO, EARL J 1101 EDGAR ST YORK PA 17403-2862 717-771-2382	PM	ALFORD, JAMES A 189 UNIVERSITY MANOR E HERSHEY PA 17033	ST
ROTHERMEL II, DO, ROBERT E 1 W MARKET ST YORK PA 17401-1231 717-852-7766	GP	SIDDIOWAY, MD, LYLE A CARDIAC DIAGNOSTIC ASSOC YORK PA 17405-0000 717-851-2441	* CD	STROCKBINE, MD, MELVIN F 805 MICHIGAN AVE LEMOYNE PA 17043 SU, MD, ALLEN D 95 BRIDLEWOOD WAY APT B21 YORK PA 17402-9176	TR	WHITELEY, MD, JOHN P YORK HOSP DEPT OF PATH YORK PA 17405 717-851-5001	IM	ALLEVA, ANNETTE M 182 UNIVERSITY MANOR E HERSHEY PA 17033	ST
ROWAND, MD, RANDALL W 100 BLYMIRE RD DALLASTOWN PA 17313-9220 717-244-4531	FP	SILVER, MD, SCOTT J HANOVER GENERAL HOSP HANOVER PA 17331-2297 717-637-3711	PTH	SULLIVAN, DO, JAMES J 1101 S EDGAR ST YORK PA 17403 717-851-2847	IM	WIBLE, MD, CLAIRE E 1639 HILLOCK LN YORK PA 17403-4031	OBG	ANTHONY, LAUREN L 280 TOWNHOUSE HERSHEY PA 17033-2382	ST
RUSSO, MD, MICHAEL P 3015 EASTERN BLVD YORK PA 17402-3026 717-757-3511	OBG	SINGAL, MD, NICOLAS V YORK HOSP YORK PA 17403-3676 717-851-2349	PTH	TADJALI, MD, HELEN E 5440 N BRAESWOOD BLVD STE 976 HOUSTON TX 77096	GS	WILDBLOOD, MD, HARRY M 125 SCARBORO DR YORK PA 17403-3817	AN	BARBUSHAK, JEFFREY M 106 UNIVERSITY MANOR E HERSHEY PA 17033-2814	ST
RUTLAND, MD, HEDLEY E 1705 W MARKET ST YORK PA 17404-5418 717-854-9220	GP	SINGAL, MD, BRENDA B 1620 S QUEEN ST YORK PA 17403-4637 717-854-1595	PD	TART JR, MD, BRASTON I 427 ARNOLD LN HELLAM PA 17406-1203 717-843-1313	DR	WILLIAMS, MD, GLENN R 1620 S QUEEN ST YORK PA 17403-4637 717-854-1595	PD	BAHADARI, ALI 112 HALLMARK S HERSHEY PA 17033-2353	ST
RYSCAVAGE, MD, THOMAS S 80 WYNTER BROOKE DR YORK PA 17403-4535 717-741-4653	ORS	SINGAL, MD, RAJESH 1620 S QUEEN ST YORK PA 17403-4637 717-854-1595	PD	TAYLOR, DO, JACQUELINE J 2675 JOPPA RD YORK PA 17403 717-741-9063	PD	WILLIAMS, MD, YING Z YORK HOSP-INT MED YORK PA 17405 717-851-2345	IM	BANKS, MATTHEW C 129 UNIVERSITY MANOR E HERSHEY PA 17033	ST
SAGEL, DO, HENRY K 1010 PLYMOUTH RD YORK PA 17402-3858 717-840-1160	OBG	SIPE, MD, PAUL G 1776 S QUEEN ST YORK PA 17403-4628 717-854-7460	* GS	TEGELER, MD, JAMES A RAD THERAPY CTR OF YORK HOSP YORK PA 17403-5049 717-741-8180	ON	WILSON, MD, DAVID G 3995 E MARKET ST YORK PA 17402-2773 717-246-3071	FP	BERKSON, DAVID A 561 W CHOCOLATE AVE 1ST HERSHEY PA 17033-1640	ST
SAHLOLBEI, MD, HOSSAIN 2135 SUBURBAN RD APT 2 YORK PA 17403-4823 717-771-2345	GS	SKONIECZKI III, MD, STAN R 55 Tanager WAY MOUNTAIN TOP PA 18707-1845 717-299-5511	EM	THOMAS, DO, CHARLES E 300 BALTIMORE ST HANOVER PA 17331-3239 717-637-4068	AN	WILSON, MD, RAY A 191 LYNBROOK DR N YORK PA 17402-3227 717-755-6144	* FP	BRODZINA, LYNN M 12180 DOVE CIR LAUREL MD 20708-3132	ST
SALAZAR, MD, LOUIS F 110 PINE GROVE COMMONS YORK PA 17403-5151	AN	SLOAN, MD, RICHARD W 1001 S GEORGE ST YORK PA 17403-3676 717-771-3038	FP	THOMAS, MD, L MARTHA ANN 15 WYNTER BROOKE DRIVE YORK PA 17403-4536 717-741-4499	OBG	WILT, MD, KENNETH E 2900 VIREO RD YORK PA 17403-9515	TS	BROWN, LINDA L 177 UNIVERSITY MANOR E HERSHEY PA 17033-2824	ST
SAMELSON, MD, LEO 1512 E MARKET ST YORK PA 17403-1255 717-843-1456	IM	SMALL, MD, RICHARD E 4042 ROBINHOOD DR YORK PA 17404-9422	GP	THORSEN JR, MD, WILLIAM B 1224 S QUEEN ST YORK PA 17403-3923 717-846-2821	GE	WINAND, MD, ANDREW T BROCKIE INT MED CONSULT LTD YORK PA 17403-3430 717-845-8623	IM	BROWN, LINDA L 177 UNIVERSITY MANOR E HERSHEY PA 17033-2824	ST
SANSTEAD, MD, JOHN K 924 COLONIAL AVE YORK PA 17403-3450 717-845-1624	IM	SMALLEY, MD, ARTHUR J RR 1 BOX 490 NEW FREEDOM PA 17349-9727	AN	TIRUCHELVAM, MD, VASUDEVAN APPLE HILL MEDICAL CTR YORK PA 17403-5049 717-741-3449	GS	WINER, MD, JOEL W 1601 S QUEEN ST YORK PA 17403-4630 717-846-4700	NS	CAMPBELL, ELIZABETH A 72 UNIVERSITY MNR HERSHEY PA 17033-2809	ST
SCARITO, MD, ELIZABETH A 6 ZELDA CT WHITE HALL MD 21161-9076	IM	SMITH, MD, JAMES W 1399 S QUEEN ST YORK PA 17403-3840 717-846-5353	OBG	TORREY, MD, EDWIN H 2051 N BROOK CIR YORK PA 17403-4749	OTO	WIRE, MD, WILBUR H 48 W HIGHLAND AVE SPRING GROVE PA 17362-1106	FP	CHAMBERS, JENNIFER A 426 CHESTNUT ST COLUMBIA PA 17512-1230	ST
SCHAEFER, MD, DAVID C 270 OLD HANOVER RD HANOVER PA 17331-9017 717-771-2345	IM	SMITH, MD, JOHN M 201 LITTLE PEE DEE RD SURFSIDE BEACH SC 29575-7417	FP	TRANCHITELLA, MD, VINCENT J 1601 S QUEEN ST YORK PA 17403 717-848-1555	* PM	WOERTHWEIN, MD, KENNETH F 462 W MARKET ST YORK PA 17404-3804 717-846-0831	FP	CHAO, DEREK H 77 UNIVERSITY MANOR E HERSHEY PA 17033	ST
SCHENDEL, MD, PAUL B RR 2 BOX 221-M GLEN ROCK PA 17327-9537 717-741-5151	* EM	SMOLKO, MD, JAMES M 125 DETWILER DR YORK PA 17404-1107 717-771-5257	AN			WONG, MD, MING-DER 1934 SECURITY DR YORK PA 17402-4727 717-741-4178	* IM	CHOPRA, ANUJ K 7095 SCENIC KNOLLS DR BLOOMSBURG PA 17815-8689	ST

STUDENTS
Pittsburgh- and Philadelphia-area students are listed under their respective counties. See alphabetical roster for specific listings.

STUDENTS—ADMINISTRATORS

CHOPRA, VIKAS 187 UNIVERSITY MNR HERSHEY PA 17033-2824	ST	HASSLER, LISA M 5246 WINDING WAY HARRISBURG PA 17109-6343	ST	PALUMBO, MICHAEL J 220 UNIVERSITY MANOR E HERSHEY PA 17033	ST	YEANEY, WOODY W 97 UNIVERSITY MANOR E HERSHEY PA 17033	ST
CHOU, ERIC J 18 UNIVERSITY MANOR E HERSHEY PA 17033	ST	HAUPT, DANIELE 160 UNIVERSITY MANOR E HERSHEY PA 17033-2821	ST	POWELL, SUSAN M 413 HALLMARK S HERSHEY PA 17033	ST	ZEMAITIS, JULIE A 12 UNIVERSITY MANOR E HERSHEY PA 17033	ST
CHOW, SERENA A 400 HALLMARK N HERSHEY PA 17033	ST	HELLMANN, JOSEPH R 156 UNIVERSITY MNR E HERSHEY PA 17033-2820	ST	RAFFERTY, MAUREEN 26-A MAPLE AVE HERSHEY PA 17033-1455	ST		
CLAVES, JENNIFER L 1326 D COLUMBIA DR HERSHEY PA 17033	ST	HERTZ, GAIL S RR 9 BOX 172 YORK PA 17402-9333	ST	RAYBECK, MARK J 115 UNIVERSITY MNR HERSHEY PA 17033-2816	ST		
COLEMAN, KRISTIN H 261 HOPELAND RD LITITZ PA 17543-9755	ST	HESTER, PAUL S 4074 ROBINWOOD RD YORK PA 17402-3211	ST	REESE, CARL T 239 UNIVERSITY MANOR E HERSHEY PA 17033-2830	ST		
COPELAND, VICKI D 923 E BOSLER AVE LEMOYNE PA 17043-1762	ST	HOUSER, MO, STEPHEN A 505 OAK CIR WEST CHESTER PA 19380-4523	ST	REPLGLE, CORINNE R 45 UNIVERSITY MANOR E HERSHEY PA 17033-2806	ST		
COWEN, EDWARD W 189 UNIVERSITY MANOR E HERSHEY PA 17033	ST	HUBER, STEPHEN J 435 5TH ST WHITEHALL PA 18052-6440	ST	RICE, KEITH S 52 TOWNHOUSE HERSHEY PA 17033	ST		
CROCCENELLI, THERESA M 6A HOCKERSVILLE RD HERSHEY PA 17033-1960	ST	JORDAN, CARRIE 113 UNIVERSITY MANOR E HERSHEY PA 17033-2816	ST	ROMEO, RYAN C 222 TOWNHOUSE HERSHEY PA 17033-2378	ST		
CROWTHER, JAMES D 235 PARK AVE HUMMELSTOWN PA 17036-2412	ST	JUSTICE, WILLIAM H 117 UNIVERSITY MNR E HERSHEY PA 17033-2816	ST	ROTHROCK, CHRISTOPHER R 146 UNIVERSITY MANOR EAST HERSHEY PA 17033-2820	ST		
CUNARD, RENA B 415 HALLMARK HOUSE HERSHEY PA 17033-2341	ST	KASRAVI, BABAK 200 UNIVERSITY MNR E HERSHEY PA 17033-2825	ST	RUHL, MARIANNE M 1612 SPRINGHILL DR HUMMELSTOWN PA 17036-8985	ST		
CUZZOCREA, CHRISTINE M 551 THRUUST CT HARRISBURG PA 17111-5304	ST	KEGEL, ERICA C 1596 OLD HERSHEY RD APT B ELIZABETHTOWN PA 17022-8927	ST	SAVAGE, CARRIE A 104 ROSEDALE APTS HERSHEY PA 17033	ST		
DAYNER, JEREMY J 57 UNIVERSITY MANOR E HERSHEY PA 17033	ST	KELLY, MATTHEW J 1817 WEXFORD RD PALMYRA PA 17078-9242	ST	SCHWENTKER, ANDREW E 1949 WEXFORD RD PALMYRA PA 17078-9249	ST		
DE ANGELIS, CHRISTINA T 24 UNIVERSITY MANOR E HERSHEY PA 17033	ST	KEMP, AMY L 16 SARATOGA ST HERSHEY PA 17033	ST	SCOGNO, CHARLES A 26 SWARTHMORE HERSHEY PA 17033	ST		
DELANEY, GABRIELLE S 68 UNIVERSITY MANOR E HERSHEY PA 17033	ST	KIMCHI, ERIC T 178 UNIVERSITY MANOR HERSHEY PA 17033-2822	ST	SIMMONS, MARK L 2416 PAPERMILL RD WYOMISSING PA 19610-1118	ST		
DELLOCK, CAREY A 3 STONEBRIDGE ELIZABETHTOWN PA 17022	ST	KOFFLER, TODD A 142 UNIVERSITY MANOR E HERSHEY PA 17033-2819	ST	SIPE, KELLY L 427 PENNSYLVANIA AVE PEONA PA 15147-3824	ST		
DESCIAK, EDWARD B 26 UNIVERSITY MANOR E HERSHEY PA 17033-2803	ST	KOLP, REBECCA 6727 BONNIE RIDGE DR APT 202 BALTIMORE MD 21209	ST	SLOTTER, TRACY L 6 TIFANY HERSHEY PA 17033	ST		
DHILLON, SALENA 204 UNIVERSITY MANOR E HERSHEY PA 17033-2826	ST	KOVALOVICH, MD, KALEEN K 407 NINTH ST HADDON HEIGHTS NJ 08035	ST	SMEAL, DARREN M 215 UNIVERSITY MNR HERSHEY PA 17033	ST		
DIEGO, MARIANNE B 130 UNIVERSITY MANOR E HERSHEY PA 17033-2817	ST	KRAMER, RYAN M UNIVERSITY MANOR E APT 107 HERSHEY PA 17033	ST	SMITH, JOANNA M 232 UNIVERSITY MANOR E HERSHEY PA 17033-2829	ST		
DIETRICH, THOMAS J 235 PARK AVE HUMMELSTOWN PA 17036-2412	ST	KURDZIEL, KAREN A 7 WILLIAMSBURG HERSHEY PA 17033	ST	SOUNDARARAJAN, MD, VIDYA 16 S KINGSHIGHWAY APT 10-U ST LOUIS MO 63108	ST		
DILL, JANE E 53 UNIVERSITY MANOR E HERSHEY PA 17033-2806	ST	LAI, LEON L 459 LOVELL CT HUMMELSTOWN PA 17036	ST	SOUTHERTON, SUSAN L 8322 CHURCH ST HAWLEY PA 18428	ST		
EBRAHIM, ALI M 107 UNIVERSITY MANOR E HERSHEY PA 17033-2814	ST	LEISEY, JOHN R 859-B RHUE HAUS LN HUMMELSTOWN PA 17036-9746	ST	STAUFFER, BRIAN L 2 DUKE ST APT B HERSHEY PA 17033-1950	ST		
FACKLER, ERIC G R D 1 BOX 502-B PALMYRA PA 17078-9339	ST	LENAHAN, SUSAN E 147 TOWNHOUSE BRIARCREST HERSHEY PA 17033	ST	SUDOL, KATARZYNA S 16 WESTMONT BLDG HERSHEY PA 17033-2240	ST		
FISCHMAN, DANIEL 34 UNIVERSITY MANOR E HERSHEY PA 17033	ST	LILLY, MD, REGINA Z 1940 WOODMONT DR BETHLEHEM PA 18018-1455	ST	TAGHIZADEH, FARHAN 18 KILLARNEY HERSHEY PA 17033	ST		
FREIMAN, MICHAEL A 220 UNIVERSITY MANOR E HERSHEY PA 17033-2827	ST	LISZKA II, EDWARD G 122 UNIVERSITY MANOR E HERSHEY PA 17033	ST	TANDON, TARUN 190 UNIVERSITY MNR E HERSHEY PA 17033-2825	ST		
FUCHS, ROBIN 29 UNIVERSITY MANOR E HERSHEY PA 17033-2804	ST	LOWDEN, PATRICK M 156 UNIVERSITY MNR HERSHEY PA 17033-2820	ST	TANG, GRACE 213 TOWNHOUSE HERSHEY PA 17033	ST		
GALITA, OLIVER C 161 UNIVERSITY MANOR E HERSHEY PA 17033	ST	LU Ellen, JOHN R 202 UNIVERSITY MANOR E HERSHEY PA 17033-2826	ST	THOMPSON, HOLLY J 836 OAK ST DENVER PA 17517-1366	ST		
GARVEY, CHRISTOPHER M 29 UNIVERSITY MANOR E HERSHEY PA 17033-2804	ST	MACALUSO, DAVID A 65 UNIVERSITY MNR E HERSHEY PA 17033	ST	TRIPIITELLI, CAROL L 408 HALLMARK ST HERSHEY PA 17033	ST		
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ANOLIK, MD, MITCHELL A
ANOLIK, MD, STEVEN L
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ANSWINE, MD, JOSEPH F
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ANTARIO, MD, JOSEPH M
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ANTHONY, VINCENT L
ANTI, MD, ALVISE G
ANTOGNOLI, MD, WILLIAM J
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ANTONELLO JR, MD,
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ANTONETTI, MD, THOMAS B
ANTONIADES, MD, JOHN S
ANTONUCCI, MD, DONNA L
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ANTOS, MD, THOMAS J
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ARDITO, MD, JOSEPH M	ALLEGHENY	AUDEN, MD, BRUCE N	PHILADELPHIA	BAILEY, MD, WILLIAM R	CRAWFORD	BANKA, MD, REENA S	PHILADELPHIA
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AREVALO, MD, FERNANDO L	PHILADELPHIA	AUERBACH, MD, ROBERT L	PHILADELPHIA	BAILEY JR, MD, ROBERT S	DAUPHIN	BANMILLER, MD, JAMES D	MONTGOMERY
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ARIKAN, MD, ISTIKAL	PHILADELPHIA	AUL, JEROME J	STUDENT	BAIO, MD, MICHAEL V	MONROE	BANNON, MD, CHARLES J	LACKAWANNA
ARILLOTTA, MD, CLYDE	ALLEGHENY	AURE, MD, HORACIO S	ALLEGHENY	BAIR, MD, JEFFREY F	WASHINGTON	BANNON, MD, JOSEPH P	LACKAWANNA
ARISUMI, MD, DAVID N	PHILADELPHIA	AURE, MD, ISABEL R	ALLEGHENY	BAIR, MD, ROBERT C	ALLEGHENY	BANOGON, MD, MARIETTA A	DAUPHIN
ARKOOSH, MD, VALERIE A	ALLEGHENY	AURITT, MD, WILLIAM A	MONTGOMERY	BAIR, MD, VICTOR W	LANCASTER	BANSAL, MD, SURENDRA K	ALLEGHENY
ARLUK, MD, JUDITH I	WESTMORELAND	AUSTIN, CHRISTINE E	STUDENT	BAIR, MD, WILLIAM L	ALLEGHENY	BANSAL, MD, VIJAYA	PHILADELPHIA
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ARMAO, MD, JOSEPH J	DAUPHIN	AUSTIN, MD, GREGORY E A	STUDENT	BAIRD, MD, JAMES W	MONROE	BANSBACH, MD, WILLIAM A	PHILADELPHIA
ARMESTO, MD, DAVID M	ALLEGHENY	AUSTIN, MATTHEW S	DAUPHIN	BAIRD, JANET L	ADAMS	BANSIDHAR, MD, BHADRASINE	BEAVER
ARMFIELD III, MD, SAMUEL L	DELAWARE	AUSTIN JR, MD, CHARLES B	PHILADELPHIA	BAJAJ, MD, RAJESH	LACKAWANNA	BANTLY, MD, VICTOR S	CAMBRIA
ARMITAGE, MD, HARRY V	MERCER	AUSTRIAN, MD, ROBERT C	LEHIGH	BAJAJ, MD, RAJIV K	WESTMORELAND	BANZHOF, MD, GORDON K	DAUPHIN
ARMOUR, DO, THOMAS F	MONTGOMERY	AUTERI, MD, ANTHONY G	DELAWARE	BAJWA, MD, SURINDER S	ALLEGHENY	BAPTISTE, JUSTINA W	STUDENT
ARMOUR, MD, WILLIAM S	PHILADELPHIA	AVANCENA, MD, EDGARDO P	BERKS	BAKER, ALFREDO E	LANCASTER	BAQUERO-BUENO, MD, MARIO R	WASHINGTON
ARMSTRONG, MD, DELILAH	PHILADELPHIA	AVART, DO, HERBERT	BERKS	BAKER, MD, CAROL C	PHILADELPHIA	BAR, MD, ALLEN H	PHILADELPHIA
ARMSTRONG, MD, THOMAS A	BERKS	AVEDISSIAN, MD, MICHAEL G	PHILADELPHIA	BAKER, MD, DONALD J	ERIE	BARAD, MD, ROXANA F	ALLEGHENY
ARNAO, MD, JAMES	NORTHAMPTON	AVELLA, MD, BERARD N	COLUMBIA	BAKER, MD, DAVID G	CENTRE	BARAFF, MD, ROBERT	ALLEGHENY
ARNOLD, MD, RAYMOND H	ALLEGHENY	AVELLINO, MD, JOSEPH D	STUDENT	BAKER, MD, GRAEME C	ALLEGHENY	BARAN, MD, ERNEST M	MONTGOMERY
ARNHEIM, MD, FALK K	CRAWFORD	AVENIA, MD, RONALD J	PHILADELPHIA	BAKER, MD, JEFFREY H	ERIE	BARAN, MD, JAMES J	ALLEGHENY
ARNO, MD, J THOMAS	STUDENT	AVERBACH, MD, DAVID H	STUDENT	BAKER, MD, KAREN S	CENTRE	BARAN, MD, MARK S	STUDENT
ARNOSKY, ADAM G	CLEARFIELD	AVERION-MAHLOCH, TIMOTHY J	PHILADELPHIA	BAKER, DO, MARK D	ARMSTRONG	BARANKO, DARRELL J	ADAMS
ARNOLD, MD, JOHN J	ALLEGHENY	AVERSA, DO, THADDEUS M	PHILADELPHIA	BAKER, MD, MARVIN P	BEAVER	BARANSKI, MD, EDWARD J	ALLEGHENY
ARNOLD, MD, LAURA S	STUDENT	AVERSA JR, MD, ZEFERINO A	PHILADELPHIA	BAKER, MD, R J	STUDENT	BARATZ, MD, MARK E	BUCKS
ARNOLD, MD, SARAH J	MONTGOMERY	AVILA, MD, PEDRO C	PHILADELPHIA	BAKER, MD, RANDOLPH M	MERCER	BARBA II, MD, WILLIAM P	PHILADELPHIA
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ARNOLETTI, MD, JUAN P	WAYNE/PIKE	AWAN, MD, IHSAN H	CAMBRIA	BAKER, MD, ROBERT L	CENTRE	BARBEE, GLEN J	ALLEGHENY
ARNOUK, MD, NABIL T	LACKAWANNA	AWAN, MD, RASHID A	DAUPHIN	BAKER, MD, ROY F	LUZERNE	BARBER, MD, JAMES J	ALLEGHENY
ARONICA, DO, CHARLES D	DAUPHIN	AWAN, MD, SALEEM A	PHILADELPHIA	BAKER, DO, TERENCE R	ALLEGHENY	BARBER, MD, JOHN C	WESTMORELAND
ARONICA, MD, MICHAEL J	ALLEGHENY	AWTREY, CHRISTOPHER S	STUDENT	BAKER, MD, THOMAS E	FRANKLIN	BARBER, MD, JOHN V	ERIE
ARONOFF, MD, ROBERT D	PHILADELPHIA	AXELROD, MD, BUDD B	PHILADELPHIA	BAKER, MD, WALTER J	WASHINGTON	BARBER, MD, JOSEPH C	PHILADELPHIA
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ARORA, MD, MANJU	CUMBERLAND	AYASSO, MD, M SAMIR	ALLEGHENY	BAKST, MD, ALAN E	ALLEGHENY	BARD, MD, JOSEPH L	DELAWARE
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ARROYO, MD, L RAUL	DAUPHIN	AYLWARD, MD, JOHN J	CHESTER	BALARAMAN, MD, GOVINDACHETTY	ARMSTRONG	BARG, MD, RONALD B	LEHIGH
ARSHT, DO, DAVID B	DELAWARE	AYRES, MD, WILLIAM W	FAYETTE	BALASH, MD, WILLIAM R	PHILADELPHIA	BARI, MD, MERLE M	POTTER
ARSHT, MD, EDWIN D	DAUPHIN	AZAR, MD, ALBERT A	YORK	BALASUBRAMANIAN, MD, EASWARAN	PHILADELPHIA	BARILLA, MD, DONALD E	PHILADELPHIA
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ARTUSO, MD, JAMES O	LANCASTER	AZIZ, MD, ABDULRAB	ALLEGHENY	BALDIA, MD, LVEO B	COLUMBIA	BARLOW JR, MD, ROBERT A	PHILADELPHIA
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ASAM, MD, BRUCE A	PHILADELPHIA			BALDWIN, HILARY J	LEHIGH	BARNABY JR, MD, ARTHUR J	PHILADELPHIA
ASAR, MD, MARIAM H	POTTER			BALDWIN, MD, THOMAS M	STUDENT	BARNES, MD, ANNE U	PHILADELPHIA
ASBELL, MD, SUCHA O	PHILADELPHIA			BALDYS, MD, JAMES S	BEAVER	BARNES, MD, BARBARA E	ALLEGHENY
ASCANIO JR, MD, GUIDO J	BERKS			BALESTRINO, DO, EDWARD E	LYCOMING	BARNES, MD, BEN C	LEHIGH
ASEEM, MD, WALI M	JEFFERSON			BALI, MD, AJAY K	ARMSTRONG	BARNES, MD, DENICE M	BUCKS
ASH, MD, S RUSSELL	MONTGOMERY			BALIN, MD, ARTHUR K	LUZERNE	BARNES, MD, FREDERICK J	MONROE
ASHBAUGH, MD, WILLIAM H	BUTLER			BALIN, MD, BENJAMIN R	DELAWARE	BARNES, MD, MARGARET M	PHILADELPHIA
ASHBY, MD, BONNIE L	DELAWARE			BALING, MD, LARRY E	DELAWARE	BARNES, MD, W STEPHEN	CENTRE
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ASHBY, MD, THOMAS C	DAUPHIN			BALINT, MD, STEVEN E	ERIE	BARNES, MD, WILLIS C	CENTRE
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ASINARI, MD, MARTIN P	VENANGO			BALL, MD, ANDREW G	PHILADELPHIA	BAROLAT-ROMANA, MD, GIANCARLO	PHILADELPHIA
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ASKIN, MD, STANLEY R	PHILADELPHIA			BALLANTYNE, MD, JAMES V	ALLEGHENY	BARON, MD, RICHARD J	PHILADELPHIA
ASKINAS, MD, ALAN M	CHESTER			BALLARD, MD, IAN M	MONTGOMERY	BARON, MD, SCOTT L	ALLEGHENY
ASLAM, MD, AZAR	CRAWFORD			BALLEK, MD, RONALD E	PHILADELPHIA	BARON JR, MD, ANDREW J	LACKAWANNA
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ASLAM, MD, MOHAMMED	SOMERSET			BALLS, MD, KENT F	MONTGOMERY		
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COLLAZO, MD, ERNESTOL	STUDENT	COOPER, MD, EDWARD S	PHILADELPHIA	COWEN, EDWARD W	ALLEGHENY	CULP, MD, BRUCE R	MONTGOMERY
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ALLEGHENY LUZERNE STUDENT YORK ALLEGHENY PHILADELPHIA FRANKLIN MERCER LUZERNE PHILADELPHIA HUNTINGDON DELAWARE ALLEGHENY LUZERNE ALLEGHENY CHESTER YORK CHESTER ALLEGHENY BUCKS PHILADELPHIA PHILADELPHIA LAWRENCE STUDENT CUMBERLAND FRANKLIN CRAWFORD CHESTER NORTHAMPTON DAUPHIN STUDENT ERIE DAUPHIN ERIE ERIE DAUPHIN ALLEGHENY CARBON PHILADELPHIA CLARION MONROE ALLEGHENY PHILADELPHIA ALLEGHENY NORTHAMPTON LANCASTER POTTER DELAWARE CHESTER MERCER LUZERNE PHILADELPHIA PHILADELPHIA ALLEGHENY ERIE CENTRE ALLEGHENY MONTGOMERY CLINTON DAUPHIN ALLEGHENY YORK BEAVER ALLEGHENY LANCASTER CHESTER MONTGOMERY BERKS STUDENT PHILADELPHIA STUDENT SUSQUEHANNA BEAVER PHILADELPHIA PHILADELPHIA ERIE STUDENT	DANGVU, PETER V P DANIEL, MD, STEPHEN D DANIEL, MD, JOSEPH O DANIELISZ, MD, PETRA DANIELS, MD, DAN DANIELS, JASON B DANIELS, MD, MICHAEL O DANIELS, MD, ROGER B DANIELS JR, MD, GEORGE F DANISHANKO, MD, ALBERT F DANKO, MD, EUGENE T DANNEKER, MD, DALE A DANNY, DO, MADELINE A DANOFF, MD, DAVID M DANOFF, MD, 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CHRISTOPHER J DAVIS, MD, DANIEL T DAVIS, MD, DENNIS DAVIS, MD, DONNA J S DAVIS, MD, EARL C DAVIS, MD, EARLE R DAVIS, MD, EDWARD W DAVIS, MD, H ROBERT DAVIS, MD, HAROLD J DAVIS, MD, HARRIET J DAVIS, MD, HELEN A P DAVIS, MD, IRENE B DAVIS, MD, JAMES H DAVIS, MD, JAMES H DAVIS, MD, JAMES K DAVIS, MD, JEFFREY A DAVIS, MD, JOHN S DAVIS, MD, JOHN W DAVIS, KAREN E DAVIS, DO, LEE W DAVIS, MD, MARJORIE F DAVIS, MD, MARK E DAVIS, DO, NEAL M DAVIS, MD, PAUL K DAVIS, MD, PETER L DAVIS, MD, RAYMOND C DAVIS, MD, RICHARD L DAVIS, MD, ROBERT H DAVIS, MD, ROBERT M DAVIS, MD, STUART M DAVIS, MD, THOMAS S DAVIS, MD, WILLIAM F DAVIS, MD, WILLIAM L DAVIS, MD, WILLIAM S DAVIS JR, MD, EDWARD T DAVITCH, MD, LEONARD S DAVLIAKOS, MD, GEORGE DAVOLI, MD, ROBERT L DAWGERT, MD, F DENNIS DAWSON, MD, MICHAEL H O DAWSON, MD, REESE E DAWSON, MD, ROBERT R DAY, MD, H JAMES DAY JR, MD, RICHARD W DAYALAN, MD, ASHIM K DAYNER, JEREMY J DE, MD, NIRMAL K DE ANGELIS, CHRISTINA T DE ANGELIS, MD, MICHAEL A DE ANGELO, DO, DEBRA A	STUDENT BEAVER ERIE ALLEGHENY JEFFERSON STUDENT CUMBERLAND PHILADELPHIA BEAVER LUZERNE ALLEGHENY CENTRE MONTGOMERY MONTGOMERY ALLEGHENY PHILADELPHIA YORK PHILADELPHIA BUCKS BUCKS DAUPHIN ALLEGHENY DAUPHIN PHILADELPHIA LACKAWANNA MONTGOMERY LUZERNE STUDENT MONTGOMERY ALLEGHENY ALLEGHENY CAMBRIA BERKS WESTMORELAND ALLEGHENY YORK CUMBERLAND FAYETTE LACKAWANNA LUZERNE LUZERNE WASHINGTON STUDENT ALLEGHENY ARMSTRONG ALLEGHENY PHILADELPHIA YORK CENTRE PHILADELPHIA CAMBRIA PHILADELPHIA LANCASTER STUDENT PHILADELPHIA LEBANON WESTMORELAND DAUPHIN MERCER DAUPHIN LANCASTER MONTGOMERY YORK LUZERNE WASHINGTON DAUPHIN YORK ALLEGHENY MONTGOMERY CUMBERLAND LACKAWANNA BUCKS WESTMORELAND LANCASTER LANCASTER YORK CAMBRIA LANCASTER ALLEGHENY PHILADELPHIA STUDENT LACKAWANNA ALLEGHENY NORTHAMPTON LACKAWANNA DELAWARE ALLEGHENY SUSQUEHANNA DAUPHIN DAUPHIN YORK LACKAWANNA TIOGA DAUPHIN WAYNE/PIKE FRANKLIN DAUPHIN BEAVER PHILADELPHIA ALLEGHENY WESTMORELAND LACKAWANNA SCHUYLKILL ALLEGHENY STUDENT ALLEGHENY MONTGOMERY ALLEGHENY STUDENT ALLEGHENY DAUPHIN LEBANON	DE ANTONIO, MD, SONDRAM DE CASTECKER, JAMES E DE LIA, DO, FRANK A DE MARCO, MD, ANDREW D DE MARIA, MD, GAIL R DE MASI, MD, LEON G DE MASI, MD, ROCCO D DE MEIRA, MD, ELIO J DE MEO, MD, PATRICK J DE MOYA, MARC A DE PIETRO, MD, MICHAEL R DE PILLIS, MD, VINCENT J DE REMIGIO, DO, DAVID M DE RENNE, AIDON H DE RIENZO, MD, UMBERTO A DE RIVAS, MD, CARMELA F DE SANTIS, MD, DONALD DE SANTOS, MD, MARCELINO A DE SOTO, MD, DANILO A DE VLIEGER, MD, KELLI J DE VRIES, MD, EGBERT J DEAN, MD, ROBERT J DEANGELIS, DO, PATRICIA A DEARDORFF, MD, CHARLES L DEARMITT, MD, DON A DEAROLF III, MD, WALTER W DEAS, MD, THOMAS C DEBARKER, MD, CAROL J DEBALLI, PETER DEBENEDICTIS, MD, KENNETH J DEBERARDINIS, MD, CAMILLO T DEBERARDINIS, RALPH J DEBIAS, MD, DENNIS A DEBIASSE, MD, TIMOTHY A DEBOER, MD, DAVID A DEBONIS, MD, CHARLES S DEBUQUE, DO, JEFFERY A DECARLO, MD, JOHN P DECARO, MD, MARY M DECARO, MD, MATTHEW V DECASTRO, MD, MIGUEL A DECASTRO, MD, NIEVES D 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FAYNBERG, MD, MARK G	PHILADELPHIA	FESSLER, MD, THOMAS J	BUCKS	FISHER, MD, JOHN T	CENTRE	FORBES, MD, WINSTON F	PHILADELPHIA
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FEASTER, MD, MARSHALL M	BERKS	FETZER, MD, ARTHUR E	LEHIGH	FISHER, DO, SCOTT A	PHILADELPHIA	FORD, MD, LLOYD C	STUDENT
FECZKO, MD, WILLIAM A	ALLEGHENY	FEUDALE, MD, RICHARD F	SCHUYLKILL	FISHER, MD, SCOTT R	ALLEGHENY	FORD, MD, ROBERT W	ALLEGHENY
FEDDER, MD, STEPHEN L	DELAWARE	FEUSSNER, MD, JAMES W	PHILADELPHIA	FISHER, MD, SETH M	ALLEGHENY	FORD, DO, STACEY G	BERKS
FEDER, MD, GINA M	ALLEGHENY	FIALKOV, JONATHAN	STUDENT	FISHER, MD, STEPHEN N	PHILADELPHIA	FORD, MD, WILLIAM T	LYCOMING
FEDERLE, MD, CHARLES R	BRADFORD	FICKE, MD, J RONALD	DAUPHIN	FISHER, TODD M	STUDENT	FORE, MD, WILLIAM W	PHILADELPHIA
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FEDERLE, MD, MICHAEL P	ALLEGHENY	FIEDLER, ELIZABETH I	STUDENT	FISHER III, MD, GEORGE R	PHILADELPHIA	FORER, MD, THOMAS S	LYCOMING
FEDERMAN, MD, JAY L	DELAWARE	FIEDLER, MD, JAMES J	PHILADELPHIA	FISHER JR, MD, JOSEPH W	NORTHAMPTON	FORMAN, MD, BRUCE H	CHESTER
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FELL, DO, SCOTT D	MONTGOMERY	FINK, MD, PAUL J	DELAWARE	FLOCKINGER, MD,		FOX, MD, CRAIG D	WASHINGTON
FELLERMAN, MD, HERBERT	LUZERNE	FINK JR, MD, ALBERT H	PHILADELPHIA	FREDERICK W	ADAMS	FOX, MD, DONALD C	BUTLER
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FRANKEL, MD, HARRY A	PHILADELPHIA	FRIEDMAN, MD, RONALD H	PHILADELPHIA			GARDINER JR, MD, GEOFFREY A	
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FRANZ, MD, JOHN P	ALLEGHENY	FROESE, MD, ALFRED S	PHILADELPHIA			GARIBIAN, MD, GARO S	PHILADELPHIA
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FRAYER, MD, WILLIAM C	PHILADELPHIA	FROMME, MD, KENNETH L	DAUPHIN			GAROFOLA, MD, JOHN H	LANCASTER
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FREDANE, MD, LEWIS M	PHILADELPHIA	FRONDUTI, MD, LUCIAN J	WASHINGTON			GAROZZO, MARYANN C	STUDENT
FREDERIC, MD, MYRON W	PHILADELPHIA	FRONDUTI, MD, ROBERT L	WESTMORELAND			GARRETT, MD, JEFFREY E	ALLEGHENY
FREDERICK, MD, PAUL L	ARMSTRONG	FRONZAN, MD, HOMAYOON	ALLEGHENY			GARRETT, MD, KEVIN O	ALLEGHENY
FREDERICKS, MD, LILLIAN E	PHILADELPHIA	FROST, MD, ALBERT G	LACKAWANNA			GARRETT, DO, WAYNE L	PHILADELPHIA
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FREDRICKSON, MD, VICTOR J	BUCKS	FRUMIN, MD, ABRAHAM M	WASHINGTON			GARRIDO, MD, EDDY	LANCASTER
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FREED, MD, CLARENCE L	BUCKS	FRY, MD, CHLOE O	DAUPHIN			GARRISON, MD, JUDIE L	ALLEGHENY
FREED, MD, MARTIN I	PHILADELPHIA	FRY, MD, ROBERT D	CHESTER			GARRITY, TIMOTHY F	LYCOMING
FREEDBERG, MD, LAWRENCE E		FRY, MD, ROBERT L	BUCKS			GARROTT, MD, JOHN W	ARMSTRONG
FREEDMAN, MD, ABRAHAM G	WESTMORELAND	FRYCZYNSKI, MD, THADDEUS P	STUDENT			GARSON, MD, WARFIELD	ALLEGHENY
FREEDMAN, MD, ALLAN P	PHILADELPHIA	FRYE, DO, JOYCE	PHILADELPHIA			GARTLAND, DO, CHARLES J A	DELAWARE
FREEDMAN, MD, DONALD B	DAUPHIN	FRYE, MD, PAUL E	ALLEGHENY			GARTLAND, MD, JOHN J	PHILADELPHIA
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FREEDMAN, MD, LOUIS J	MONTGOMERY	FRYLING, BRENT A	STUDENT			GARTNER JR, MD, WILLIAM S	DELAWARE
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FRICCHIONE, MD, PATRICK J	LACKAWANNA	FUNKHOUSER, MD, GEORGE R	COLUMBIA			GAUSE, MD, TRENTON M	BEAVER
FRICK JR, MD, EDWARD J	LEHIGH	FUNKHOUSER, MD, JAY L				GAUSLING, MD, SHARON C	LEHIGH
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STUDENT ALLEGHENY LYCOMING LEHIGH DAUPHIN ALLEGHENY MONTGOMERY PHILADELPHIA ALLEGHENY LANCASTER ALLEGHENY PHILADELPHIA PHILADELPHIA LANCASTER LEHIGH PHILADELPHIA WESTMORELAND PHILADELPHIA STUDENT DAUPHIN ERIE MONTGOMERY ALLEGHENY NORTHAMPTON MONTGOMERY PHILADELPHIA MONTGOMERY CHESTER CHESTER PHILADELPHIA PHILADELPHIA MONTGOMERY DAUPHIN	GETTO, CHRISTOPHER A GETZ, MD, WILLIAM B GETZOW, MD, MARTIN B GEVIRTZ, MD, JEFFREY L GEVJAN, MD, ARMEN H GEYER, MD, DAVID W GHATAK, MD, PETER K GHATE, MD, SHARAD B GHATNEKAR, MD, JAI V GHATNEKAR, MD, REVATI JAI GHATTAS, MD, JANETTE G GHEGAN, CARRIE A GHIA, MD, PRADEEP S GHOBRIAL, MD, ALBER L GHOSH, MD, BUOY K GHOSH, MD, SUMIT B GHOSH, MD, SURESH C GHOSHHAJRA, MD KALYANMAY GIACCIA, MD, AMATO GIACOBBO, MD, JOHN N GIACOBBO, DO, KENNETH V GIAMBER, MD, SAMUEL R GIAMMATTEI, MD, FRANK P GIAMPOLO, MD, ANTHONY J GIANFAGNA, MD, WILLIAM J GIANGIULIO, MD, DENNIS J GIANNINI, LAUREN E GIANNOPoulos, MD PETER H GIANNOTTO, MD, RICHARD P GIANVITTORIO, JOY M GIBBLE, MD, 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PHILADELPHIA BERKS STUDENT BUCKS CENTRE ALLEGHENY MONTGOMERY ALLEGHENY ALLEGHENY DELAWARE PHILADELPHIA PHILADELPHIA LANCASTER BLAIR LANCASTER PHILADELPHIA STUDENT ALLEGHENY MONTGOMERY ALLEGHENY ALLEGHENY DELAWARE PHILADELPHIA PHILADELPHIA LANCASTER BLAIR LANCASTER PHILADELPHIA STUDENT ALLEGHENY MONTGOMERY	HURWITZ, MD, LARRY E HUSAIN, MD, SALEEM HUSAIN, MD, ZAHID HUSAINI, MD, SYED N HUSHION, MD, WILLIAM F HUSMANN, DEREK L HUSSAIN, MD, SHABBAR HUSSAIN, MD, SHAHID HUSSAINI, MD, SYED R HUSSON, MD, MICHAEL A HUST, MD, FREDERICK S HUSTED, MD, JAMES W HUSTON, MD, CHARLES C HUSTON III, MD, CHARLES C HUTCHINGS, MD, DIANA M HUTCHINSON, MD, THOMAS A HUTCHINSON III, DO, HARRY J HUTCHISON, MD, JAMES C HUTSON, DO, JODY W HUTT, MD, GORDON H HUTTON, MD, JOHN E HUTTON, MD, LISA J HUTZ, DAVID P HUXSTER, MD, ROBERT H HWN, MD, JUNG J HWN, WARDEN H HWANG, MD, MAISIE HYATT, MD, FLOYD R HYATT, MD, GLENN A HYATT, MD, ROBERT W HYDE, MD, BRUCE I HYDER, MD, SYED S HYKES, MD, JAMES I HYLAND, LAWRENCE J HYLBERGT 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STUDENT PHILADELPHIA LACKAWANNA WESTMORELAND	JANA, MD, DILIP K JANAKIRAMAN, MD, VIJAYARA G JANCARIK, JOHN P JANECKA, MD, IVO P JANERICH, MD, ALBERT D JANESKY, MD, CINDY JANEWAY, MD, TIMOTHY JANG, MD, JANG-HUEI JANG, SUNGYON JANI, BINOY R JANIAK, DO, DANIEL D JANICJEVIC, MD, NENAD JANNELLI, MD, ANGELA F JANNELLI, MD, DOROTHY F JANNETTA, MD, PETER J JANOFF, HAL B JANOSKO, MD, RUDOLPH E M JANSMA JR, MD, DAVID R JANSON, MD, RUSSELL R JANTON III, MD, FRANCIS J JAQUISS, MD, G WILLIAM JARDINE, MD, JILL C JARDINE, MD, LISA M JARDINES, MD, LORI A JARIWALA, MD, LETICIA O JARJOUR, MD, IMAD T JARMAN, MD, MARTHA L JARMOLOWSKI, MD, CHESTER R JAROVENKO, MD, DALEA G JARRETT, MD, FREDRIC JARVIS, MD, F WAYNE JASKO, JOHN J JASPER, DO, RONALD L JAURIGUE, MD, VENERANDO G JAVAN, MD, MEHDI B JAVED, MD, ARSHAD JAVIAN JR, MD, THOMAS A JAVIER, MD, ROMULO J JAWAD, MD, BASIL S JAXHEIMER, MD, ERIC C JAY JR, MD, W THOMAS JAYAKUMAR, MD, SUBRAMONIAM JEAN, MICHAEL C JEAN-JEROME, EVA JEAN-LOUIS, MD, FRANTZ JEFFERIES 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KELLEY, DO, JANE A KELLEY, MD, KRISTINE KELLEY, MD, MARK A KELLEY, MICHAEL P KELLEY, DO, SUZANNE K KELLEY, MD, WILLIAM N KELLEY JR, MD, CHARLES F KELLIS, MD, DANA S KELLMAN, MD, IAN A KELLY, MD, ANNE M KELLY, MD, BRUCE R KELLY, MD, EDWARD A KELLY, MD, EDWARD G KELLY, MD, EDWARD J KELLY, MD, HABIB R KELLY, MD, HERBERT T KELLY, MD, JAMES J KELLY, MD, JEAN A KELLY, MD, JOHN A KELLY, MD, JOHN T KELLY, MD, KEVIN J KELLY, MD, LINDA S KELLY, MD, MARK F KELLY, MATTHEW J KELLY, MD, MAUREN P KELLY, MD, PAUL O KELLY, MD, ROBERT W KELLY, MD, THOMAS J KELLY, MD, WILLIAM E KELLY, MD, WILLIAM J KELLY III, MD, JOHN J KELLY IV, MD, JOHN D KELLY JR, MD, EDWARD A KELSEY, MD, DAVID M KELSO, MD, DON R KELTON, MD, FRANKLIN C KELVIN, MD, CARL B KEMERER, CHERYL L KEMMERER, KELLY M KEMP, AMY L KEMP, MD, ROBERT M KEMP, MD, WILLIAM R KEMP III, MD, DEWITT E KEMPERS, KEVIN G KEMPFF JR, MD, FRANCIS C KEMPNER, MD, BONNIE A KEMPER, MD, J DONALD KENDALL, MD, BENJAMIN KENDALL, MD, LEIGH W KENIG, MD, ISADOR J KENKEL, 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FRANKLIN LEHIGH MONTGOMERY PHILADELPHIA YORK STUDENT ALLEGHENY PHILADELPHIA STUDENT MONTGOMERY PHILADELPHIA JEFFERSON PHILADELPHIA YORK SUSQUEHANNA LUZERNE WESTMORELAND ALLEGHENY MONROE LUZERNE MERCER BERKS MONTGOMERY LUZERNE PHILADELPHIA BEDFORD PHILADELPHIA MONROE ALLEGHENY STUDENT	KESSLER, MD, FRANK J KESSLER, MD, GALEN M KESSLER, MD, LAIBE A KESSLER, MD, REX K KESSLER, MD, WOODROW B KESTER, MD, WALTER L KESWANI, MD, ASHOK K KEZELI, MD, ALEXANDER KETELS, MD, ERK A KETTERER, MD, CYNTHIA L KETTERING, MD, DONALD L KETTER, MD, EDWARD C KETZAN, MD, TIBOR KEULER, MD, MARC M KEVENK, MD, KERIM C KEVERLINE, MD, PAUL O KEVITCH, MD, ROBERT B KEYES, MD, KATHLEEN J KEYKHAH, MD, MOHAMMAD M KEYSER, MD, GLENN C KEYSER, DO, JEFFREY A KHADHIRI, MD, DIANA KHALIFA, MD, NAGIB M KHALIL, MD, KARIM KHALOUF, DO, FRED K KHALUPSKY, MD, LARISA KHAN, MD, ANWARULLAH KHAN, MD, ARSHAD A KHAN, MD, ELIZABETH A KHAN, MD, MILLY P KHAN, MD, MOHAMMAD A KHAN, MD, SHAUKAT H KHAN, MD, SULTAN KHAN, MD, YASIN N KHANDELWAL, 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MD, DONG H KIM, MD, DOO T KIM, MD, EDWARD KIM, MD, HACK J KIM, MD, HI S KIM, MD, HO JIN KIM, MD, HWAN Y KIM, MD, HYOUNG D KIM, HYUNG T KIM, MD, IH C KIM, MD, IL G KIM, MD, IN-SOON KIM, MD, INKYO KIM, MD, JAE-CHIL KIM, DO, JAMES B KIM, MD, JE H KIM, MD, JIN I KIM, MD, JOHN H KIM, MD, JOUNG Y KIM, MD, JUNG S KIM, MD, KWAN E KIM, MINA H KIM, MD, MYOUNG S KIM, MD, PAUL S	NORTHAMPTON ALLEGHENY ALLEGHENY DELAWARE CHESTER PHILADELPHIA CHESTER BUCKS PHILADELPHIA WESTMORELAND ALLEGHENY ALLEGHENY LACKAWANNA WESTMORELAND WARREN LEHIGH ALLEGHENY PHILADELPHIA DAUPHIN LANCASTER DAUPHIN FRANKLIN WESTMORELAND BLAIR PHILADELPHIA WESTMORELAND PHILADELPHIA LEHIGH ERIE DELAWARE CARBON SCHUYLKILL LEHIGH MONTGOMERY PHILADELPHIA NORTHMBRLAND STUDENT STUDENT STUDENT ALLEGHENY MONTGOMERY PHILADELPHIA ERIE DAUPHIN STUDENT SCHUYLKILL PHILADELPHIA LUZERNE PHILADELPHIA PHILADELPHIA PHILADELPHIA ALLEGHENY LEHIGH ALLEGHENY ALLEGHENY MONTOUR LEHIGH ALLEGHENY CLEARFIELD MONTOUR BLAIR BRADFORD WAYNE/PIKE MONTGOMERY 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M KOO, MD, WOOK H KOBY, MD, DAVID A KOOLPE, MD, HARVEY A KOOLPE, MD, LOUIS KOOROS, MD, KIAN S KOPEN, MD, DAN F KOPENHAVER, MD, DONALD B KOPNICKY, AIMEE J KOPYT, DO, NELSON P KORONITS, MD, CHARLES W KORNTZWIIT, MD, EDITH KOREVAAR, MD, WILHELMINA C KOREY, MD, JOSEPH J KOREY JR, MD, JOSEPH J KORHAMMER, MD, ALAN F KORINCHAK, MD, JEROME L KORMAN, MD, H SHIRLEY KORNBLITH, MD, PAUL L KORNGOLD, MD, LAURA M KORT, MD, JOSEPH F KOSCO, MD, GEORGE M KOSCO III, DO, GEORGE M KOSDROSKY, MD, MARTIN A KOSK, DO, GUNNAR F KOSKMO, MD, ALEXANDER KOSKENSKE, MD, TED D KOSKAR, MD, MARK I KOSHINSKI, DO, RITA S KOSIK, DO, JAMES J KOSLOW, ANDREW H KOSMAS, MD, CONSTANTINE E KOSSEIM, MD, LAURA M KOSOFF, MD, DAVID W KOSOL, MD, JANET M KOST, MD, KENNETH R KOSTER, MD, LEE H KOSTYAL, MD, JOHN L KOTAKIS, MD, JOHN KOTAPKA, MD, MARK J KOTACH, MD, MICHAEL J KOTLER, MD, BARRY M KOTLOFF, MD, LEON KOTTAPALLY, MD, SRINIVAS M KOTTNER JR, MD, WILLIAM W KOTWAL, MD, NEVILLE H KOTWAL, MD, NIRMAL D KOTYU, MD, JOHN A	CLARION CHESTER 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LUZERNE ALLEGHENY FRANKLIN PHILADELPHIA PHILADELPHIA BLAIR MONTGOMERY DAUPHIN DELAWARE PHILADELPHIA DAUPHIN DELAWARE MONTGOMERY WESTMORELAND PHILADELPHIA PHILADELPHIA STUDENT PHILADELPHIA DELAWARE YORK ALLEGHENY DAUPHIN NORTHAMPTON BEAVER LUZERNE LAWRENCE PHILADELPHIA CHESTER PHILADELPHIA PHILADELPHIA DELAWARE BEAVER CENTRE STUDENT YORK BERKS BERKS COLUMBIA PHILADELPHIA CARBON YORK ALLEGHENY MONTGOMERY YORK PERRY ALLEGHENY ALLEGHENY ALLEGHENY CAMBRIA ALLEGHENY PHILADELPHIA PHILADELPHIA	MARCELIS, MD, JOHN F MARCELLA, MD, LAWRENCE C MARCELLA, MD, STEPHEN W MARCH, MD, HERMAN C MARCH, THERESA M MARCHANT, MD, ERIC A MARCHANT, MD, LEWIS K MARCHETTO, MD, PAUL A MARCHINSKI, MD, LEONARD J MARCINICIN, MD, PAUL G MARCINICIN, MD, ROBERT P MARCNINIK, DO, MARGARET E MARCONIS, MD, JOSEPH T MARCOITE, MD, PAUL J MARCOUX, MD, ANNE-MARIE C MARCUCCI, MD, JAMES W MARCUCCI, MD, MICHAEL C MARCUS, MD, DONALD J MARCUS, MD, DONALD K MARCUS, MD, GARY J MARCUS, MD, JEROME I MARCUS, MD, JOHN W MARCUS, MD, MICHAEL 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BERKS ALLEGHENY JEFFERSON BEAVER STUDENT LEBANON MONTGOMERY CUMBERLAND MCKEAN CAMBRIA BLAIR ALLEGHENY PHILADELPHIA ALLEGHENY MONTGOMERY ERIE ERIE PHILADELPHIA ALLEGHENY PHILADELPHIA WASHINGTON CHESTER PHILADELPHIA DAUPHIN PHILADELPHIA PHILADELPHIA NORTHAMPTON	OSTMAN, MD, ZENAIDA E OSTRUM, MD, BERNARD J OTERI, MD, DOMENIC L OTERO, MD, JORGE A OTERO-MALLON, MD, SUSANNE I OTOOLE, MD, JAMES D OTOOLE, MD, THOMAS F OTT, DO, ANITA M OTT, MD, CAROL E OTT, DO, WILLIAM A OTTENBERG, MD, DONALD J OTTOELLO, MD, DOMINGO G OU, MD, KUANG-YU QUANO, MD, ROMEO C OVERBECK, MD, MICHAEL D OVERFIELD, MD, EDWARD M OVERLY, MD, WYLLIE L OVERTON, MD, MARK H OWENS, MD, DAVID E OWENS, MD, E REESE OWENS, DO, EDWARD J OWENS, MD, ERIK L OWENS, MD, JOHN D OWENS, MD, JOHN S OWENS, MD, R SCOTT OXENBERG, MD, GARY L OYLER, CYNTHIA E OZAKI, MD, WAYNE H OZOLEK, MD, JOHN A	DAUPHIN PHILADELPHIA DELAWARE LEHIGH NORTHAMPTON ALLEGHENY PHILADELPHIA DELAWARE PHILADELPHIA DELAWARE PHILADELPHIA ALLEGHENY LUZERNE MONTGOMERY ERIE 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MD, NAINESH M PATEL, MD, NARENDRA K PATEL, MD, PRABHA H PATEL, MD, PRAVIN K PATEL, MD, PRAVINCHANDRA K PATEL, MD, PURSHOTTAM N PATEL, MD, RAJ J PATEL, MD, RAMESH C PATEL, MD, RASILA P PATEL, MD, RITA M PATEL, MD, SARIT M PATEL, MD, SATISH D PATEL, MD, SHAILESH D PATEL, MD, SHASHIKANT B PATEL, MD, SHASHIKANT J PATEL, MD, SHERAL S PATEL, MD, STEPHANIE PATEL, MD, SUBODH G PATEL, MD, SUMAN A PATEL, MD, VINOD M PATEL, MD, YASHVANTKUMAR S PATER, MD, DAVID R PATERNITI, MD, SAMUEL F PATERSON, MD, KIMBERLY K PATHAK, MD, RAJANI K PATHARE, MD, MEERA V PATHAJA, MD, JOTINDER K PATHROFF, MD, ROBERT PATISSAS, MD, CHRISTOPHER J PATNAIK, MD, RAMPRASAD PATRIARCO, DO, MICHAEL S PATRICIO, MD, ALEJANDRO M PATRICK, MD, DAVID B PATRICK, MD, GREGORY B PATRICK, MD, MICHAEL A PATRICK, EXEC DIR, MARY PATTANAYAK, MD, MINATI PATTERNAK, MD, STEPHEN T PATTERSON, MD, CHRIS PATTERSON, MD, CHRISTOPHER J PATTERSON, MD, JOHN R PATTERSON, MD, JOHN W PATTERSON, MD, LELAND F PATTERSON, MD, LEWIS T PATTERSON JR, MD, ARTHUR J PATTON, MD, ANNA M PATTON, MD, CARLA S PATTON, MD, GEORGE D PATTON, MD, MARY L PATUKAS, MD, PETER C PATZ, MD, MARY K PAUL, MD, ALBERT J PAUL, MD, ALVIN J PAUL, MD, BORIS PAUL, MD, CHAMPA L PAUL, MD, EDWARD G PAUL, MD, GERSON S PAUL, MD, JAY PAUL, MD, LEENA PAUL, MD, PHYLLIS O PAUL, MD, RICHARD PAUL, MD, RONALD L	PHILADELPHIA PHILADELPHIA STUDENT ERIE PHILADELPHIA DELAWARE LEBANON PHILADELPHIA PHILADELPHIA STUDENT BERKS WASHINGTON FRANKLIN ELK/CAMERON PHILADELPHIA BLAIR LUZERNE LACKAWANNA LACKAWANNA LACKAWANNA DAUPHIN ALLEGHENY ALLEGHENY LYCOMING LANCASTER ALLEGHENY CAMBRIA BUCKS WASHINGTON BEAVER PHILADELPHIA ALLEGHENY CAMBRIA BUCKS CLARION LAWRENCE ERIE LUZERNE BLAIR LEBANON BUCKS WASHINGTON BEAVER PHILADELPHIA ALLEGHENY WESTMORELAND DELAWARE MONTGOMERY PHILADELPHIA DELAWARE PHILADELPHIA SUSQUEHANNA NORTHAMPTON LYCOMING LACKAWANNA UNION ALLEGHENY STUDENT LUZERNE MONTGOMERY DAUPHIN CAMBRIA STUDENT STUDENT FAYETTE LACKAWANNA ERIE DELAWARE YORK LEBANON DELAWARE JEFFERSON LEHIGH 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POWELL, SUSAN M POWELL JR, MD, OSCAR M POWELL JR, DO, THOMAS F POWER, MD, JOHN A POWER, JULIETTE M POWERS, MD, BRIAN A POWERS, MD, DANAE M POWERS, MD, DONALD V POWERS, MD, JOSEPH K POWERS, MD, STEPHEN K POWERS, MD, VICTOR J POWERS JR, MD, FRANCIS M POWLUS, JODI L PRABHU, MD, ANIL PRABHU, MD, NALINA PRADHAN, MD, ANIL G PRADHAN, MD, NIREEJA V PRADHAN, MD, SANDEEP K PRAGER, MD, DAVID PRAGER, MD, DAVID A PRAKASH, MD, MURTHAPPA N PRANCKUN, MD, PETER J PRANCKUN, MD, PETER P PRASAD, MD, AJIT K PRASAD, MD, MAHADEVAPPA M PRASAD, MD, MAHALINGIAH PRASAD, MD, RAJEEV PRASAD, MD, RAJNISH PRASAD, MD, SHISHIR C PRASHER, MD, SANJAY PRATER, MD, JOHN M PRATS, MD, IGNACIO PRATT, MD, DAVID S PRATT, MD, LORETTA A PRAWOZIK, MD, LEOCADIA T PREATE, MD, DONALD L PREGLER, DO, FRANK C PREHATNY, MD, JOHN R PREISS, MD, JENNIFER E PRELI, MD, OLINDO J PREMAZA-MUELLER, DO, ALICE R PRENDERGAST, MD, MAURICE D PRENDERGAST, MD, MICHAEL J PRESCOTT, MD, JON S PRESS, MD, ALLAN J PRESSSEL, MD, MICHAEL D PRESSMAN, MD, ROBERT S PRESTEL JR, MD, THOMAS F PRESTILIPPO, MD, ORAZIO PRETTER, MD, PAUL D PRETTER, MD, PHILIP C PRIANO, STEVEN V PRIBITKIN, MD, EDMUND PRICE, MD, ALBERT C PRICE, MD, ALFRED R PRICE, MD, DAVID B PRICE, MD, RAPHAEL I PRICE, MD, RICHARD E PRICE, MD, RICHARD T PRICE, MD, TAMARA L W	BUCKS DELAWARE DAUPHIN ALLEGHENY LACKAWANNA BLAIR PHILADELPHIA DAUPHIN CHESTER ALLEGHENY LANCASTER PHILADELPHIA LANCASTER PHILADELPHIA MONTGOMERY PHILADELPHIA ALLEGHENY ADAMS LACKAWANNA CAMBRIA LEHIGH MONTGOMERY LEBANON CAMBRIA STUDENT BERKS ALLEGHENY PHILADELPHIA LUZERNE PHILADELPHIA LEBANON DAUPHIN ALLEGHENY CHESTER ALLEGHENY ALLEGHENY CHESTER LYCOMING LYCOMING ALLEGHENY DELAWARE BUCKS FAYETTE STUDENT STUDENT ALLEGHENY PHILADELPHIA ALLEGHENY STUDENT MONROE CENTRE DELAWARE PHILADELPHIA DAUPHIN LEHIGH LYCOMING STUDENT ALLEGHENY ALLEGHENY MCKEAN PHILADELPHIA PHILADELPHIA LEHIGH NORTHAMPTON LUZERNE LANCASTER LANCASTER CHESTER BUTLER ALLEGHENY STUDENT PHILADELPHIA LUZERNE ALLEGHENY LUZERNE YORK DAUPHIN DELAWARE LUZERNE 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PROOTHI, MD, SUBHASH C PROBST, MD, HARRY D PROBST-PROCTOR, MD, SANDRA L PROSPERI, MD, ALDO J PROSS, CAROL D PROSTKO, MD, E RICHARD PROTOMASTRO, PAUL D PROUDFIT, MD, J PAUL PROVAN, MD, CHARLES A PROVAN, DO, NANCY M PROVANCE, DO, WILLIAM J PROVENCIO, MD, FLORENCIO PROWELL, MD, JOSEPH W PROY, MD, BERNARD C PRUCHNIC, MD, WILLIAM F PRUDENCIO, MD, MARIA E PRUDENCIO JR, MD, JOSE N PRUDENTE, ERNEST L PRUDOFF, ADAM J PRUITT, MD, JOHN D PRUSAKOWSKI, DO, JOSEPH M PRYADKO, MD, ALEKSEY PRYBLICK, DO, GARY M PRYBLICK, DO, JUDITH R PRYLINSKI, MD, GREGORY V PRYLINSKI, DO, JEFFORY J PRYOR JR, MD, CHARLES A PU, MD, GLEN A W PUCEVICH, MD, MARIA V PUDES, DO, DAVID M PUESAN, MD, REYNALDO PUFFENBERGER, MD, MARK W PUGH, MD, JAMES E PUGH, MD, REGINALD P PUGLIESE, MD, AUGUST A PUGLIESE, MD, JOSEPH F PUGLIESE, MD, PATRICK D PUGLISI, MD, ANTHONY S PUGLISI, JEFFREY S PUGLISI, MD, VINCENT PULITO, MD, JOHN M PULKEKINGS, MD, JOSEPH W PULLEN, MD, HARVEY T PUMA, MD, SAMUEL J PUNDIAK, MD, TERRY J PUNUKOLLU, MD, C RAO PUPI, MD, PAUL A PUPPALA, SHAYM PURCELL, MD, ROBERT E PURCELL, DO, STEPHEN M PURCELL, MD, SUSAN M PURCELL JR, MD, ROBERT E PURDY, MD, RICHARD T PURKAYASTHA, MD, ARINDAM PURNELL, MD, JOHN S PURNER JR, DO, WILLIAM M PURPURA, MD, THOMAS R PURSELL, MD, ROBERT N PUSATERI JR, MD, JOSEPH P PUSCHAK, MD, RUSSELL B PUSHKAREWICZ, MD, MICHAEL J PUTNAM, MD, MARK A PUTNAM III, MD, SAMUEL G PUTPUSH, MD, JOSEPH R PUZA, MD, SCOTT W PYATT JR, MD, ROBERT S PYERITZ, MD, REED E PYLES, MD, MARK C	BLAIR PHILADELPHIA DELAWARE ALLEGHENY CHESTER PHILADELPHIA DELAWARE MONROE ADAMS BRADFORD ALLEGHENY BUCKS YORK PHILADELPHIA ALLEGHENY ALLEGHENY LACKAWANNA DELAWARE BERKS ALLEGHENY MONTGOMERY MONTGOMERY PHILADELPHIA BERKS STUDENT DAUPHIN ALLEGHENY WAYNE/PIKE WAYNE/PIKE WESTMORELAND STUDENT ALLEGHENY WASHINGTON STUDENT WASHINGTON ALLEGHENY MONTGOMERY WESTMORELAND LEBANON LANCASTER ERIE CAMBRIA LEBANON DAUPHIN STUDENT STUDENT STUDENT CLARION DAUPHIN LEHIGH LEHIGH ERIE ERIE BUCKS FRANKLIN ALLEGHENY PHILADELPHIA WARREN 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JOSHUA A RABKIN, MD, MICHAEL S RABSON, MD, JOSEPH A RABSON, MD, MOSES RACCIATO, MD, PETER J RACETTE, MD, C DYANNE RACH, MD, JOEL F RACHAKONDA, MD, NARASIMHA S RACHO, MD, GEORGE J RACKISH, MD, MARK A RACKOW, MD, LAWRENCE L RADFAH, MD, FEREYDOON D RADFAH, MD, NEZAM RADFAH, MD, ROUANGHIZ H RADFAH, MD, SORAYA Z RADICE, MD, EUGENE D RADLER, MD, JOHN K RADON, PAULA A RADONICH, MICHAEL A RADOSH, LEE J RADSM, MD, DOUWE L RADTKE, BRIAN E RAEZER, MD, DAVID M RAFALKO, MD, DAVID M RAFELSON, MD, STEPHEN A RAFF, MD, H BARRY RAFF, MD, THOMAS C RAFFENSPERGER, MD, BRUCE W RAFFERTY, MAUREEN RAFFERTY, DO, MICHAEL F RAGAB, MD, ABDELHAMED L RAGONESI, MD, SUSAN B RAGOOWANSI, MD, ASHVIN T RAGOOWANSI, MD, TULSIDAS N RAHAM, MD, DAVID C RAHAM, MD, VANCE A RAHAUSER, MD, DAVID M RAHIM, MD, ENAYET RAHMAN, MD, RUKHSANA K RAHMANIAN, MD, NADER RAHME, MD, JASON G RAICH, MD, WILLIAM A RAIFORD, MD, JOHN W RAINES, MD, HERBERT S RAINES, MD, JONATHAN M RAINEY, MD, CYNTHIA L RAINEY, MD, EDWARD C RAINEY, DO, MICHAEL J RAISCH, MD, FREDERICK J RAIZMAN, MD, RICHARD E RAJ, MD, STEPHEN S RAJA, MD, GEETA RAJAGOPAL, MD, AMBIL S RAJASENAN, KIRAN K RAJASENAN, MD, VASUDEVAN RAJJOUB, MD, RODWAN K RAJTER, JEAN-JACQUES RAJU, MD, PADMA I RAJU, MD, RUDRARAJU P RAJUPET, MD, GOPINATH R RAJYAGURU, MD, VRAJLAL L RAKINIK, MD, JAN RAKLEWICZ, MD, MICHAEL C RALPH, MD, PAMELA J RALSTON, MD, EDGAR L RAM, MD, NAND RAM, MD, SANT RAMACHANDRAN, MD, MOORIATH RAMAGE, MD, ANN L RAMAKRISHNA, MD, SRINIVASARAO RAMAKRISHNAN, MD, THEKKEMADOM P RAMAN, MD, ASHA RAMAN, MD, JAYALAXMI RAMANATHAN, MD, DEBORAH	PHILADELPHIA ALLEGHENY ALLEGHENY ADAMS LUZERNE DAUPHIN DAUPHIN ALLEGHENY MONTGOMERY NORTHAMPTON NORTHAMPTON BUCKS CAMBRIA MIFFLIN/JUNIATA MONTGOMERY MONTGOMERY ALLEGHENY LEBANON ALLEGHENY BERKS DAUPHIN PHILADELPHIA LANCASTER LUZERNE LYCOMING LYCOMING PHILADELPHIA ALLEGHENY MONTGOMERY MONTGOMERY MONROE LANCASTER WASHINGTON LUZERNE LUZERNE LYCOMING PHILADELPHIA ALLEGHENY ALLEGHENY ALLEGHENY ALLEGHENY COLUMBIA BEAVER DAUPHIN PHILADELPHIA FRANKLIN CAMBRIA ADAMS BERKS ALLEGHENY LANCASTER BUCKS PHILADELPHIA PHILADELPHIA CAMBRIA BLAIR LACKAWANNA MERCER ALLEGHENY ERIE PHILADELPHIA ERIE STUDENT BEAVER LYCOMING STUDENT BLAIR ALLEGHENY LEHIGH PHILADELPHIA LUZERNE PHILADELPHIA PHILADELPHIA ERIE LAWRENCE YORK LACKAWANNA NORTHAMPTON ALLEGHENY PHILADELPHIA BUCKS	RAMASWAMY, RAMESH RAMBACH, MD, LEONARD RAMBHA, MD, JETHALAL L RAMESH, MD, MAKUM L RAMIK, MD, OTTO E RAMIREZ, MD, CONSTANCIO RAMIREZ, MD, RENATO P RAMIREZ-AMAYA, MD, RENE RAMOS, MD, CLARITA P RAMOS-CARO, MD, JOSE L RAMS, MD, JAMES J RAMSEY II, MD, WILLIAM H RAMSEY JR, MD, HARRY E RAMA, MAUNAK V RANCIER, MD, LEE F RANCK, MD, SIDNEY G RANDALL, MD, J PERLINGIERO RANDALL, MD, JOHN L RANDALL, MD, PETER RANDALL IV, MD, ALEXANDER RANGANATH, MD, GUBBI N RANIERI, MD, TITO A RANISH, MD, DEBORAH A RANKIN, MD, JAMES S RANKIN, MD, KEVIN P RANKIN, MD, LARRY S RANKIN, MD, ROBERT C RANNELS, MD, HERMAN W RAO, MD, B VENKAT RAO, MD, BRINDA E RAO, MD, LEEA K RAO, MD, MADHAVA S RAO, MD, NALINI RAO, MD, RAMDEV K RAO, MD, SUNDER R RAO, MD, USHA G RAO, MD, VIJAY M RAO, MD, YASHODA D RAPHAEL, MD, PAUL S RAPHAEL, MD, STEPHEN A RAPHAELY, MD, RUSSELL C RAPPAPOORT, MD, LEWIS B RAPPAPOORT, MD, MELVIN M RASCHID, MD, SOHAEL M RASCOE JR, MD, ROBERT R RASEFSKE, JASON P RASHID, MD, ABDUL RASHID, MD, IOBAL RASHID, MD, MOHAMMAD RASHID, MD, SAMUEL F RASHKIS, MD, HAROLD A RASNIK, MD, CURTIS A RASO, MD, DOMINIC J RASO, MD, JON A RAST, MD, MARK L RASTOGI, MD, NITA A RATH, KRISTINA M RATHORE, MD, DALEEP K RATKE, MD, HENRY V RATNER, MD, RICHARD R RATTSCHAN, MD, WALTER J RAU, MD, RAMNATH S RAU, MD, RAYMOND L RAUB, MD, JAMES A RAUBENSTEIN, MD, DEBORAH A RAUCH, MD, DOUGLAS RAVANDOST, MD, PARVANEH RAVANO, MD, JOSE F RAVANO, MD, PARALUMAN O RAVEL, MD, ROBERT L RAVELLA, MD, SARATH B RAVES, MD, JOHN J RAVIOLA, MD, CAROL ANN RAVITZ, MD, GERALD A RAWA, MD, RANDY S RAWINSLEY, MD, HERBERT H RAWSON, MD, HELEN H RAY, MD, ANNAMARIE RAY, MD, JOHN H RAY, MD, RICHARD L RAY, MD, SIBIR N RAY, MD, TARUN K RAYBECK, 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HOSSAIN SAHOOD, MD, DILLISWAR SAHOOD, MD, KASHINATH SAHOVEY, MD, JAMES R SAHU, MD, PAWAN K SAIDMAN, MD, BRUCE H SAIDMAN, MD, LESTER M SAIF, MD, NAHEED F SAIFEE, MD, KUTUB M SAINI, MD, SUNIL K SAINSBURY, MD, CYNTHIA R SAITO, NAUYUKI G SAKKAL, MD, SAAD SAKOL, MD, PETER J SAKOLSKY, DARA J SALAK, MD, WASYL W SALAM, MD, MAHI SALAND, MD, DAVID K SALAS, MD, MARTY M SALATKA, MD, KARL W SALAZAR, MD, EDGARDO P SALAZAR, MD, LOUIS F SALAZAR, MD, PEDRO A SALCEDO, MD, WILFREDO G SALEEM, MD, MOHAMMAD A SALEH, MD, A NABIL SALES, MD, PHOENIX N SALGADO, MD, EDWARD M SALILENG, MD, FILEMON F SALINDONG, MD, JAIME P SALKIND, MD, GARY D SALKIND, MD, GENE Z SALLASH JR, MD, ROBERT J SALLAVANTI JR, MD, ROBERT A SALNER, MD, NATHAN P SALOKY, DO, PAUL A SALOMON, MD, ALEXANDER R SALOMON, MD, MICHAEL A SALOON, ALBERT T SALOTTO, MD, ARNOLD G SALOWE, MD, DAVID R SALTZBURG, DO, MICHAEL C SALTZER, KAREN R SALUS, DO, JOHN E	LEHIGH SOMERSET CRAWFORD ALLEGHENY ALLEGHENY ALLEGHENY MONTGOMERY WESTMORELAND MONTGOMERY 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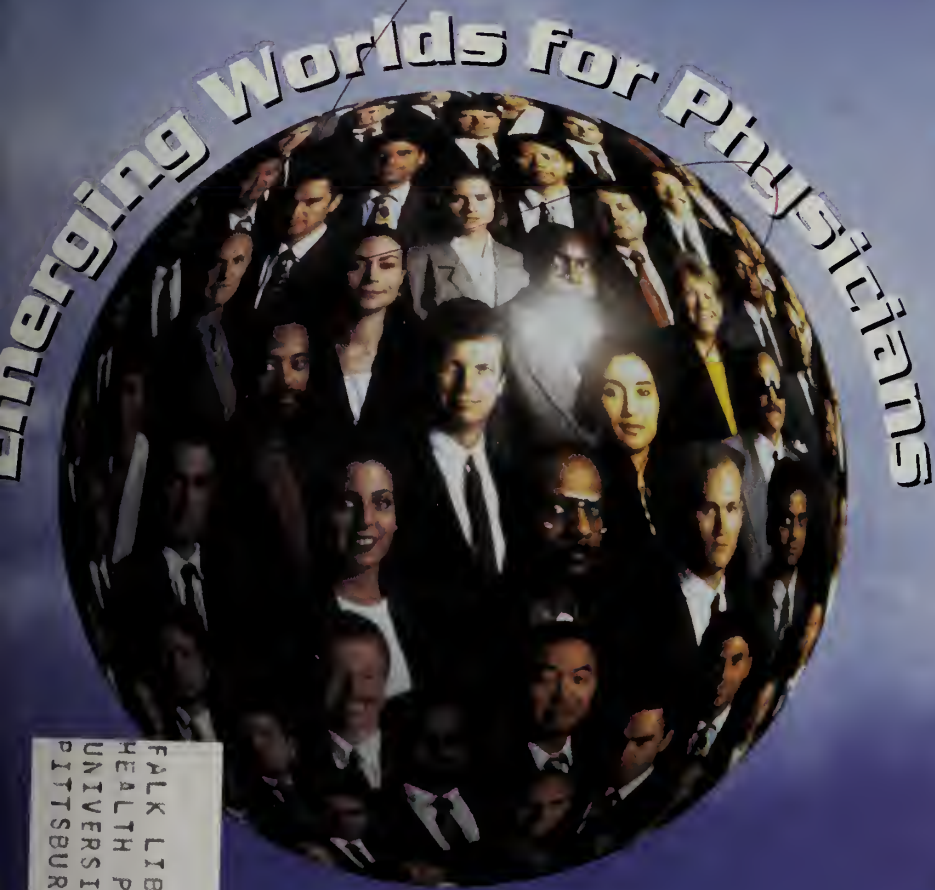
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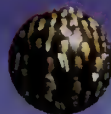


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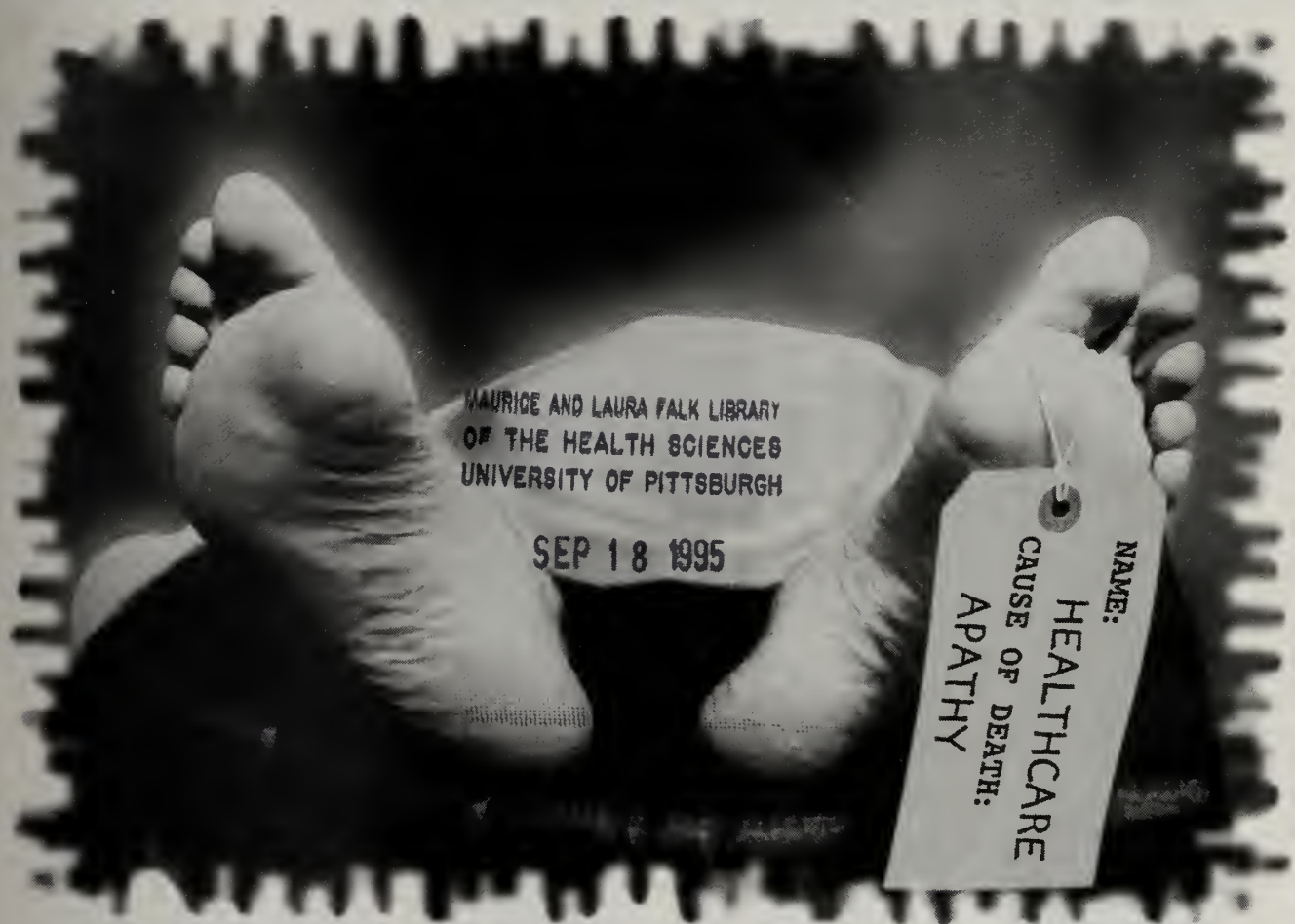
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† Exact language for each endorsement varies by organization. A current list of all PPHP endorsements is available for review upon request.

26 Medical Uses of the Internet

In this next in a series of articles on applications of personal computers for physicians, our specialist on medical computer networks explores some of the medical resources available on the Internet.



Cover photo by James Porto/
FPG International Corp., New York

34 Nobody Knows the Trouble They See



Computers, code revisions, and patients' changing expectations have added a new level of complexity to the job of medical office manager. Here's advice from experienced managers on how you, as an employer of such a valuable person, can ease their plight and maximize their effectiveness.

18 Managing Medicaid: Community Plan Finding Success in Lancaster



After more than two years in development, the Lancaster Community Health Plan opened its phone lines this spring to Medicaid patients in need of a "medical home." Physician and community response has been overwhelmingly positive.

Medigram

4 Late news at press time

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STATE SOCIETY CLAIMS ANOTHER MEDICARE VICTORY: Xact Medicare Services is changing the way it reimburses for implantable devices as a result of efforts of the State Society and many individual physicians. Xact had announced that, beginning August 1, physicians must submit the FDA approval number, manufacturer's name, and model number for implantable devices used in select surgical or diagnostic procedures. Xact said it would reject any claims missing the information. The Society protested, citing the huge burden imposed on practices to collect the data and make billing software changes. As of August 21, Xact has stopped requiring the new information, and adjustments will be made to claims already filed. Xact says it will instead conduct random audits of physician records to look for abuses.

Pennsylvania physicians have received almost \$30 million to date as a result of another Society victory earlier this year challenging Medicaid payment practices for low-income elderly who are eligible for both Medicare and Medicaid.

COST-EFFECTIVE SOLUTION SOUGHT TO CAT FUND SURCHARGE:

Insurance Commissioner Linda S. Kaiser on September 1 notified basic medical malpractice insurance carriers of a Medical Professional Liability Catastrophic Loss (CAT) Fund shortfall. State Society leaders this summer met with John Reed, new director of the CAT Fund, and Kaiser to talk about the fund's critical problems and anticipated surcharge. In July, Kaiser alerted basic carriers to the possibility of an emergency surcharge of roughly 20 to 50 percent to cover a fund backlog, but the state Senate adjourned for summer recess without taking action on the related bill. Reed continues to seek an alternative to the emergency surcharge, and the Society is seeking introduction of a comprehensive tort reform bill which, it says, is the only realistic solution to the medical malpractice problem.

PACE SETS NEW CRITERIA FOR CARDIAC MEDICATIONS: Effective October 15, the Pennsylvania Department of Aging's Prospective Drug Utilization Review Program (PACE) will be using new criteria for approval of cardiac glycosides, calcium channel blockers, angiotensin converting enzyme inhibitors, and beta blockers. In some cases, the maximal dosages allowed by PACE are lower than those stated in the *Physicians' Desk Reference*. The Society has raised questions about these levels. Physicians whose patients may be adversely affected by these new rules are advised to document cases and send the information to the Society to support continuing efforts to revise PACE guidelines. Direct questions to the Society at (800) 228-7823 or (717) 558-7750, ext. 1459.

LANCASTER PLAN IS ONE OF 25 TO RECEIVE NATIONAL GRANT: The Lancaster Community Health Plan (LCHP), a managed care plan for Medicaid recipients in Lancaster County, is one of 25 local organizations nationwide chosen to receive grants averaging \$225,000 to improve the health of their communities. The 25 are expected to serve as models for the emerging health care delivery and financing system of the next century. A total of 283 organizations applied for the grant, which requires recipients to raise local matching funds equal to the amounts of their grants. For more on the May start-up of LCHP, see page 18.

WRITE TO US VIA THE INTERNET: The State Society has entered "cyberspace." Physicians connected to an online computer service can now send messages to Society headquarters via the Internet. Our new e-mail address is: stat@pamedsoc.org

AMA URGES GRASSROOTS PUBLICITY AGAINST TEEN USE OF TOBACCO: AMA President Lonnie R. Bristow, MD, in late August publicly applauded President Clinton's call for curbs on teen use of tobacco. "We are pleased that the president has recognized the danger tobacco poses to our children, and addressed the problem in a swift and serious manner," he said. The AMA urges county societies and individual physicians to help educate the public on a local level about the deadly effects of tobacco.



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Preventing a Fall

John W. Mills, MD
Medical Editor

You all know the nursery rhyme about Humpty Dumpty: "...all the king's horses and all the king's men couldn't put Humpty together again." Since unification with the AMA five years ago, the Pennsylvania Medical Society has begun teetering, if you will, on an eroding wall of membership.

As a delegate on the floor of this Society's House at the time, I was convinced to vote for unification. I was sure the alliance would strengthen our profession's cause, other states would follow our lead, and we, while not invincible, would present a formidable front as a major player in the health care arena.

It wasn't in the cards, and now market forces are driving the system. It is now time for the Pennsylvania Medical Society to stand or fall on its own merit. We have problems peculiar to only our commonwealth that we must deal with on our own—for example, a constitutional amendment necessary to pave the way for true tort reform.

In July, your Society's board approved four very focused priorities. The Society's execution of those priorities will be stronger this year through reorganization and internal focus of resources. Streamlining the infrastructure of the Pennsylvania Medical Society is well under way. Executive Vice President Roger Mecum has realigned staff to deal more effectively with the priorities. A plan for realignment of House and board committees and councils will be laid before the board and House this fall.

These measures were drafted with much soul-searching and serious reflection on our future as a profession, and our ultimate responsibility to guide and support our patients in their quest for a healthy existence.

Bold moves are needed to stem our membership loss—the boldest being deunification with the AMA. We know unification isn't the only reason physicians drop out or don't join, but we are increasingly aware that it is a major one.

Better two-way communication with members should promote a resurgence of membership and a stronger State Society. We're initiating interactive communication—via e-mail, broadcast fax, electronic bulletin boards, and streamlined publications. Changes are being planned to enhance the attractiveness of the Leadership Conference to physicians and their families: The event has been moved to weekends for the next two years (April 19-21, 1996, and April 11-13, 1997) at the Lancaster Host and Conference Center.

We hope these efforts promote a State Society that can more effectively relate to the legislature, orchestrate a constitutional amendment for meaningful tort reform, and showcase Pennsylvania as a model of how it should be done by our profession.

A second bold move I believe is necessary to the State Society's survival and well-being is to abolish the membership "link" between the Society and its affiliate, the Pennsylvania Medical Society Liability Insurance Company (PMSLIC). Since its inception, PMSLIC has been required to sell insurance only to State Society members. To be competitive in today's markets, PMSLIC needs the freedom to sell to all Pennsylvania physicians, as well as the freedom to pursue other insurance-related business. Our delegates can give PMSLIC the freedom to enhance its market position immeasurably, while remaining a closely tied affiliate with cross-over members. Nothing less can assure our common goals and still protect us against insurance market shenanigans.

There you have it—the House of Delegates, a.k.a. "all the king's horses and all the king's men," may not possess the power to put Humpty Dumpty together again, but this October they surely possess the power to prevent a fall.

Let me hasten to add that my analogy is in no way meant to be derogatory—I respect this Society for all it has done. Each year as I listen to the House debate the issues, I marvel at the process which in no small way reflects the way our country was founded by a diverse group of colonists with a common quest. ☺



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Protecting Our Patients Under Managed Care

John H. Hobart, MD

For complete coverage and photos of Dr. Hobart's testimony, see pages 12-13.

I would like to begin this column by thanking the members of the House Insurance Committee for their kind reception of my recent testimony on House Bill 630, the Rural Patient Freedom of Choice measure. Members of the committee said the Society's testimony was one of the clearest presentations they had heard about the issues related to selective contracting.

I think that clarity reflects the fact that physicians, more than any other group, have reflected long and hard on the impact that selective contracting—what we in the old days called “any willing provider”—has had, or could have, on our patients.

In fact, the Society's formal testimony in July called selective contracting “an issue which has become almost the defining one for a profession worried that the bottom line of third-party payers is taking precedence over the health and well-being of our patients.”

I hasten to add that the testimony I presented to the Insurance Committee did not represent a new position for our Society. Our position remains clear and consistent: The Society does not support “any willing provider” in the sense that managed care organizations should be required to admit any physician who is willing to accept the payment and other terms. We believe there is a middle ground, and that patients will be best served if all parties work to find a solution that recognizes the legitimate concerns of both sides.

Now there's a big difference between “middle ground” and “middle of the road.” We are not advocating a “safe” position without controversy. We accept controversy for the sake of safeguarding our patients from the dangers of unregulated managed care organizations.

We also have some pretty direct recommendations for safeguards to protect patients from certain managed care organization policies. You may have occasion to personally speak to your legislators in the Pennsylvania House and Senate about this issue. If you do, I hope you will

take a few moments to highlight our recommendations for safeguards:

Adequate network—While managed care organizations may limit the number of participating physicians in their networks, they must ensure that the specialty and geographic distribution of their participating physicians is adequate to provide enrollees with access to quality care.

Rational criteria—Managed care organizations must evaluate a physician's professional qualifications through objective measures of competence and quality. Economic profiles must be adjusted to account for non-clinical management factors, and professionals must not be excluded because they are patient advocates or treat high-cost patients.

Due process—Excluded providers must be provided notice of the rationale for their exclusion and an opportunity to appeal their exclusion internally to the managed care organization and then to the Department of Health.

Physician input—Managed care organizations must implement a mechanism, similar to a self-governing hospital medical staff, for significant physician involvement in the development of network sizing limitations, credentialing criteria and processes, and other health care delivery policies.

Point-of-service option—HMOs and exclusive provider organizations must offer enrollees a point-of-service option that allows them to use out-of-network providers. Any out-of-network penalty should not exceed 20 percent of the allowance.

Disclosure—Any restrictions on choice of professional must be disclosed to prospective enrollees so that they can make an informed choice as to whether the restrictions are compatible with their needs.

Legislation such as House Bill 630 has elements of the safeguards we think need to be put in place to protect patients in a managed care environment. Our physician leaders and the Society's legislative staff continue to work hard for passage of a bill which embodies these concepts. ☐





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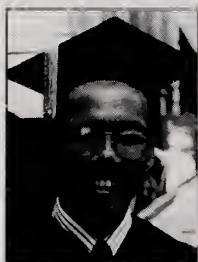
LETTER TO THE EDITOR

FIGHTING THE GOOD FIGHT—AND WINNING

Congratulations to Dr. Phuong Wirth for his difficult achievement. He fought a good battle and won. When he mentioned Sussex County, New Jersey, I felt akin. As a boy, I crossed the Delaware and Neversink to pick strawberries in Sussex County for three cents a quart.

I wish to point out that when backed into a corner, retreat is not an option. It's either surrender or fight. Dr. Wirth did the latter.

Jack E. Cole, MD
Bethlehem



Dr. Wirth

Editor's note: Dr. Wirth is a 1995 graduate of the Philadelphia College of Osteopathic Medicine. His journey from Vietnam to America was featured in the July issue of PENNSYLVANIA MEDICINE ["Dream Come True Is Result of Hardship, Risk," page 33].

THE SEARCH IS ON

It's easy to talk about what's wrong with health care in the '90s. We read accounts of problems and opinions daily, telling us of cracks in the system, uncontrollable costs, and red tape. But the editors of PENNSYLVANIA MEDICINE remain optimistic that something must be "right" with '90s medicine, and we want your input.

Please limit each thought to one phrase or sentence, and mail or fax your thought or list of thoughts on "What's right with '90s medicine" to:

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Comments about the magazine and its contents, as well as viewpoints on current medical issues, are also encouraged. Letters should be typed or legibly handwritten, concise, and should not exceed 200 words. Please send to the managing editor at the address or fax number above. Letters are published at the discretion of the editors and are subject to editing.

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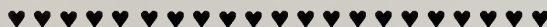
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Course Director: Susan Brozena, M.D.

Visiting Professors:

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University of Colorado School of Medicine
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Assistant Professor of Medicine
Columbia University School of Medicine
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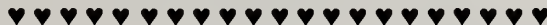
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STATE SOCIETY SUPPORTS RURAL PATIENT ACCESS BILL

State Society President John H. Hobart, MD, on July 19 testified before the House Insurance Committee in support of a bill to prohibit discrimination in rural areas against patient access to providers of health care benefit plans. Members of the Pennsylvania Medical Society Alliance's Task Force on Health System Reform attended the hearing with Dr. Hobart.

House Bill 630, introduced by Representative David O. King (R-Mercer), amends the Insurance Company Law of 1921 for rural areas of Pennsylvania (all counties but Philadelphia, Allegheny, Montgomery, Delaware, and Bucks). Key provisions would:

- require health care payers who establish, operate, or maintain participating provider networks to not exclude providers from participation with limited exceptions;
- establish a credentialing process open to all providers in a geographic area and assure due process; and
- assure providers of input into a health care plan's medical policy.

Dr. Hobart outlined the Society's general position on selective contracting in his testimony. "The Society does not support 'any willing provider' in the sense that managed care organizations should be required to admit any physician who is willing to accept the payment and other terms," he said. "We believe there is a middle ground, and that patients will be best served if all parties work to find a solution that recognizes the legitimate concerns of both sides."

Among Society concerns with selective contracting are:

- 1) How it affects patient care.** Patients will be harmed if protections are not in place because

of the sometimes-limited availability of specialists and the paranoia instilled in physicians by third-party payer rules, and also because selective contracting can disrupt existing physician-patient relationships and ongoing therapies.

- 2) Claims by managed care organizations that they need to be able to exclude providers at their whim to hold costs down.** Dr. Hobart noted, "To date, [these organizations] have offered no credible, empirical evidence in support of their claims."

- 3) The idea that cost often precedes quality.** Quality patient care must have priority over insurer profits and exorbitant salaries and benefits for managed care administrators. As Dr. Hobart said, "If managed care organizations are truly concerned with quality patient care, they will take steps to ensure that their provider selection criteria and process result in correct decisions. Surely, if this is the case, they will have nothing to hide when their contracting practices are scrutinized."

The Society, which firmly believes that HMOs should be required to publicly explain why they exclude certain doctors from networks, supports implementation of several safeguards in its middle-ground position:

- The criteria used to determine if a provider is admitted to a network must be primarily based upon professional competence and quality of care, not the bottom line.
- Any economic criteria used in selecting providers for plans must have a demonstrated, positive relationship to professional competency and to quality and appropriateness of care.
- If managed care entities use economic criteria for determining admission to a provider network, they must adjust physician records



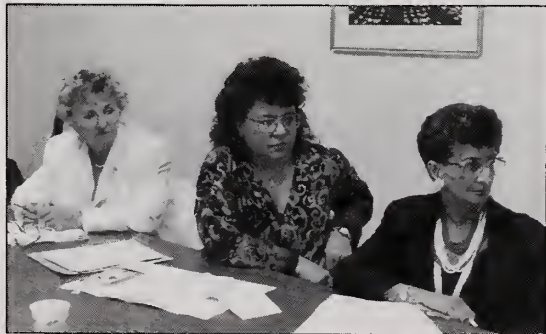
State Society President John H. Hobart, MD, told the House Insurance Committee in July that the Society supports a "middle ground" that recognizes the legitimate concerns of both sides of the selective contracting issue.



Representative David O. King (R-Mercer) introduced House Bill 630 to prohibit discrimination in rural areas against patient access to providers of health care benefit plans.

to account for factors which influence the amount and types of care a physician gives, such as the age and sex of patients, and the severity of their conditions. A recent survey of primary care physicians by researchers at Harvard Community Health Plan found that 75 percent of physicians considered to have an unacceptable number of referrals fell into the norm when adjustments were made for factors like severity of condition.

- While managed care organizations may limit the number of physicians in their network, they must ensure that the specialty and geographic distribution of their participating physicians is adequate to serve the medical needs of their enrollees.
- The criteria used to decide who gets into the network must be



Supporting Dr. Hobart's testimony were members of the Pennsylvania Medical Society Alliance's Task Force on Health System Reform, including (left to right): Jean Greca (Hazleton Branch), Eileen Plunda (Westmoreland County), and Eleanor Davis (Allegheny County).

disclosed to applicants and to current participating providers.

- When dropped from a network, providers must be given a reason for termination based on an unbiased review and have the right of appeal.

- Those not selected for the network must be given the reason for their non-selection and afforded the opportunity to reapply at some time in the future.

- Managed care organizations must give physicians the opportunity to help develop the criteria used to exclude providers and to contribute to other health care policies. Decisions on quality health care should be made by physicians, not accountants.

- Any limits on choice of provider must be disclosed to prospective enrollees so they can decide whether the restrictions are compatible with their needs.

- As a safety valve, HMOs must give people the opportunity to enroll in a point-of-service option which allows them to go out-of-network for their care. Out-of-network penalties must not exceed 20 percent of the allowance.

House Bill 630 has elements of these safeguards, Dr. Hobart told the House committee. He concluded, "We urge passage of a bill which embodies these concepts."

Members of the House committee responded positively to the Society's testimony. Democratic Chairman Nicholas Colafella (D-Beaver) said he appreciated examples given by Dr. Hobart of where HMOs are not working. Committee Chairman Nicholas Micozzie (R-Delaware) agreed, saying the hearings have brought the procedures of HMOs into question.

The Society continues to press for passage of House Bill 630 and managed care safeguard legislation in general.

Grassroots efforts

The Pennsylvania Medical Society Alliance and Mercer County physicians have been active in supporting House Bill 630 in Pennsylvania.

Members of the Alliance's Task Force on Health System Reform convened on July 19 in downtown Harrisburg to support Dr. Hobart's testimony. Their day began with a presentation and discussion with

Society lobbyists about important legislation in process. After hearing an update on House Bill 630, the group—led by Alliance Past President Judy Bucko—moved to the Capitol to hear Dr. Hobart's and other groups' testimony.

On May 18, Mercer County physicians spoke in support of House Bill 630 at the Health Insurance Committee hearing held in Mercer. Joseph T. Morelli, DO, a Stoneboro family practitioner, pleaded with state legislators to protect rural physicians. "We need some regulation, [and this bill is] a definite step in the right direction."

Joseph A. Giordano, MD, a Sharon internist and president elect of the Mercer County Medical Society, told the committee that the Blues have lost touch with physicians and patients, and threaten the well-being of both. He concluded the bill is needed to keep insurers from "controlling" the health care system, since they are setting themselves up as both provider and payer.

LEGISLATIVE UPDATE

NEW ACT 28 REPEALS CRIMES CODE

Governor Tom Ridge on July 6 signed into law House Bill 247—now Act 28 of 1995—which repeals the Crimes Code requirement that insurance claims be certified that the provider did provide the services for which reimbursement is requested.

The bill, sponsored by Representative Peter Zug (R-Lebanon), moved to the front burner early this summer when at least one insurance company in the commonwealth began requiring physicians to submit notarized statements with their claims, stating that the care being billed was, in fact, delivered by the physician.

Act 28 also provides certain protections for caregivers treating patients with advance directives, and addresses penalties for prostitution committed by persons who are knowingly HIV positive or infected with the AIDS virus.

LAW AND MEDICINE UPDATE

Physicians and the Hearing Impaired

Title III of the Americans with Disabilities Act (ADA) prohibits discrimination against deaf and hard-of-hearing individuals, among others, in public accommodations, including any "professional office of a health care provider." The Society's Office of General Counsel advises physicians to address communication issues with hearing-disabled patients on a case-by-case basis.

The ADA's goals are to attain effective communication and provide equal access to services for the disabled, however that may be accomplished. In other words, no individual with a disability may be excluded, denied services, segregated, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. Physicians are required to provide "reasonable accommodations" to the extent they foster these goals and do not pose an "undue burden" on the individual physician.

Undue burden has been defined as "significant difficulty or expense." Whether a particular accommodation poses an undue burden should be made on an individual basis, based on such factors as the overall financial resources of the office, the number of persons employed, the effect on expenses or resources, the impact of the action on the office's operations, and the availability and resources of any parent corporation.

The *ADA Handbook*, published by the Equal Employment Opportunity Commission and the Justice Department, states that a sign language interpreter need not be used where effective communication can be assured through the use of a notepad or computer keyboard. The requirement to provide auxiliary aids and services is flexible.

However, if a physician determines that a particular patient interaction requires the services of an interpreter, the physician must pay for the service and may not pass the charge on to the patient. Professional fees may reflect additional time, if any, expended in adequately addressing the medical needs of the patient with a disability. But in all but extreme cases—e.g., decisions regarding major surgery—written communication would meet the regulatory requirements of the act.

Catherine L. Schultz, paralegal, Society Office of General Counsel, contributed to this article.

Integration Insider

Analysis of the emerging health care marketplace in Pennsylvania and beyond.

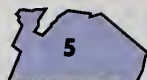
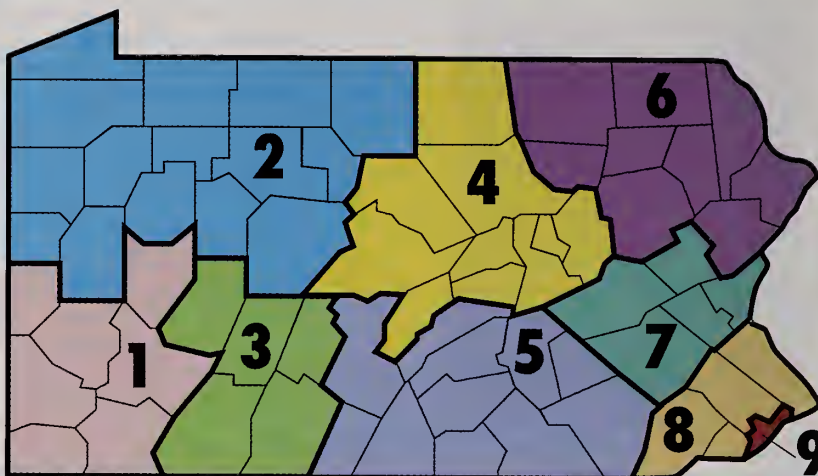
This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCo) at (800) 228-7823 or (717) 558-7750.



1 Blue Cross of Western Pennsylvania announced it will reduce premiums for its Special Care and Preferred Benefits Reduced plans, which serve about 32,000 low-income subscribers in the region whose incomes are too high to qualify for Medicaid, but too low to purchase traditional private health insurance. The company also anticipates premiums of its other nongroup plans will hold steady for the next year, if not decline. The rate reductions, which require state Insurance Department approval, are expected to take effect October 1. *[Pittsburgh Post Gazette]*

HealthAmerica, Western Pennsylvania's largest HMO, is looking to diversify. Among local acquisition targets: competitor Advantage Health. The company is also restructuring, laying off 88 people in Pittsburgh and intensifying its expansion into surrounding states. *[Pittsburgh Business Times]*

The University of Pittsburgh Medical Center has reduced staff and costs to remain competitive in the new managed care marketplace, according to the Hospital Council of Western Pennsylvania. In a council report, the medical center reported 800 fewer employees than it did last year. *[Pittsburgh Business Times]*



5 Hershey Foods Corporation has eliminated the option for employees to choose traditional indemnity health care coverage. Instead, employees are covered through commercial HMOs or the company's own managed care plan. *[Patriot News, Harrisburg]*

Three Central Pennsylvania HMOs—U.S. Healthcare, HealthAmerica, and Keystone Health Plan Central—have begun or are planning to enter Pennsylvania's workers' compensation market. But coordinated care organizations (CCOs)—licensed by the state and required to set grievance and quality assurance systems for patients—are concerned about the lack of regulation of such new networks. To date, 11 CCOs are approved in Pennsylvania. *[Central Penn Business Journal, Harrisburg]*

The state attorney general's office approved a merger between Harrisburg Hospital and Polyclinic Medical Center. The only condition of the merger? The new health system must cut costs by at least \$70 million over five years and pass on most of the savings to consumers or pay the difference. *[Patriot News, Harrisburg]*



6 A new health care organization of independent physicians is under development in Luzerne County. In August, area physicians were sent a prospectus offering shares in the newly forming Physicians Network of Luzerne County, which will allow physicians to practice independently, but still enjoy group benefits in negotiating contracts with health systems,

providing management services, and handling utilization review and quality assurance of health care services for physicians' patients. The network hoped to attract between 125 and 150 physicians with its stock offering, and to begin start-up operations this month.



7 Quakertown Community Hospital is planning to merge with St. Luke's Hospital, Bethlehem. Under the proposed plan, St. Luke's would assume control of the Quakertown facility, as well as its ancillary centers and services, five family medical practices, and an orthopedic group practice. The merger will need Federal Trade Commission and Justice Department approval. *[Philadelphia Business Journal]*

Michael Cardillo and Joseph Sebastianelli were promoted to share the duties of president of U.S. Healthcare, Blue Bell, according to Leonard Abramson, chairman and chief executive. Cardillo's background is in marketing; Sebastianelli has specialized in hospital contracting issues. Abramson says "their expertise is very complementary." *[Wall Street Journal]*



9 In response to members' requests to regain the control of patient care and physician participation in managed care, the Philadelphia County Medical Society (PCMS) is forming the Physician Association of Delaware Valley. The physician-owned organization, now in its funding stages, will encompass portions of the five-county, Southeastern Pennsylvania area. *[PCMS news release]*

► A 19-member Healthcare Steering Committee—comprised of health care providers and representatives of pharmaceutical companies, insurers, colleges, businesses, and governments in Southeastern Pennsylvania—has called on Governor Tom Ridge to designate the region as a managed care demonstration cite. Among committee goals:

1) improve the health care status of individual communities by enhancing coordination between public and private health care providers;

2) offer job placement and retraining resources for displaced hospital workers;

3) promote the region's health care services outside of the local market; and

4) provide financial and other incentives for voluntary hospital mergers, consolidations, and conversations to reduce excess hospital bed capacity.

The committee has requested state funding of \$50,000 to help fund start-up and \$100,000 for community health assessment studies, and would match the funds with \$175,000 of its own money. [*Philadelphia Business Journal*]

► Independence Blue Cross may continue to enforce its "prudent buyer policy" in new contracts, according to the state's Insurance Department; however, the department says it will continue to look for justification of this practice, closely monitoring the provision in each new contract submitted for department approval. The policy, which requires a hospital "to give its best rates to Blue Cross if a majority of the hospital's patients with private insurance are covered by Blue Cross plans," was under fire from competing insurers and area hospitals.

Among those objecting: Health Systems International, a Colorado-based HMO, which in early July announced a definitive agreement to acquire G.H. Holding Corporation and most of its for-profit subsidiaries—including Greater Atlantic Health Service, Inc.—from Graduate Health System for \$100 million in cash and notes.

[*Philadelphia Business Journal*; *Philadelphia Inquirer*; *Health Systems International news release*]

► In other news, Independence Blue Cross of Philadelphia has agreed

to pay the state of New Jersey \$1 million to resolve a lengthy investigation that determined the company was writing some small-group health coverage without proper authority. [*Philadelphia Business Journal*]

► Vanguard HealthCare Group, Inc., is establishing Omnia, Inc., a subsidiary of about 750 New Jersey and Philadelphia-area obstetricians and gynecologists, to provide comprehensive services to about 100,000 women in return for a fixed fee paid by HMOs. Vanguard says it can relieve HMOs of risk in such a network and use the effort "to bargain with HMOs." [*Philadelphia Inquirer*]

► Health Partners, a nonprofit HMO providing managed care to nearly 80,000 Medicaid recipients in North Philadelphia, has reported revenues of \$218 million for 1994, up 45 percent from 1993. All net income is reinvested into expanded programs and services, according to Barbara J. Plager, who heads the program founded in 1984 with a Robert Wood Johnson Foundation grant. [*Philadelphia Inquirer*]

► More than 50 employers across the country have joined in a program to push older retirees into Medicare-financed HMOs, which would relieve the companies of expensive obligations to provide health care coverage, and transfer the costs to the federal government. [*New York Times*]

► The United Way of Southeastern Pennsylvania early this summer organized a day-long forum for community organizations and health care providers to discuss "neighborhood-based" health care systems—making health and social programs and services available at a single, accessible location. Two such "family centers" are already established in Philadelphia. [*Philadelphia Daily News*]

► The University of Pennsylvania Health System and Presbyterian Medical Center have signed an agreement and plan of merger, effective July 1, 1995. Plans for the proposed merger were announced in April, and negotiations were finalized in June. Under the terms of the agreement, the medical center will be merged into the health system, which also includes the Hospital of the University of Pennsylvania, Penn's medical school, a 130-physician

primary care network, a management services organization, and several affiliated hospitals. [*University of Pennsylvania Medical Center press release*]

Facts, Figures, Etc.

• The Associated Press reports that a survey sponsored by the Robert Wood Johnson Foundation indicates that people in managed care plans had more complaints about their doctors than their counterparts in fee-for-service plans. The poll found that sick people with managed care coverage said they had to wait longer for doctor appointments and had more difficulty arranging to see specialists. [*AMA Electronic Network*]

• *Modern Healthcare's* annual Multi-Unit Providers Survey found that in 1994, not-for-profit health care systems (excluding public systems) saw a 3.5 percent decrease in operating income while investor-owned acute care systems saw a 16.1 percent increase in operating income. Not-for-profit executives attributed the decline in revenues to pressure from managed care, reduced government reimbursement, and an increased charity care load. [*AMA Electronic Network*]

• According to a KPMG Peat Marwick study of 1,300 hospitals, in 1993 hospitals in metropolitan areas with high managed care penetration had significantly lower lengths of stay than expected, while spending 11.5 percent less than the national average on discretionary hospital costs (costs not attributable to illness severity or cost of living). Hospitals in areas with low managed care penetration had higher-than-expected lengths of stay. [*Modern Healthcare*]

• A study by SMG Marketing Group found that as of May 1995, there were 430 integrated networks, defined as two or more facilities delivering services through a single organization, up from 255 in December 1994. Almost one-quarter of hospitals belong to networks, and hospitals have initiated 73 percent of the networks. [*Modern Healthcare*]



Managed care moves, state by state

• The National HMO Purchasing Coalition—comprised of 10 corporations nationwide—reports that it has "won 1996 rate cuts of more than five percent from managed health care plans." As reported in this



column in July, more than 100 HMOs bid for a contract to cover the coalition's 600,000 workers and dependents in 27 state and metropolitan areas, including Philadelphia. [*Philadelphia Inquirer*; *New York Times*]

- Attorneys for the Billings (Montana) Physician Hospital Alliance confirm that the PHO is under investigation by the Federal Trade Commission (FTC) for potential antitrust violations stemming from its fee-setting activities. A Danbury, Connecticut, PHO is also being investigated by the FTC for potential market monopolization. [*Modern Healthcare*]

- Kaiser Permanente continues to diversify its product offerings. After introducing a point-of-service option last year, Kaiser has introduced a PPO in California and Kansas City. In Southern California, Kaiser is also offering age-based rates on individual plans, a departure from its tradition of community rating. Kaiser's actions are the result of a declining market share and increased employer demand for

choice in health plans. [*Modern Healthcare*]

- Blue Cross of California is rewarding physicians who return workers' compensation patients to work within a given time period by paying a bonus of between 20 and 30 percent of the physician's fees. The bonus is awarded only if the patient remains at work for at least 90 consecutive work days with no more than a few absences related to the original injury. [*Managed Care*]

- Columbia/HCA has agreed to invest in Massachusetts' 500-bed MetroWest Medical Center. Also, the company has unveiled Health Advantage Network of Texas, a statewide provider network that will include 240 hospitals and thousands of physicians. Columbia, which owns 71 Texas hospitals, plans to use the network to contract with self-insured businesses and managed care plans, and intends to take the network concept nationwide in the next few years. [*Modern Healthcare*; *Houston Business Journal*]

- Blues plans in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and

Vermont have formed a regional alliance to offer a single point of contact, and uniform plans and services to self-insured employers. The alliance responds to the increasingly regional New England economy where employees often work and live in neighboring states. [*Modern Healthcare*]

- The Medical Society of the District of Columbia has settled its lawsuit with Blue Cross and Blue Shield of the National Capital Area over the process used to select providers for the Blues' closed-panel PPO. Approximately 4,000 physicians included in a predecessor open-panel PPO were excluded, based in part on a computer profiling system. Under the settlement, the Blues will establish quality improvement and credentialing committees that will include physician representatives, and will provide for notice and appeal for any physician excluded from the network. [*BNA Health Law Reporter*]

- United Healthcare is acquiring Metrahealth, a traditional health insurance company formed from the merger of Travelers and Metropolitan health insurance. [*New York Times*]

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SEPTEMBER 1995

September 6th
Pathogenesis of Non-Insulin-Dependent Diabetes Mellitus: A Group of Heterogeneous Disorders

Harold Lebovitz, M.D.

Professor of Medicine

Chief of Endocrinology, Metabolism, and Diabetes Director, Clinical Research Center
State University of New York Health Science Center at Brooklyn, NY

September 13th

Drug-Induced Liver Disease

Eugene Schiff, M.D.

Professor of Medicine

University of Miami School of Medicine
Chief, Division of Hepatology, University of Miami Medical Center, Miami, FL

September 20th

Neuro-Humoral Pathways in Heart Failure: The Role of Beta Receptors

Michael Bristow, M.D., Ph.D.

Professor of Medicine

University of Colorado School of Medicine
Head, Division of Cardiology, University of Colorado Health Sciences Center
Denver, CO

Renin Angiotensin System in Congestive Heart Failure: A₂ Receptor Blockers vs. ACE Inhibitors

Donna M. Mancini, M.D.

Assistant Professor of Medicine, Columbia University School of Medicine, Division of Cardiology, Columbia-Presbyterian Medical Center, New York, NY

September 27th

Humoral Immunodeficiency for the General Internist

Jonathan Jaffe, M.D.

Assistant Professor of Medicine

Medical College of Pennsylvania and Hahnemann University
Director, Laboratory of Immunoregulation, Division of Allergy and Immunology
Hahnemann University Hospital

OCTOBER 1995

October 4th

Yom Kippur—No Grand Rounds

October 11th

Transbronchial Needle Aspiration in Staging of Lung Cancer

Ko Pen Wang, M.D.

Associate Professor of Medicine and Otolaryngy, Johns Hopkins School of Medicine

Director, Interventional Bronchology
Johns Hopkins Bayview Medical Center
Baltimore, MD

October 18th

Familial Cardiomyopathies

Reed E. Pyeritz, M.D.

Professor and Chair of Human Genetics, Professor of Medicine and Pediatrics
Medical College of Pennsylvania and Hahnemann University School of Medicine
Allegheny Singer Research Institute
Pittsburgh, PA

October 25th

Educating Health Care Professionals for the 21st Century

Eli Ginsburg, Ph.D.

Director, Eisenhower Center
Columbia University
New York, NY

NOVEMBER 1995

November 1st

Prostatic Disorders: BPH, Prostatitis, Cancer

Steven Kaplan, M.D.

Department of Urology
Columbia-Presbyterian Medical Center
New York, NY

November 8th

Endocrine Abnormalities of HIV: Pituitary, Thyroid, Adrenal and Gonadal Deficiencies

Adrian S. Dobs, M.D., M.P.H.

Associate Professor of Medicine
Director, Endocrinology and Metabolism
Clinical Studies Unit, Johns Hopkins University
School of Medicine, Baltimore, MD

November 15th

The Fibromyalgia Patient: A Problem for All Physicians

Robert Bennett, M.D.

Professor of Medicine
Director, Division of Arthritis and Rheumatic Diseases
Oregon Health Sciences University
School of Medicine, Portland, OR

November 22nd

Thanksgiving Holiday—No Grand Rounds

November 29th

Urban Asthma: The Importance of Indoor Allergens

Thomas Platts-Mills, M.D.

Professor of Medicine
University of Virginia School of Medicine
Head, Division of Allergy and Clinical Immunology
University of Virginia Medical Center
Charlottesville, VA

DECEMBER 1995

December 6th

Cardiac Auscultation

Leonard S. Dreifus, M.D.

Professor of Medicine, Medical College of Pennsylvania and Hahnemann University
Division of Cardiovascular Diseases
Hahnemann University Hospital

December 13th

Women's Health Issues: Gender-Based Differences in Disease Progression and Pharmacodynamics

Jean Hamilton, M.D., M.P.H.

Betty A. Cohen Chair of Women's Health, Director, Institute for Women's Health
Medical College of Pennsylvania and Hahnemann University

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

SEPTEMBER 20, 1995

Congestive Heart Failure

Course Director:

Susan Brozena, MD

Visiting Professors: Michael R. Bristow, M.D., Ph.D.

Donna M. Mancini, M.D.

OCTOBER 11, 1995

Lung Cancer

Course Director:

Edward S. Schulman, M.D.

Visiting Professor:

Ko Pen Wang, M.D.

NOVEMBER 29, 1995

Advances in

Allergy/Immunology

Course Director: David M.

Lang, M.D.

Visiting Professor:

Thomas Platts-Mills, M.D.

DECEMBER 6, 1995

Cardiac Auscultation

Course Directors: Leonard S.

Dreifus, M.D., Daniel Mason,

M.D., Gerald Scharf, D.O.,

John J. Ross, RCPT

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

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This program is eligible for 1.0 credit hour for each hour of attendance in Category 2A of the American Osteopathic Association.

Managing Medicaid: Community Plan Finding Success in Lancaster

Maria T. Montesano
Assistant Managing Editor

After more than two years in development, the Lancaster Community Health Plan on May 3 opened its phone lines to Medicaid patients in need of a "medical home." Now, four months later, physician and community response to this new managed care plan is overwhelmingly positive—and snags are few and far between.

Early in the Clintons' efforts to reform health care in the U.S. in 1992, the Lancaster City and County Medical Society convened a task force of health care providers and community leaders to consider how a national health plan would best work for Lancaster County. While the effort turned out to be what some called "a nice exercise in mental gymnastics," it also spurred the group to create what may well be the only community-based health system of its kind in the country for low-income families.

The Lancaster Community Health Plan (LCHP), a managed care plan operated for and funded through the Pennsylvania Department of Public Welfare (DPW), is a model for communities nationwide of how they can work together locally to solve a problem—in this case, how best to bring continuity of health care to Lancaster County's Medical Assistance (MA or Medicaid) population. At the heart and soul of the effort is Robert G. Doe, MD, an emergency physician who spearheaded the project from the start.

"We decided to start at the bottom of the pyramid where the system is most broken," Dr. Doe says, "where there is no continuity of care, and with a population known for using the ER for primary care and moving around to multiple doctors for same complaint. Our goal at that time was to implement some type of county-specific program to coordinate the MA population's health care." These days, though, the plan's objective is a little more specific: To ensure that every patient who is eligible for the plan has an appropriate

"medical home" and is not using services inappropriately in the community.

Elizabeth B. Pino, the plan's director of operations, estimates 26,000 of 33,000 Medicaid patients fall under the federal waiver which allows LCHP to operate. More than 16,000 patients were unassigned, 20 percent of whom have been signed up since LCHP enrollment began on May 1. She explains that five groups are excluded from the waiver, including: 1) people on Medicare, in nursing homes, and in mental retardation facilities; 2) people on "short-term benefits" through Medicaid; 3) foster children and those in subsidized adoption programs; 4) people who have misused the system; and 5) people on the state's blind pension fund.

Case management began June 1, and while Pino says it is hard this early in the game to judge client response to the plan—a survey is slated to begin before the end of the year—provider response speaks purely by the numbers. "Out of about 310 MA-providing primary care physicians in the county, we have 270 on our plan. It is pretty evident that they have been supportive of it." Further, the plan has 78 participating sites.

"The reason we've been able to get heavy participation is because the providers have recognized the opportunity to get involved in a community-based project," Dr. Doe says. "There is not a whole lot, financially, in this initial phase, for the family doctor, or in particular for the specialists, who get no additional money out of this program. But there is the potential for the plan to move into an insured, privatized basis, and physicians are excited to see a Medicaid program that eliminates the bureaucracy that they've been having to deal with over the years."

✧ How the plan works ✧

Under the county waiver, Medicaid recipients have their choice of plans and providers. After DPW processes recipients' reapplications for Medicaid benefits, recipients have 30 days to choose between

the primary care case management plan offered through LCHP and the Mercy Health System health maintenance organization. If 30 days go by and they have not enrolled in another HMO, they are automatically enrolled with LCHP. Clients then choose a participating provider—a medical home.

Pino says she doesn't see this process as a competition between the two plans for patients. "There is a market, and we are both in the marketplace, but these are two very different plans," she says. "The Lancaster Plan is not risk assuming. We don't pay capitated fees to our providers. Instead, the providers get fee-for-service from the state. We've caused very little change in how the physicians take care of their patients and how they file claims. We see ourselves as more of a facilitator and advocate for the Medical Assistance population, as opposed to a for-profit HMO."

Staff members at LCHP include three client service representatives, who work with the data and with patients on the phone to sign them up for the plan and connect them with providers. These representatives process information for between 300 and 450 clients per day, transmitted through a computer linked to DPW. They also serve as liaisons for LCHP clients, who are each assigned a representative to provide continuity of service as well. All three client service representatives are bilingual.

Other staff members include a provider service representative—who, at this time, spends much of his time recruiting physicians and facilities for the plan—and an administrative assistant. Pino and Executive Director Robert E. Lee round out the plan's staff.

✧ Community support ✧

Lee is on loan from the Community Hospital of Lancaster, where he serves as vice president of marketing and planning. His employer and other area hospitals and businesses have lent resources and support to the plan. In fact, the community support has greatly added to the early success of the plan, Lee says. "Hospitals donated secretarial support and a portion of start-up monies; legal, accounting, and printing services were donated; and even the building space and office furniture were given to us by members of Lancaster's business community."

Community involvement is also apparent in the make-up of LCHP's board of directors. In addition to three physicians, a dentist, and six hospital workers, the board includes representatives from the

county assistance office, the county mental health/mental retardation office, a local pharmacy, and local insurance offices, as well as a lawyer, two legislators, and two community action advocates.

Also, the plan has developed two advisory committees—the Physician Advisory Committee and the Consumer Advisory Committee. Each makes suggestions and counsels the plan on how best to reach the physicians and clients.

"Lancaster County, in and of itself, is a community that accepts its own challenges and has a tradition in that," Pino says. "I think that plays a large part in why the Lancaster Community Health Plan exists...In my eyes, this project has mobilized the community."

Still, any start-up brings some challenges.

✧ Early challenges ✧

Aside from working through some glitches early on with the administrative computer system used to enroll clients, and dealing with confidentiality issues related to the transfer of electronic information through the Community Patient Information Network (CPIN), the plan's sister corporation which will link the medical record information of its clients, the early days have been relatively snag-free.

"There's been a lot of thinking and planning in putting these systems together," says Lee. "We are very pleased with how things are going from a system standpoint. But," he admits, "there certainly are challenges."

According to Pino, the biggest challenge is education—educating the clients about how managed care works, and educating the providers about the plan's relationship with the state and how that works. She says, "The challenge is actually the objective."

Pino explains, "One of the things that physicians must agree to when they enroll with LCHP is 24-hour access to their clients—whether by phone or in their office. Some of the clinics in the past have not had that option, and their patients would have to use emergency services after hours. Our first priority is to educate the providers that this particular group of people may not have had open access before; consequently, they may not know how to use it. Then we must educate LCHP clients about when to phone their physician and what is a true emergency...so it's education on both sides."

"That's really where our advisory committees help us," Lee adds "Though part of their purpose is to counsel us, they also help

"The biggest challenge is education—educating the clients about how managed care works, and educating the providers about the plan's relationship with the state and how that works."

us educate physicians, office staffs, clients, and others who are involved with the plan."

Other obvious challenges in any new health system are controlling costs and quality. In the June 30, 1995, issue of the *Central Penn Business Journal*, DPW Secretary Feather Houston is quoted as saying that managed care "is not the big-time savings some people talk about." It does not change the increasing number of people who are eligible for Medicaid, and there is no managed care that covers nursing home costs.

Pino agrees, to an extent: "That is true in that, no, managed care does not stop people from enrolling in Medical Assistance," she says. "But that is not what managed care was ever charged with in my mind. I do believe there are savings involved in managed care, and I think that is what we are here to show—that if you can connect people with the appropriate service and the appropriate medical home, and educate them at the same time,

you have a smarter consumer, whether it be a consumer of private health care or a consumer of assisted health care." Lee adds, "Our philosophy is to manage the care and thereby manage the cost, not manage the cost and then the care."

Rarely, these days, do we talk about cost without quality, and LCHP has that covered as well. LCHP-participating physicians are all credentialed to provide care under MA through the state. "They have to first be approved by the state to provide services to MA clients and then they send a supplemental agreement to participate in our plan," says Pino.

But more importantly, she says, "As far as overall quality is concerned, any time you can increase access to health care, by default you have increased quality for the consumer. They now have access to something they didn't before."

✧ Future efforts ✧

So what's next for the Lancaster Plan? "We have a lot of work to do," Lee says. Operationally, the CPIN system is in development and will soon be up and running.

Coordination with other community programs, such as school-based health centers which are reaching beyond the Medicaid population, are a priority as well. And Pino sees the possibility of the plan going beyond health care to more social issues, since, she says, "There are a lot of human-service-type issues that affect whether or not someone goes on Medical Assistance."

But initially, according to Lee, "We want to do a bang-up job with this opportunity we were given by

the state and by the community. We're actually helping to change the way care is delivered to the Medical Assistance population. That is not going to happen in a couple of months or even a year. We have some time, and we want to remain open minded. For instance, might we take what we learned and try to expand it to the underinsured?"

As for the federal government's allusions to a Medicaid block grant for states, Dr. Doe is a strong supporter. "From the be-

ginning, we've known the Medicaid system was a very difficult system for doctors to interact with—paperwork, billing, rules and regulations. We thought, wouldn't it be nice as part of the program to organize a system that could eventually be capitated—having a global payment coming to the county to take care of the MA population in a much more efficiently coordinated fashion. A block grant would help us realize that part of our dream...If we were to be given such a grant, working in conjunction with a willing, fiscally responsible insurer, we could manage that population within a fixed budget."

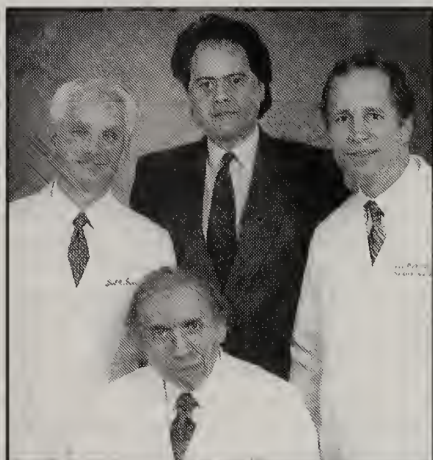
But Lee is a bit more cautious. "Who knows if that is going to happen," he says. "We are just hoping to build on whatever comes. We want to be flexible enough that, if the government did institute block grants, we would be able to make an easy transition to something that would continue to be beneficial to the community...Honestly, it is unclear what's next, [but] we believe we are positioned well and that the possibilities for improvement are unlimited." ○

"This program shows that physicians have within their grasp the ability to affect the health system in their communities if they step up to the plate and do so."

—Robert G. Doe, MD

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Pierantonio Russo, MD

*Director of Pediatric
Cardiothoracic Surgery*

Bradley W. Robinson, MD

Pediatric Cardiologist

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ACTIONS OF THE BOARD OF TRUSTEES, JULY 11-12, 1995

BOARD SETS STAGE FOR STRATEGIC CHANGES

Delegates to the Society's 1995 House this fall will have before them a slate for major changes in Pennsylvania's largest physician organization. Derived from a process begun by the board nearly a year ago, the recommendations to strengthen the Society's focus and structure are actually beginning steps in an ongoing revitalization plan.

Underpinning each stage in the Society's new strategy, called the "Membership Driven Process" or "MDP," is research. A combination of surveys, focus groups, analysis of numerous data sources, and tracking of existing communications practices contribute to the process. Steering the research and discussion is the MDP Review Panel, which in turn reports its findings and recommendations to the Society's board.

Listening to members

The MDP Review Panel advised the board at its July meeting to trim the Society's annual roster of six or more broad priorities to four more highly focused issues of importance to Pennsylvania physicians. "The work of this panel over the last three months has been primarily to identify and prioritize key, focused issues important to physicians in this state," said the panel's Acting Chair Charles Cutler, MD.

Key to the panel's findings was a detailed telephone survey which revealed physicians' agreement—members and nonmembers alike—with the urgency of four major issues:

- *Managed care advocacy:* Assuring patient access to doctors and doctor access to patients, minimizing interference in medical decision making, and seeking appropriate reimbursement for services rendered.
- *Tort reform and other important legislation:* Developing a strategy that will create opportunities for meaningful legislative action, and lessen the impact of professional liability concerns in medical decision making.

- *Communication of the Society's value to Pennsylvania physicians:* Enhancing the Society's communications to physicians about

what the Society is doing on the profession's and patient's behalf, and supporting the development of proactive local leadership to advocate for the Society both to grassroots physicians and to the media.

- *Membership recruitment and retention:* Focusing efforts on recruitment of young physicians.

Dr. Cutler told the board, "The reaction to the Society's effort to garner physician opinions and concerns was extremely positive..." He said that the work of the panel will allow Society leaders to position the organization "on the cutting edge of innovation."

Several studies reviewed by the panel indicated that physicians are very concerned about the wide-ranging impact of managed care on the practice of medicine. Because of these strong concerns, the panel identified managed care as an area requiring ongoing monitoring, research, and Society actions.

Medical malpractice/liability reform remains one of the most important concerns of practicing physicians, especially to young physicians.

The panel recommended that the Society develop an incremental plan to achieve success on the issue of tort reform by:

- developing a sound strategy that will create new opportunities for reform of the medical malpractice system in the commonwealth, and
- lessening the expressed physician anxiety over liability interference in the day-to-day practice of medicine.

The panel also pointed to recruitment and retention, and specifically recruitment of young physicians, as requiring the continued strong commitment of Society resources.

The issue of continued State Society unification with the AMA was addressed by the panel's research, as it relates to membership recruitment and retention. Of members, 55 percent disagreed with the unification requirement, and of nonmembers, 93 percent disagreed. The panel reported that the data available at this time strongly supports deunification.

PMSLIC's membership requirement

The House of Delegates in October will consider a recommendation by

the board to permit the Society's largest subsidiary, the Pennsylvania Medical Society Liability Insurance Company (PMSLIC), to write professional liability insurance for physicians who are not members.

In response to changes in the medical marketplace—formation of group practices, sale of practices, and creation of new structures such as IPAs, POs, etc.—the State Society has instituted a variety of alternative membership categories, dues structures, and incentive programs. However, market pressures are accelerating beyond these efforts, PMSLIC leaders told the Society's board in explaining their request that membership no longer be a requirement for insurance.

The resulting recommendation includes a joint commitment of both the Society and PMSLIC to develop, in concert with the county societies, a plan to minimize any potential negative impact on the State Society and the county societies. This plan will be considered and acted upon by the board in September.

Selective contracting

To help educate physicians in what to look for in physician hospital organization (PHO) agreements, as well as empower them in the changing health care marketplace, the Ad Hoc Committee on Selective Contracting is recommending that the House adopt the following policy, approved by the Society's board in July:

- Hospitals should not deny, restrict, revoke, or terminate the medical staff membership or clinical privileges of physicians on the basis that the physicians did not participate in the hospitals' PHOs.

- PHOs should not deprive physicians of the right to separately contract with managed care organizations or other third-party insurance entities, except when the PHO is negotiating with those entities on behalf of physician and hospital services.

- PHOs should not restrict physicians who have clinical privileges at more than one hospital from joining other PHOs.

- Physicians should own the physician component of the PHO contract.

Physicians Should Beware of Medicare Secondary Payer Laws

(Note: The following information was provided to the AMA by the Society of Professional Benefit Administrators.)

As medical providers begin to establish and administer their own health plans, they need to keep in mind that health plans are subject to a wide variety of federal and state laws and regulations that carry heavy penalties if violated. One set of laws that has troubled group health plans for years is the Medicare Secondary Payer laws (known as MSP laws).

Health plans potentially are facing claims as high as hundreds of thousands of dollars, incurred years ago, that the health plans were not aware of because Medicare incorrectly kept the claims and paid them. Now Medicare is attempting to recoup their money. Some government officials have argued that Medicare is owed billions.

A series of laws was passed during the 1980s that made Medicare a secondary payer to private-sector employer group health plans. As the laws were passed, the Health Care Financing Administration (HCFA) failed to work with Congress to achieve necessary clarifications. The consequence was that many people—including doctors, hospitals, Medicare beneficiaries, and employers—didn't fully understand how to comply. Many still don't today.

HCFA is very proud of the fact that it launched an educational campaign in 1987 to tell doctors and hospitals about the MSP laws. But the laws took effect as early as 1982. HCFA's efforts were too little, too late; and employers, plans, and now integrated medical entities will have to pay the price for HCFA's failings.

Government studies in the late '80s revealed that the MSP program was not generating the anticipated savings from employers' group health plans. Some government officials claimed that Medicare was owed as much as \$10 billion; others claimed that these amounts were greatly overestimated. Congress felt pressure to do something to recoup the money—so

***Editor's note:** Xact Medicare Services, the commonwealth's Medicare carrier, is in the process of preparing physician and beneficiary overpayment letters requesting a refund of Medicare monies Xact believes were paid in error under MSP rules. The State Society continues to follow this issue. Look for an update next month in PENNSYLVANIA MEDICINE.*

the "Data Match" program was passed.

This program authorizes the Internal Revenue Service and the Social Security Administration to share information with Medicare on individuals who were working during times when Medicare was making payments on these individuals. The names of these individuals are placed on a form and sent to employers for verification and to determine if these people were covered under the employer's group health plan.

Most MSP violations occur because a doctor or hospital mistakenly sends a claim bill to Medicare when it should have been sent to the employer group health plan, or because the doctor or hospital bills both Medicare and the employer group health plan. A Government Accounting Office study based on a sample of 88 hospitals determined that 64 percent of all MSP recovery cases were situations in which the group health plan had correctly paid primary and Medicare had incorrectly paid primary (i.e., double billing).

HCFA, desperate to recover monies that the Office of Management and Budget says it should not have paid out, attempts to bully plans into paying. HCFA believes that it has the right to obtain a duplicate payment from an employer group health plan and forces plans to pay the same claim

twice—once to the medical provider and a second payment to reimburse HCFA for incorrectly paying the same medical provider for the same claim that the employer group health plan paid.

Not only can the government agency demand that an employer pay Medicare for its own goof, but HCFA also can send employers to the IRS for imposition of a penalty tax, equal to 25 percent of an entire employer's contributions to the group health plan for the year, in addition to suing for double damages. When employers will be referred to the IRS is unknown; neither HCFA nor the IRS have issued formal guidance.

However, in an informal letter, one of HCFA's directors said the administration would refer employers to the IRS unless they could implement procedures to ensure that an MSP violation would not occur in the future. This condition is impossible to satisfy since employers have no control over what their employees tell their doctors about their group health coverage.

Medical providers who are establishing their own plans should be aware that if an MSP error occurred in one of their plans, HCFA is far more likely to be harsher on you because the payment function is so closely allied with the provider function. HCFA will argue that your left hand should have known what your right hand was doing.

STILL TIME TO RESPOND TO HCFA RULE ON MEDICARE

Interested parties have until September 26 to review and comment to HCFA on the proposed rule for changes to the 1996 Medicare fee schedule. Mail written comments (one original and three copies) to HCFA, Department of Health and Human Services, Attention BPD-827-P, P.O. Box 7519, Baltimore, MD 21207-0519. Policy changes affecting payment for physician services include:

- Medicare payment for physician services in teaching settings,
- changes in calculating the default Medicare volume performance standard beginning in 1996, and
- implementation of the statutory requirement in the Society Security Act Amendments of 1994 to develop a resource-based system for practice expenses.

STUDY RESULTS AVAILABLE FREE TO PHYSICIANS

During the past few months, the Society's Center for Professional Drug Education and Information has been targeting antidepressant drugs for educational purposes. The incidence of depression and its treatment are of concern to the medical community because depression lessens the quality of life for patients and is responsible for increased cost to society when treatment fails.

As part of our educational outreach, the Center is making available a study by Jeffrey S. McCombs, PhD, et al., published in the *Journal of Clinical Psychiatry* (51:6[Suppl], 1990), that addressed two questions:

1) What proportion of patients with major depressive disorders (MDD) fail drug therapy using existing antidepressants?

2) What are the direct cost effects of MDD treatment failure?

To briefly summarize, the data for the study were obtained from the California Medicaid program and involved a five percent random sample of recipients on antidepressant therapy. Findings include:

- Maximum treatment success rate for MDD patients was 21.5 percent;
- 54.1 percent of outcomes for patients on new episodes of antidepressant therapy was classified as uncertain; and
- 29.8 percent of the patients never received a dosage above the minimum level for MDD.

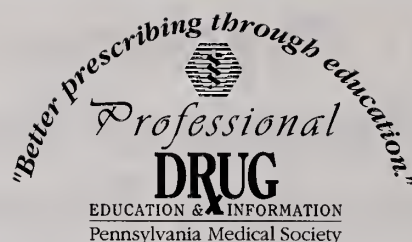
The conclusions drawn by the authors are:

- As many as two-thirds of patients being treated with antidepressants are really being treated for conditions other than depression, or they are being dosed suboptimally for numerous other reasons.

- Treatment failure costs society approximately \$1,000 per recipient for additional health care services the first year.

- The bulk of the additional costs are concentrated in the first six months and reflect in-hospital services.

A copy of this study is available to physicians at no cost. To obtain your copy, or to be placed on our mailing list to receive other valuable information, please call the Center for Professional Drug Education and Information at (800) 228-7823.



NEW PROGRAM TARGETS H₂ ANTAGONISTS

The Pennsylvania Department of Public Welfare (DPW) is beginning a new drug pre-authorization program primarily for H₂ antagonists.

According to preliminary discussions with the department, acute dosages of these drugs will need to be preapproved in two situations:

1) A physician must obtain prior approval in order to prescribe an acute dosage for more than 90 days, including the original prescription and up to five refills or six months, whichever occurs sooner.

2) A physician must obtain prior approval to have a patient on two H₂ antagonists, even if one was prescribed by another physician. (An alert to this situation would come from the pharmacist filling the prescription.)

This summer the Society met with DPW to outline concerns and issues for consideration as the department finalized its guidelines and criteria for the program. Also, the Society is seeking to review physician education material in advance of distribution. Look for updates in Society publications as this program develops.



Your Comments Are Welcomed

The Society's Center for Professional Drug Education and Information welcomes your questions and comments about issues relating to prescribing, drug interactions, or specific pharmaceuticals. Use this form to fax your questions and/or comments.

QUESTIONS/COMMENTS

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**UNIVERSITY OF
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Medical Uses of the Internet

Fred D. Baldwin

Unless you've spent the last couple of years in Antarctica or maybe Ulan Bator, you've been reading a lot about the Internet. All the hype and hoopla may leave you wondering whether the Internet will be useful for you. The answer is somewhere between "probably" and an unqualified "yes," depending on whether your perspective is short term or long term. This article, one of a series on applications of personal computers for physicians, describes some of the resources available on the Internet.

Lee Hancock, an educational technologist at the University of Kansas Medical Center, Kansas City, recalls, "About five years ago, I was given an e-mail address. I had no idea what it was for. Since I worked for the medical center, I figured a good way to use this thing would be to find out what was out there for the medical community. I spent three months generating a two-page list of resources."

Having compiled his two-page list, Hancock posted a note on an Internet bulletin board saying that he'd mail it out for the asking. He was, he says, "flooded with responses." Fortunately, other medical school communication sites agreed to handle electronically what came to be known simply as "The Internet Health Science Resources List," which comes as close as humanly possible to being comprehensive. (A subset of the list, known as "The Medical List," contains only sources of clinical information.) Hancock produces these lists in concert with Gary Malet, MD, whose practice is in California.

"I just kept updating it, and things kept growing," Hancock says. "When I last printed it out a year

ago, it was 225 pages long in 12-point type. It's now probably twice that."

Hancock is now an internationally recognized expert on medical uses of the information superhighway, and he's authored a book, *Physician's Guide to the Internet*, scheduled for publication by Lippencott-Raven this September. His experience provides an indicator of how medical interest in the Internet has burgeoned in recent years.

Technically, if you've ever sent a message by electronic mail (e-mail) from a university-based computer or from one commercial electronic network to another (for example, from CompuServe to America Online), you've already used the Internet. The Internet itself isn't a separate service or legal entity; it's the sum of over 20,000 computer-based networks that collectively are thought to connect 30 million individual users. It's growing incredibly fast; one growth rate estimate, by no means the largest, is 80 percent per year. It provides a pathway to many medical resources, perhaps the most important of which are online exchanges of information among researchers and specialists.

E-mail, says Hancock, is the simplest, most basic use for the Internet and your point of entry for exploiting more sophisticated resources.

"You can consult with colleagues worldwide or with your patients," he says. "We have people here using America Online and Prodigy to talk with patients in rural Kansas. And it's a way to get out of isolation, especially for a small practice in a relatively small town with few real colleagues to keep up with what's going on. You get the latest treatment information from places like CancerNet, which provides Physicians Data Query, updated monthly for cancer treatments."

"The Internet itself isn't a separate service or legal entity; it's the sum of over 20,000 computer-based networks..."

Mr. Baldwin is a Carlisle-based freelance writer and co-author of *Infomedicine: A Consumer's Guide to the Latest Medical Research, to be published by Little, Brown & Co. in 1996.*

The advantages of e-mail include speed and convenience. If you don't need to talk to someone immediately, you can skip being put on hold and playing telephone tag. Your notes arrive in your correspondents' mailboxes almost instantaneously; when they're actually read depends on how often recipients check their mail.

From e-mail it's a short, natural step to asking to join any of many hundreds of mailing lists that serve as forums for people with special interests, ranging from common medical problems like breast cancer to relatively esoteric professional specialties like forensic medicine. One example of interest to many physicians is Fam-Med, an e-mail discussion list focusing on uses of computer and telecommunications technology in the teaching and practice of family medicine. This list is owned and maintained by Paul Kleeburg, MD, a family practitioner from St. Peter, Minnesota. (See sidebar at right for details.)

Most Internet lists are open to anyone—although those who maintain them can block mail from advertisers and cranks—but some, on sensitive topics like child abuse, will require you to provide appropriate credentials. Many lists, although maintained by and for physicians, provide forums for exchange of views on nonclinical issues like HMOs and other health care delivery systems, computer software for doctors, and legal, political, and financial matters.

Lists like these are, in effect, electronic bulletin boards, although the term "bulletin board service" or "BBS" typically refers to a privately maintained, multi-function list reachable by direct dial, such as the Black Bag BBS described in the March issue of *PENNSYLVANIA MEDICINE*. They are often called "listserv" lists. Technically, a listserv is one of several similar types of mail-distribution programs used by universities and other groups maintaining Internet mailing addresses, but it seems on the way toward becoming the generic term for all such programs.

Getting on (and off) a list is easy. Typically, when you join one, you'll be content to be a passive "lurker" for a few days or weeks, merely skimming through message headings to decide if the postings interest you. If they do, you'll sooner or later find yourself sending e-mail messages, either questions or comments, "to the list," which means that they'll be publicly posted. Those who read your messages will have the option of posting public replies or replying to you separately, depending on whether they judge the communication likely to be of general interest.

Two cautions are in order. First, getting information from the Internet can be like drinking from a fire hose, so you should take care not to sign up for more than one or two lists at once, at least until you know how useful they are. On some lists, you can get as many as 50 e-mail messages a day. Although you'll become as adept at hitting the DELETE key as you are now at tossing out junk mail unopened, you'll want to be selective.

Second, don't assume that Internet lists, even restricted ones, guarantee the same level of privacy as telephone conversations. Use common sense in mentioning patient names or anything else that could jeopardize confidentiality.

Internet connections (planned as the subject of a later article) were once difficult for physicians not affiliated with universities or teaching hospitals. They're getting both cheaper—as low as \$10 per month for some services, but typically more like \$20 per month—and easier to use. As a rule, you no longer have to type in commands, but can use a computer mouse to "point-and-click" at the application you want.

The future of Internet communications lies with tools like World Wide Web (WWW or, increasingly, just Web), which permits intuitive searches and extensive use of graphics. If you need to send and receive graphics now, for example, to exchange X-rays with colleagues, you'll want a personal computer no more than about three years old and a fast modem (14.4 bits per second or faster) to avoid molasses-slow transmissions. For simple text messages, almost any personal computer with a modem will be adequate.

Hancock believes your e-mail contacts on the Internet will lead you "deeper and deeper as people post 'Guess-what-I've-found!' messages." And the need to go deeper may be spurred by patients who know how to tap search online for really current medical information.

"It's better than reading journals because it's real people-to-people contact," says Hancock. "Beyond that, CancerNet and PDQ are available for patients and include information in nontechnical language. Patients are talking by e-mail to other patients who are suffering from the same thing. They're going to start coming in and telling physicians, 'This is what I found online.' And if the physician is only reading journals that are a few months old, and CancerNet is updated every month and is peer-reviewed, some patients are going to know more than the physician about the treatment of their disease." ☉

Connecting to Clinical Resources

For those already connected to the Internet, both the Internet Health Science Resources List and the Medical List (of clinical resources only) are available for downloading from ftp2.cc.ukans.edu. Go to a directory called *pub/hmatrix* and look for a file called *medlist.[version number].txt* or (for the larger list) *medlist[version number].zip*.

The Web address for the Internet Health Science Resources list and many other medical resources is <http://debra.dgbt.doc.ca/~mike/healinet>. This text file is about one megabyte long, so you may want the compressed version. (The ".zip" that ends an address means that file is compressed.) Downloading a file of this size can be expensive; try off-hours copying to a floppy disk at a medical school library, or scanning the lists online and downloading only the parts that interest you.

Fam-Med, mentioned in the article, comes in two flavors: an unmoderated list in which all messages are immediately distributed to the subscribers and a Digest in which messages from the unmoderated list are screened, inappropriate ones removed, and the remainder strung together and sent out about twice a week. To receive unmoderated mailings, send a one-line e-mail message to listproc@gac.edu with the body reading: *subscribe fam-med [your name, but without brackets]*.

You can also explore or retrieve files from Fam-Med using anonymous FTP (an Internet tool for file retrieval); FTP to ftp.gac.edu. If you have WWW access, the address is URL: [GOPHER://ftp.gac.edu:70/11/pub/fam-med](http://ftp.gac.edu:70/11/pub/fam-med).

For more information about Fam-Med in general, try URL: <http://apollo.gac.edu/>.

Celebrating Ten Years of KePRO

Donald E. Harrop, MD

Well, we made it. On July 1, 1995, we celebrated KePRO's tenth anniversary. While I can honestly say that I have thoroughly enjoyed all of my involvement in the organization during the past 10 years, I can't say it's been nothing but good times—we've had our share of trials and tribulations along the way.

I sure remember the early days of KePRO and the PRO program, when we were still learning how to deal with the bureaucracy and at the same time trying to get the organization up and running. Unfortunately, because the PRO program was so new, the Health Care Financing Administration (HCFA) was also in a learning curve, and I think even the people who ran HCFA in those days would now admit to a few mistakes.

Our most difficult task from the first day of operation was to try to convince physicians and hospitals that our intent was to conduct fair and honest review. Senior staff traveled across the state to meet with medical staff representatives and hospital administrators to explain what our process would be, and to attempt to alleviate some fears and squelch the rumors about the

program. It took some time, but I think we made great progress.

For this type of program, which was basically punitive in nature at the start, I think we gained the trust of the great majority of hospitals within the first few years. In fact, this is now being proven with the success of our cooperative projects.

Among the physicians, I think there has been a variety of mixed feelings. In some cases there is still mistrust. In others there is respect. The physicians knew that once the program became law, some group would become the PRO, and it was better if it was a physician-controlled organization. Many also realized that those of us on the board of directors were subject to criticism, but accepted the responsibility because we felt we were doing the best we could for the practice of medicine.

So here we are a decade later and much more comfortable with the new direction the program is taking. However, as on any government program, it seems that whenever there is reason for celebration, there are always other issues to dampen enthusiasm.

The reduction in review volumes which followed the shift from individual case review to the Health Care Quality Improvement Program (HCQIP) meant another workforce reduction, as when we closed our area offices a few years ago. Some had been with KePRO a number of years and had worked very hard to make us one of the best PROs in the nation. Losing loyal, dedicated people has been the most difficult part of dealing with HCFA's frequent changes in program requirements.

As I reflect on the past 10 years, I sometimes wonder why KePRO has been so successful. Was it the oversight and direction provided by the Board of Directors? Was it the dedication and hard work of the KePRO staff? I tend to think it is a combination of both. It just happens that we had an excellent blending of the right personalities, similar long-term goals and objectives, and a desire to produce a quality product. Congratulations to both KePRO staff and the board in reaching this important milestone. ☺

Dr. Harrop, president of the Keystone Peer Review Organization (KePRO), offers KePRO news and views in this column each month.



KePRO staff members celebrating 10 years of service include (left to right): Patti Johnson, Beth Hackman, Barb Shearer, Stephanie Heinzman, Lynne Horn, Ruth Jarrett, Donald E. Harrop, MD, and Carm Striano. Not pictured: Marcia Rohland, Kristie Myers, Eileen Queenan, and Pat Eley.

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Medical Students Tackle Adolescent Health

Maureen Hoepfer

Vincent J. Zarro, MD, PhD, is assistant dean of student affairs and director of the division of addiction medicine in the Department of Medicine at the Medical College of Pennsylvania and Hahnemann University School of Medicine. For the past nine years, he has been involved in university efforts to address public health needs in the Philadelphia area through programs involving medical students.

Being an adolescent in America today is a risky business, according to a new report released by the National Center for Health Statistics. The report concludes that "a substantial number of U.S. youth are engaging in risk-taking behaviors that can lead to chronic disease, injury, and death." These behaviors include widespread tobacco and alcohol use, unprotected sex, unsafe driving, and carrying a weapon.

Disturbing findings

The findings are based on a 1992 national survey of 10,645 youths from 12 to 21 years old. It is one of the most comprehensive studies ever undertaken to measure health risk behaviors of America's 34.4 million young people. The survey found:

- More than two-thirds of the youths had drunk alcohol at least once. Forty percent had consumed alcohol on 10 or more days in their lives, and 45 percent had done so within the month before being interviewed.
- Nearly three out of 10 adolescents of driving age had gotten behind the wheel after drinking, and one-fourth of all youngsters said they have ridden in a car in the past month with a driver who had been drinking.
- Sixty percent have smoked cigarettes, and just over 25 percent were current smokers.
- Three out of 10 youths had used some type of illegal drug in their lifetimes.
- Six out of 10 never-married youths have had sexual intercourse.

- About one in seven carried a weapon at least one day in the month before the interview. Ten percent said they had been in four or more physical fights in the past year, with the highest rate among 12 to 13 year olds.

"During the past few decades, the health status of adolescents in this country has been declining," says Vincent Zarro, MD, PhD. "Some of these high-risk behaviors may cause health problems that could last a lifetime, or worse yet, could cut short many young lives."

Dr. Zarro says that the study findings point to the very early age at which experimentation with addictive substances begins. "We have been finding that children as young as eight and nine are experimenting with alcohol and nicotine on a regular basis," he says. "Unfortunately, there is a natural progression from experimentation to regular use as children move from the preteen years to young adulthood. The literature has documented that early age of first drug use significantly increases drug addiction in later years."

Communicating effectively

The Center for Health Statistics' study also showed that health risks among adolescents are often clustered together, with youths participating in multiple unhealthy behaviors. For example, those teens who smoked were more likely to also engage in drinking, sex, and physical violence. For these reasons, Dr. Zarro believes that health educators must reevaluate how they communicate to America's youth.

Most messages target only one subject, such as cigarette smoking or drinking and driving, but the materials should be tailored to youth that engage in multiple high-risk behaviors. "To have a chance at success, public education programs have to attack *all* these risk behaviors, and if we want to prevent youth from engaging in these behaviors, the education has to start early—in preschool, kindergarten, and the primary elementary school grades."

According to Dr. Zarro, medical students are an effective resource in "getting

Ms. Hoepfer is a marketing associate for the Society's Educational and Scientific Trust. This article is one of a series, begun in January 1993 and ongoing through 1995, sponsored by Keystones of Public Health, the Trust's endeavor to address public health needs.

the message across" to youngsters about the threats posed by drinking, smoking, unprotected sex, and violence. "Youth perceive the medical student as one of their own. These students are not their parents or teachers, and they are closer in age so they accept them as peers," Dr. Zarro explains. "Yet, medical students have status among youth and are perceived as being knowledgeable. From our experiences, adolescents believe the medical students will give them the straight scoop."

Medical students become involved

For nearly nine years, the Medical College of Pennsylvania and Hahnemann University School of Medicine has been addressing public health needs in the Philadelphia area through programs involving medical students. In 1987, the medical school began participating in a national community education program initiated by the American Medical Student Association.

The Adolescent Substance Abuse Prevention Project (ASAP) involves medical student volunteers teaching about body systems, drugs, alcohol, peer resistance, and self-esteem to children in Philadelphia middle schools and at the city's Boys and Girls Clubs. "Our students go in and teach about substance abuse from the perspective of normal health. They use personal examples and set up scenarios which try to make the youth come to their own conclusions. Our students offer them alternatives to engaging in high-risk behaviors," Dr. Zarro explains.

To date, the ASAP program has been extremely successful, he says. It led the medical school to explore other public health programs using medical students. These include:

Project Med—As an offshoot of the ASAP project, Hahnemann medical students developed a year-long health curriculum for sixth graders. It encompasses such areas as general health and well-being, nutrition, sex and sexually transmitted diseases, and health careers. The medical students teach by lecturing, using visual aids, and planning activities for students, including field trips. The curriculum is now

being tested at Gillespie Middle School in Philadelphia.

Community-Based Educational Experience—This is a seven-to-10-week course taken by first-year medical students. It involves a two-hour per week didactic session and a community service practicum. For example, students may be involved with teaching youth as part of the ASAP project, working in health clinics educating pregnant teens on prenatal care and the basics of infant care, or working with the Boys and Girls Clubs of Greater Philadelphia on health education efforts.

"Our goals with this program are two-fold: to give meaningful service to the community and to have medical students learn by experience some of the community factors that impact on public health and the delivery of health care," Dr. Zarro says.

The Changes and Graduate Programs—These programs address the academic and vocational needs of low-income, "high-risk" high school students. The two projects serve 90 youth in special programs at Martin Luther King, George Washington, and Overbrook High Schools in Philadelphia. Students come to the medical school to health and science classes taught by the medical students who are assisted by the faculty. In the Changes program, students also attend a problem-solving class taught by a counselor. When the programs were evaluated, Dr. Zarro said that the truancy rate for these students dropped from 50 percent to 10 to 15 percent last year.

Bridging the Gaps—This projects involves all the Philadelphia medical schools. Medical and allied health students are placed in community-based health and social service

organizations to complete a seven-week community service internship during the summer.

In 1994, 149 students worked on 81 projects in the Philadelphia area. Hahnemann students organized a health education program to be taught at the Philadelphia Industrial Correctional Complex, a prison for women; designed and implemented a weekly health and science class for Hannah House, a half-way

"Dr. Zarro believes the medical students have benefited as much as the community from these public health projects."



Philadelphia youth and Hahnemann medical students (pictured in back row) find the medical school's ASAP public health program can be both educational and fun.

house for women who have violated parole; and offered support services at local community health facilities, such as Hope Clinic and the Catholic Worker Free Clinic.

Educating future physicians

Dr. Zarro believes the medical students have benefited as much as the community from these public health projects. The programs enable students to explore their interest in primary care and community health while providing valuable service to the underserved populations in Philadelphia. Students also learn some of the basic knowledge, skills, and attitudes necessary for clinical practice in underserved settings.

Last summer, Christine Morgan, a second-year medical student at Hahnemann, participated in ASAP. She says the experience was eye opening. "I have a new appreciation for this community... These kids are not given nearly enough credit.

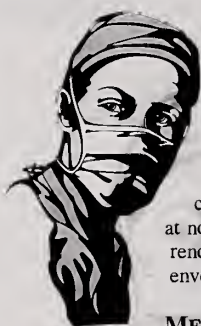
They understand a lot about success and what it takes to achieve it," she says. "It isn't that they don't care enough about their future, it's just that they aren't given enough opportunities."

Opportunity is what the medical school's community health programs are all about, Dr. Zarro says. "For years in medicine, we have been neglecting the impact of high-risk behaviors and other community factors on health care and the delivery of that care. Instead, the emphasis was placed on technology," he explains.

"But now, these factors have contributed to some monumental public health problems, such as drug abuse and HIV-infection—problems which could cripple our health care system. In my opinion, medical students are a valuable, untapped resource. If we give them the opportunity, they will find the answers to some of our most pressing public health problems. They are our hope for the future." ◊

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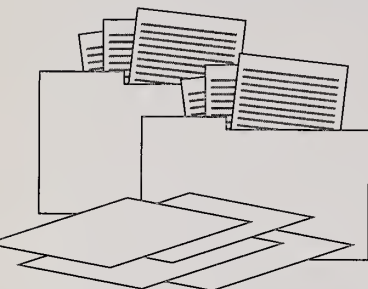
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Office Managers: Nobody Knows the Trouble They See

Sandy Marrone



Computers, code revisions, and patients' changing expectations have added responsibility and a new level of complexity to the job of medical office manager. How are you and your office manager coping? Some experienced managers relay their views of this rapidly changing field.

Once upon a time, your practice probably ran quite smoothly, with a *modus operandi* something like this: Your secretary checked in patients. You and your nurse handled their medical needs. Then the patients trotted on out to the secretary's desk where she accepted their payments or put their bills on a stack to go to insurance, and scheduled their next appointments. Your office manager made sure insurance claims were filed, went after slow payers, made referrals, kept the files in order, figured out staff work schedules, pitched in to answer the phone—and probably found time to run some routine errands in between.

Voilà. Successful medical practice.

Not anymore.

Given the complexities of Medicare's ever-changing codes; new regulations from auto insurance, CLIA, OSHA, and workers' compensation; managed care programs, HMOs, and secondary insurance; and all the different forms each requires, your office manager—business manager, CEO, or MBA—is riding some combination of a merry-go-round and a roller coaster.

"There are no periods of status quo any more," says Kay Salvino, manager for a group of 13 medical specialists in Abington. "Before, Medicare codes or fee schedules would change, then you'd hit a status quo for a couple of years. Now, the changes come so fast that you're always in a transitional mode."

Medicare codes and fee schedules are the least of it, according to Nancy Becker, practice management consultant at the University of Pennsylvania Health Systems. "Once you understand the evaluation and management codes, you find

them easier than the old ones. Reimbursement is not as high, but you get paid within 30 days if you do the form correctly. That, at least, is a black-and-white issue."

The devil in the details

What's not so black and white are medical claims for auto insurance, workers' comp, HMOs, PPOs, and managed care programs. Workers' comp regulations demand a form on a patient's progress every 30 days. "The law has made drastic reductions in fees, and you cannot go to the patient anymore for the money," says Becker. "So you must keep track of the companies you're dealing with, and you must run the office more efficiently." If you don't, you won't get paid.

That's why "being competent as a doc and having a good secretary aren't enough today," says David Regan, director of primary care services for HealthAmerica. "Running a practice is much more sophisticated, and we are starting to apply management science to what was a cottage industry." Of managed care, Becker says, "It was originally thought it would hurt primary care, but it actually benefits primary care. Physicians know what they'll be paid and when, and the wellness programs put an emphasis on staying healthy."

On the negative side of such programs is the challenge of knowing where you can refer, how to get authorization to refer, and the forms, forms, forms.

"Managers have to be a lot faster on their feet to know how the contracts work," says Kathleen Siker, administrator for practices affiliated with the University of Pittsburgh. "It's especially hard in specialists' offices because, with the primary care physicians as gatekeepers, specialists do not have direct access to the patient. Those relationships will be a lot less straightforward for a while. They demand a major shift in all our frames of reference because, regardless of specialty, many doctors think they provide primary care."

Enter the office manager. She, and today often he, "must make patients and

Sandy Marrone is a freelance writer based in Palmyra. In her other life, she was office manager for her husband's family practice for 10 years. When the going got too rough, she got going into a writing career and left the job in more capable hands.

physicians understand [complexities] in the most efficient and effective ways possible," Siker says.

Okay. The forms are filled out, the referrals are properly made, and the patient seems to understand his or her coverage. Now, maybe, your manager can slip out and run that routine errand for you. But wait. First your manager wants to talk to you about your chart notes. "My chart notes?" you say. "Yes, your chart notes," is the reply.

"Both the business and recordkeeping procedures are under constant scrutiny," says Jay Roberts, chief executive officer of Fornance Physician Services, a 65-physician multispecialty group in Norristown. For example, he says, "U.S. Healthcare offers pay incentives for keeping good medical records, so somebody must be in charge of those."

Becker agrees. "Physicians cannot just say, 'I checked the patient's arms and feet, etc. Instead they must say what they saw during the examination.'"

"Okay, okay. I understand," you say. "Did you run that errand yet?"

"I will," your manager replies. "Right after I wrestle with the staff's work schedule. Too many people want vacations during the same week."

Once the work schedule is completed, and the feathers that got ruffled over it are smoothed, your manager again may have to put off that errand, because the staff meeting agenda beckons.

"Staff meetings are more important now," says Becker. "The staff has to be told something different as coverage plans change, and it's another challenge to keep the staff educated." Changes and staff meetings addressing them often require your manager to perform a balancing act. He or she must make your office hum, so you're free to practice good medicine. Essential to that is keeping the staff updated.

Remember your reaction when your manager said you must be more complete in your medical records? Times that by the number of people on your staff who are not receptive to change. They've been doing things a certain way all their lives. None of the reasons your office manager can give are good enough to convince these people to move beyond their comfort level. Somehow, it's got to be done, and it's your office manager's job to do it and do it well. The manager soothes, trains, and, despite all his or her efforts, somebody not able to accept it all might quit. Then the manager has to face interviewing, hiring, and training a replacement.

Does loyalty count?

But what if your manager personally cannot deal with the changes? Here is this hard-working, smart, congenial person who has been loyal to you since day one. As your practice grew, you promoted him or her to office manager, and now the changes in medicine are more than he or she can handle. Certainly, you don't want to dump your manager. There's a good chance you won't have to go that far, but there's also a good chance he or she isn't the best person to manage your practice anymore.

"The old-time, valued secretary still has a job," said Regan. "She learned by the seat of her pants and was smart enough for the old role, but perhaps lacks the formal training needed to keep up with the new ways." Roberts' advice is to match the old-time secretary's education "with the physical needs of the office."

Regan adds, "Today's medical environment has put pressure on the physician to hire somebody who can do the necessary managing. The doctors can't do it. Their spare time is between midnight and 6:00 a.m."

Perhaps unique among the managers who have worked their way up is Deb Steffen of Lebanon Valley Family Medicine, Inc., Palmyra. She says she's willing to face the changes necessary to manage her employer's practice, but she's not humiliated or angry at the thought of one day being replaced. "I think we need a business manager," says this manager of a three-doctor practice. "I don't want this practice to suffer because of my lack of formal training. Everything we do has legal ramifications. I'm on the phone to [our insurer] almost every day. Sometimes I feel inadequate. I go to conferences, I'm willing to learn, and I'm receptive to change. But I do not want to stop working to go to college for a degree. I trust my doctors. They said they will not put me out the door, and I will accept a restructured position if it comes to that."

People like Steffen make the best managers, according to Becker. They accept change, yet they've been around long enough to know what works best given their doctors' philosophies and work styles. "They've come up through the ranks, and the physicians have empowered them and given them continuing education," Becker says.

Salvino adds, "Not everybody is lucky enough to have someone like that. More often, office managers are better off if they did not come up through the mom-and-pop sort of thing. Old-timers sometimes

"Being competent as a doc and having a good secretary aren't enough today."

—David Regan, director of primary care services, HealthAmerica

know exactly how to make physicians happy by running errands, but don't have enough actual knowledge about how to make an office hum. Today's manager needs to be much more aware of what's going on on the outside, not just in his or her own little office. [In today's environment,] the more outside things a manager knows, the better for the practice."

Ability to network

Many physicians' groups have grown so large and become so complex, their practices need a CEO or MBA to oversee operations and have created separate departments with their own managers. Even small groups, like Steffen's, have departmentalized to better handle clinical and administrative matters.

Whatever you call your manager, he or she must continually educate themselves by reading and attending conferences and seminars. The experts agree that education is the key to staying current and being an asset to a practice.

Seminars do much more than inform. "We've come to recognize the psychotherapy nature of seminars," Roberts says. If you look at your manager's day—informing you and the staff, soothing, scheduling, and conforming to regulations—you can see he or she is in the midst of everything, yet all alone. "I'm without peers and sometimes it's frustrating," says Salvino. "I facilitate for doctors and have answers for staff, but nobody understands the big picture of what I do."

A seminar provides a room full of peers for the otherwise isolated office manager, as do networking groups like the Professional Association of Health Care Office Managers (PAHCOM) and the Medical Group Management Association (MGMA). Both groups are national organizations with local chapters that allow managers to vent their frustrations to each other.

"Say I'm an OB manager in Harrisburg, and I'm not comfortable calling someone across town to say, 'You won't believe what I did,'" explains Regan, president of the state chapter of MGMA. "I network to Nebraska to someone I know from MGMA; [we] can talk freely because of the distance."

Both groups offer newsletters, conferences, continuing education, and 800 phone numbers for help with problem solving and testing on topics germane to certification as medical manager.

"PAHCOM helps me be effective in my position," says Becker, who in September assumed the presidency of the chapter covering Bucks and Montgomery coun-

ties. "They held mini-meetings for specialties to help us stay current, and we contacted the Pennsylvania Medical Society and had meetings with them to understand legislation on workers' comp and how to get the best reimbursement for our doctors."

Not only managers, but you as an employer, benefit from these groups. Besides having a happier and better-informed manager, you also get creative ideas from networking and can save money through group purchasing.

Some managers' groups are ad hoc, like the one formed in Lebanon County about nine months ago. According to Gary Mann, business manager for Fredricksburg Community Health Center and coordinator for the managers' group, "Three or four area office managers met at a seminar and decided to get together. We share information, common problems and goals, and we're considering group purchasing. Knowing people out there makes it go a lot easier."

Helping your manager

You, as an employer of a valuable manager, can make it go easier too. Here's a sampling of advice from the medical managers interviewed:

- Offer incentives and bonuses based on practice income and on how the office runs. You'll give your manager the willingness to go the extra mile and become the cheerleader for the staff. Without the staff working as a team, it's just not going to happen.

- Have an open mind. Study and look at what something new means before you react. Become part of the process to make efficient evaluations.

- Try to educate yourself, and find ways to see a glass as half full, not half empty. Be ready to modify plans.

- Emphasize constant education for managers—it is essential to support physicians in today's world of health care.

- Good managers are willing to take risks, and doctors must support them even if they err. Don't take your frustration out on your manager, and take more time to confer with your manager.

- Do not use your time to decide what kind of copier to buy. Build a bond of trust, knowing your manager will act in your best interest. But do discuss with your manager issues that will impact your practice.

Author's advice: Find someone else to run that routine errand for you. Your office manager is too valuable to waste on such chores. ☐

Stop the Distractions— We Need to Focus

Ask yourself these questions: Given the economic and political environment surrounding health care, are you concerned about your personal financial situation? Do you believe that you should have received more formal training in order to handle your personal financial affairs? Would you prefer that providers of financial advice be free of any attachment to a particular investment product? If you answered yes to any of these questions, you are definitely in the majority.

During the past three years, AMA Services has gathered an extensive amount of market research regarding the current financial needs of physicians. At least 84 percent of all physicians contacted responded affirmatively to the questions above, primarily because of their experiences with providers of financial products. All too often, suggestions are made or strategies developed that do not have the best interest of the physician in mind, but focus on the latest "fad" or a "hot tip." Rather than reacting to these distractions, you should focus on a time-tested and proven strategy that will allow you to effectively manage your personal and retirement portfolio.

Key determinants

Studies of large pension plan portfolios have found that there are three key determinants in evaluating portfolio performance: asset allocation, security selection, and market timing. The studies show that over 90 percent of a portfolio's performance is a function of asset allocation. The remaining, relatively minor impact is split between security selection and market timing.

Think about it. Very often physicians spend a substantial amount of time determining a market-timing strategy or security selection. This is a perfect example

of a distraction that expends energy on a relatively unimportant issue. Because of this, physicians often become susceptible to the "can't lose" product solicitation or the "must do" plea to act now before the so-called "opportunity" is gone.

This approach creates uncertainty: uncertain results since it is difficult to obtain accurate information about the performance of your investments; uncertain risks because it is difficult to obtain accurate information about the types of losses you can suffer; uncertain costs because, unfortunately, you often lack information about the true costs and expenses involved in many investment programs.

Asset allocation

Asset allocation recognizes that various types of assets react differently to changes in economic conditions. Investments are usually spread among three different asset classes—stocks, bonds, and cash. Such allocation is designed to maximize your investment returns while minimizing your exposure to risk.

Within the three main asset classes there are different categories. For example, within the stock class you may choose large-company stocks or small-company stocks. There are also different styles of investing. The relationship between these asset classes and styles are key elements of asset allocation. Recognizing this relationship can be a powerful tool in eliminating unwanted distractions that prevent the focus needed to accomplish identified goals.

A process that works

Working hand in hand with asset allocation is the use of an effective and systematic process that has been employed with success. This process begins by *identifying your financial goals*. Understanding where you want to be will help you determine

the actions needed to arrive successfully. This step also involves identifying your willingness to take a risk, as well as your preferred choices for asset classes.

Once your goals have been identified, the next step is to *analyze your current situation*. By reviewing your existing investment portfolio, you are able to identify the level of risks you are taking, as well as the amount of diversification that exists.

The final step, *developing a strategy for portfolio management*, should only be completed after you have built a foundation through the previous steps of the process. Keep in mind that past experience may have indicated that you should act first and think later regarding your investment selections. By following a proven strategy, you will be able to minimize selections that do not fit in with your long-term objectives.

Following this process, along with using effective asset allocation strategy, can help eliminate many of the distractions that physicians have experienced while analyzing their investment portfolios. Putting an end to these distractions produces a focus that can result in long-term goal accomplishment.

The contributing author, Ronald J. Paprocki, JD, CFP, is vice president of AMA Investment Advisers, LP, an affiliate of the American Medical Association. He is also a member of The Educational and Scientific Trust's Medical Financial Planning Faculty.

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"Healthscapes" Affect Perceptions of Quality

David Woods

In their intensifying quest for customer satisfaction, corporations increasingly realize the importance of the physical setting in which the transaction takes place as a prime influence on that satisfaction. Thus, supermarkets concern themselves with positioning and presentation of goods, with lighting and sound; stores like The Gap and Victoria's Secret are masters of creating an ambiance conducive—even seductive—to satisfactory exchange between would-be seller and prospective buyer.

Managers in the health care "trade" can learn from this. In an age in which the goal of patient satisfaction is a given, yet the knowledge base for patients to assess clinical competence is pretty narrow, there's increasing reliance on empathy and ambiance in determining the level of satisfaction in a therapeutic encounter.

Despite this, little research has been done into exactly what kinds of physical surroundings have what kinds of effects within the health care setting, a fact acknowledged in a—nonetheless—thorough review of whatever literature on the subject does exist.

Authors Hutton and Richardson contend that "the role of the health care physical or tangible environment, including the facility, is essentially an unstudied area." Calling this environment the "healthscape," they note not only that service quality and customer service may be the most critical issues facing health care marketers today, but that customer perception of such quality—or lack of it—is based to a considerable extent upon the physical environment in which the "service" occurs. In fact, they quote one study showing this is the most highly rated component among seven indicators of patient satisfaction.

And yet, even as health care becomes more competitive, and the desire to measure and achieve quality becomes more urgent, it seems odd that a factor as influential as the healthscape remains the object of so little attention. Hospital and doctors' waiting rooms are still all too often drab and forbidding places stocked

with ancient periodicals, wilting plants, tacky furniture, and a generally unwelcoming layout. Not that anyone wants to be in either of those places, but if they are, the experience should surely be made as "user friendly" as possible.

What that means, say Hutton and Richardson, is paying attention to such ambient conditions as temperature, air quality, noise, music, odor, colors, lighting, and texture, as well as layout, and style of decor. In modern health care, "if patients receive treatment in a rundown facility, they are likely to demean not only the facility but the treatment as well."

Among several propositions the authors propound are:

- Patients "dissatisfied" with a facility are more likely to switch to another.
- Healthscapes will be of paramount concern to health care marketers due to health care's low price differential, inseparability of service and place—and increasing competition.
- Organized and tidy environments are more likely to lead to satisfaction with a health care facility than disorganized ones.
- A basic human instinct is to feel safe in a given environment.

The authors conclude that healthscapes must be kept clean, organized, pleasant smelling, and comfortable, without going overboard with plush surrounds, which today's educated patients know full well they are paying for either directly or indirectly. All areas of health facilities must be accessible to as much natural light as possible. Noise and temperature levels must be monitored and maintained.

"If a patient is more satisfied with the healthscapes of a health care facility, then he or she is more likely to be satisfied with the complete service encounter...and, most important, proper healthscapes can have a positive impact upon the actual healing processes of patients," the authors write.

Clearly, the healthscape is a scene too long overlooked by managers and marketers...and one where renewed attention and scrutiny will yield rewards both in perception of quality and improvement in care. ◊

Mr. Woods, former editor and publisher of the Canadian Medical Association Journal, is president of Healthcare Media International, Inc., Philadelphia, publisher of Medical Practice Communicator and International Digest of Healthcare Management.

Reference

Hutton JD, Richardson LD. Healthscapes: the role of the facility and physical environment on consumer attitudes, satisfaction, quality assessments, and behaviors. *Health Care Manage Rev* 20(2),48-61, 1995.

Fourth Annual
Symposium by the Sea 1995

A three-day, educational seminar for physicians

October 20–22, 1995
at the Rehoboth Beach Country Club
Rehoboth Beach, Delaware

Friday, October 20

H. Pylori and Peptic Ulcer Disease

Robert M. Strauss, MD
Assistant Professor of Medicine
Digestive Diseases
Emory University School of Medicine

Recent Advances in Abdominal Imaging

Frederick B. Murphy, MD
Associate Professor of Radiology
Emory University School of Medicine

**Laparoscopic Surgery in 1995—
Panacea or Technology Run Amuck**

Gene Branum, MD
Assistant Professor of Surgery
Division of Gastrointestinal Surgery
Emory University School of Medicine

**Multispecialty Panel Case Presentations—
Gastroenterology, General Surgery, Radiology**

Saturday, October 21

**Infectious Diseases Update—Understanding
the Impact of Antibiotic Resistance**

Stephen Schwarzmann, MD
Associate Professor of Medicine
Chief of Infectious Disease
Emory University Hospital

Asthma Update—Current Diagnosis and Treatment

Jeffrey R. Pine, MD
Associate Professor of Medicine
Pulmonary and Critical Care

Hypertension 1995—

Part I: The Search for Secondary Causes

James A. Tumlin, MD
Assistant Professor of Medicine
Renal Division
Emory University School of Medicine

**Multispecialty Panel Case Presentations—
Infectious Diseases, Pulmonary Medicine,
Nephrology**

Sunday, October 22

Preoperative Medical Evaluation

Donald C. Davis, MD, PhD
Associate Professor of Medicine
General Internal Medicine
Emory University School of Medicine

Hypertension 1995—

**Part II: A Rational Approach to
Accelerated Hypertension**

James A. Tumlin, MD

Colonic Polyps and Colorectal Cancer: An Update

Robert M. Strauss, MD

Credit: The Emory University School of Medicine designates this continuing medical education activity for 12 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Registration: The fee for this three-day conference is \$175.

For registration information call the **Emory University Office of CME** in Atlanta, GA, at (404) 727-5695. For information about the Lewes/Rehoboth area, call **Beebe Medical Center** in Lewes, DE, at (302) 645-3499.

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AMA DELEGATION NEWS

Hold Harmless, Due Process Resolutions Supported by AMA House of Delegates

Physicians nationwide agreed with Pennsylvania concerns about "hold harmless" clauses in Medicare contracts and managed care organizations' due process at the AMA House of Delegates' annual meeting in Chicago in June.

The AMA House adopted two resolutions submitted by the Pennsylvania Delegation. The first calls for the AMA to:

- recommend to the Health Care Financing Administration (HCFA) that carriers be held accountable for financial losses incurred as a result of carrier errors and that hold harmless clauses be eliminated from all Medicare carrier contracts; and
- recommend to each Carrier Advisory Committee that it identify and discuss hold harmless clauses with their own Medicare carriers, and that it work to eliminate and prohibit such clauses from carrier contracts.

As impetus for the resolution, Pennsylvania delegates cited the contract between Pennsylvania Blue Shield and HCFA (which represents Medicare) which includes a hold harmless clause that absolves Blue Shield of any financial responsibility for errors it makes. In the case of the Medicare clinical laboratory overpayment of 1993-94, in which Blue Shield over-reimbursed for certain Medicare clinical lab procedures, the Office of Inspector General has allowed the carrier to recoup lost monies, and, according to the resolution, "has portrayed physicians and laboratories as those who are responsible to pay for errors made by [Pennsylvania Blue Shield]." The resolution adds that this example has caused "financial and personal hardships" to physicians.

The resolution also instructs the AMA to explore the possibility of promoting federal legislation that would prohibit HCFA from developing any new or canceling any



Howard A. Richter, MD (above), speaker of the State Society House of Delegates, chaired the AMA Reference Committee on Science and Technology at this year's AMA annual meeting in June. The hot issue before the committee was perinatal discharge of mothers and infants, which garnered national media attention throughout the meeting. Also serving on the AMA Reference Committee on Amendments to the Constitution and Bylaws was Michael J. Prendergast, MD, York.

existing hold harmless clauses with carriers.

The second Pennsylvania resolution adopted by the AMA House directs the AMA to call upon managed care organization accrediting agencies to require application review, appeal, and termination fair hearing/appeals processes, "just as hospital medical staffs must have in their bylaws to qualify for Joint Commission on Accreditation of Healthcare Organizations accreditation."

According to the resolution, "Many managed care organizations (MCOs) do not provide due process for providers' applications, appeals processes, or termination; [and] many physicians have had their applications for MCOs refused, or have been terminated for no clear reason."

The delegation concludes, "While current AMA policy is to seek

legislative relief, an alternative would be to require similar due process protection by managed care organizations seeking certification from accrediting agencies."

In other action, the AMA House referred for further consideration or decision Pennsylvania resolutions seeking:

- coverage through the Medicare program for annual gynecological exams and PAP smears;
- principles regarding states' regulation of nurse practitioners;
- study of the feasibility of modifying a Food and Drug Administration amendment to allow incremental stages of availability for new drugs;
- study of mechanisms that would mandate managed care organizations to contribute toward the care of the uninsured;
- national clearinghouse systems for clearing health insurance claims, with the goal of achieving cost efficiencies comparable to bank clearinghouses for checks; and
- production of a condensed, loose-leaf version of the AMA Policy Compendium with more complete indexing and semi-annual updating.

Meeting highlights

Also at the meeting:

- The AMA supported its leaders' call for a balanced federal budget, financially solvent Medicare, and a market-driven health system.
- The House adopted an AMA Medical Student Section resolution asking the AMA "to increase the availability of information on specialty choice to medical students and resident physicians by gathering and disseminating information on market demand and physician workforce needs for all specialties."
- Speaker of the House Newt Gingrich spoke via live satellite to the delegates about health care changes under discussion in Washington, including Medicare, Medicaid, veterans' health care, free market applications, and how to improve health care in the U.S. Among national strategies he proposed for the next decade: replace the welfare state with an opportunity society, decentralize power away from Washington, benchmark every aspect of the federal government for excellence, ensure that Medicare and Social

MEDICARE NEWS

MEDICARE MESS MARCHES THROUGH SUMMER PRESS

Medicare news dominated headlines across the state and nation all summer long. Among the top stories:

- AMA President Lonnie R.

Bristow, MD, presented the AMA's proposal to transform the Medicare system to Congress in mid-July. The heart of the AMA's proposal would be a shift away from government control toward personal responsibility and providing beneficiaries with several different options, including managed care.

- While U.S. House Republicans spent much of their summer debating how best to revamp the Medicare program, House Minority Leader Richard A. Gephardt (D-Missouri) said his party will use delaying tactics to draw attention to the debate this fall, since the debate will be critical in the 1996 general election.

- Vice President Al Gore and First Lady Hillary Rodham Clinton on July 11 unveiled a series of health care regulatory reforms within HCFA to: eliminate the Physician Attestation Form, reward good performance by laboratories by reducing regulatory oversight burdens, give Medicare providers more time for patient care by eliminating unnecessary government micromanagement, and begin moving toward use of a standard claim form for all federal health care programs.

- Effective January 1, 1996, Medicare expects to lower its premiums from \$46.10 per month to around \$43.50 per month. The decrease is the result of health care costs having increased at a lesser rate than expected; according to a pricing-formula schedule, payments must go down.

- Medicare and Medicaid patients can call a new national hotline if they think their physician, hospital, nursing home, or other caregiver is ripping off the government. The number—(800) 447-8477—is operational from 9:00 a.m. to 8:00 p.m., Monday through Friday.

ANNUAL MEETING PREVIEW

COMPUTERS FOCUS OF HMSS/TRUST SEMINAR

The State Society's Hospital Medical Staff Section (HMSS) and the Institute for Physician Leadership of the



Several Pennsylvania physicians received AMA Outreach Awards for their efforts to boost membership in the AMA and the State Society during the past year. Award recipients included delegates Doris Bartuska, MD, Robert N. Moyers, MD, Robert D. Reinecke, MD, and Carol E. Rose, MD; Organized Medical Staff Section members Ronald Carlucci, MD, Erwin Cohen, MD, Richard N. Harris, MD, William Lander, MD, Wilma C. Light, MD, Lee H. McCormick, MD, Nicholas Rorick, MD, and Paul Wengert, MD; and Young Physician Section member Martin Trichtinger, MD. Pictured (clockwise from top) are: Drs. Rose, Cohen, Wengert, and Light. The Society also extends its gratitude to the other 25-plus participants of this program.

Security are reliable trust funds, and create a safe America by suppressing violent crime.

- Robert E. McAfee, MD, immediate past president of the AMA, offered a "fairy tale" of an exaugural speech in which he overviewed the federation's efforts this past year, working with government officials on health reform. Among the key players of his "tale": King Will and his Queen, who live in the White Palace; Gingrich's Old Pals (GOP); the Knights of Newt; and the Monster Medicare. He also spoke of a "costly game known as Torts." In closing, Dr. McAfee said, "For this privilege of serving as your Chief Wizard for the year, I thank you so very much."

Election results

In elections:

- Robert N. Moyers, MD, was reelected to the AMA Council on Medical Economics. A Meadville family practitioner, Dr. Moyers was State Society president in 1991-92.

- Steven C. Thornquist, MD, Philadelphia, was unsuccessful in his effort to obtain a resident slot on the Council on Medical Service.

- Regina Benjamin, MD, MBA, of Bayou La Batre, Alabama, was elected the first Young Physician Trustee of the AMA Board of Trustees. (For more on the YPS meeting, see page 46).

Educational and Scientific Trust will jointly sponsor a computer seminar on Thursday, October 26, from 1:30 to 5:30 p.m. "Improving Your Practice Efficiency with Electronic Technology" will be held at the Hershey Lodge and Convention Center as part of the HMSS annual meeting.

Physicians enrolling in the computer roundtable will be able to visit six tables during the seminar and observe physician "experts" demonstrating different types of medical computer applications. Topics to be covered include:

- Physicians Online;
- clinical data repositories, longitudinal clinical databases, and lifetime patient records;
- CD-ROM databases and interactive continuing medical education;
- World Wide Web and Internet access and services;
- physician organization management;
- quality assessment and use of practice parameters;
- computer basics and educational diversions; and
- community health information systems.

Because space is limited, registration will be closed at 100. Cost of the seminar is \$100 for Society members and \$135 for nonmembers. For additional information, call the HMSS at (800) 228-7823. The seminar carries four hours of Category 1 continuing medical education credit.

DUES REBATE

The total amount of the 1995 dues rebate received by the State Society from the AMA was \$114,521, which is \$2,807 more than received in 1994. The dues rebate is an annual incentive for state and county medical societies to encourage physicians to pay their dues early.

In keeping with Society policy, 50 percent of the rebate (\$57,260) was distributed to county medical societies. Seventy-five percent of the county share is for AMA dues reported by January 15; 20 percent for AMA dues reported between January 16 and February 15; and five percent for AMA dues reported between February 16 and March 15.

TRUST PLANS ANNUAL DOCS' TROT RUN/WALK

The 1995 Docs' Trot on Friday, October 27, will provide an opportunity to stay healthy and support preventive medicine. Sponsored each year by the Society's Educational and Scientific Trust, the 5-meter run/2.5-meter walk is held in conjunction with the Society's annual business meeting.

Registration for the run/walk begins at 6:45 a.m. with an official starting time of 7:00 a.m. from the Hershey Lodge and Convention Center lobby. Participants can enjoy post-race refreshments, prizes for the male and female winners of both the run and the walk, a chance to win a \$25 gift certificate, and free t-shirts.

This year, a \$15 registration fee will benefit the Trust's loan program for medical students in need. For more information or to pre-register, call Sandra Fees at the Trust at:

(800) 228-7823

or

(717) 558-7750.

BLUES' NEWS

ASSOCIATION INTRODUCES BLUECARD PROGRAM

The Blue Cross and Blue Shield Association has introduced the new BlueCard program to link participating health care providers and the independent Blue Cross and Blue Shield plans across the country with a single electronic process for claims and reimbursement.

According to the Chicago-based association of 67 independent Blue Cross and Blue Shield plans, out-of-town patients' claims are handled by physicians' local Blue Cross/Blue Shield plans. The local plan helps manage claims collection, problem resolution, and claims payment; in turn, claims are processed accurately and quickly, eliminating slow payments and the need to track receivables from the multiple, independent Blue Cross and Blue Shield plans.

For more information about the new program, call the association at (312) 440-6000.

SCHOLARS PROGRAM TARGETS PHYSICIAN SUPPLY PROBLEMS

The Medical College of Pennsylvania and Hahnemann University, Crozer-Chester Medical Center, and Widener University are joining forces to offer an integrated undergraduate/medical school and affiliated hospital program to be known as the Crozer-Chester Medical Center Scholars Program.

The program—an early-assurance, contingency medical school admission program—is for high school seniors who have applied to Widener University, Chester, for pre-medical study. The goal is to attract students who plan to pursue family medicine, general internal medicine, or general pediatrics—all specialties in short supply.

A maximum of four scholars, who must meet certain academic performance levels to gain medical school admission, will be selected each year.

RESOLUTION DEADLINES...

FOR SOCIETY'S ANNUAL MEETING

Deadline for submission of resolutions for consideration by the 1995 Pennsylvania Medical Society House of Delegates is September 27, 1995. Late submissions require a two-thirds vote to become House business.

Any member of the Society may write a resolution. However, resolutions must be introduced by a delegate. For assistance, contact your county medical society's delegates to the House.

Send resolutions to: Kay Barrett, Pennsylvania Medical Society, P.O. Box 8820, Harrisburg, PA 17105-8820; or fax to: (717) 558-7840.

FOR AMA RESOLUTION DEADLINE

The Resolution Committee of the Pennsylvania Delegation to the AMA has set October 1 as the deadline for receiving resolutions to be considered for submission to the AMA House of Delegates at the December 1995 Interim Meeting in Washington, DC. Resolutions received after this date will be considered for the June 1996 Annual Meeting of the AMA House in Chicago.

Send resolutions to: Arnold Cushner, Pennsylvania Medical Society, P.O. Box 8820, Harrisburg, PA 17105-8820, or fax to (717) 558-7840.

PMSLIC INSUREDS RECEIVE BREAST CANCER STUDY

Insureds of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) have received a free copy of a second Breast Cancer Study conducted by the Physician Insurers Association of America (PIAA).

In 1990, PIAA conducted an in-depth study of claims arising from the failure to diagnose or delay in diagnosis of breast cancer. At that time, breast cancer cases represented the most expensive and the second most common condition in PIAA's Data Sharing Project. PMSLIC insureds received a free copy of the 1990 study after its completion.

Because the diagnosis of breast cancer remains the leading cause of malpractice in terms of claim frequency, according to PIAA, its board authorized this second study

of cases reported to the Data Sharing Project since the 1990 analysis. PMSLIC's Risk Management Department anticipated distribution of the second study—including results and recommendations—last month.

PMSLIC ISSUES SEMI-ANNUAL CLAIMS STATISTICS REPORT

The Pennsylvania Medical Society House of Delegates Resolution 86-17 requires that the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) report certain claims statistics to the House of Delegates on a semi-annual basis.

In response to this resolution, PMSLIC published the first semi-annual report in the September 1987 issue of PENNSYLVANIA MEDICINE. The data included in the following tables is an update of PMSLIC's claims experience as requested by the resolution.

Note: To more accurately reflect PMSLIC's experience, the tables have been expanded to include all claims and suits indexed against PMSLIC insureds since the company's inception in 1978. The exhibits below and on page 44 represent data for January 1, 1978, through June 30, 1995.

Table 1 (below): Joinders—Includes PMSLIC physicians joined by other parties and other parties joined by PMSLIC.

Table 2 (below): Number of claims and suits filed by specialty, January 1, 1978-June 30, 1995.

Table 3 (page 44): Breakdown of PMSLIC claims and suits filed by specialty, January 1, 1978-June 30, 1995.

Individuals having questions or comments about this material should contact Jane L. Conley, director of medical research and statistics, PMSLIC, P.O. Box 8375, Harrisburg, PA 17105-8375, (717) 558-7500, extension 501.

TABLE 1: Number of cases in which a physician is joined as an additional defendant by a hospital or physician

Since beginning tracking joinder data on April 7, 1987, 135 PMSLIC insureds were joined by other parties through June 30, 1995, as follows:

PMSLIC Insured Joined by:	Number of Times:
Hospital	66
Other Physician	29
Nursing Home	4
Commercial Business	8
Plaintiff	4
Pharmacy/Pharmacist	10
Manufacturer	2
Drug Company	4
Other	8

TOTAL 135

During the same period, PMSLIC joined 22 other parties, as follows:

Party Joined by PMSLIC:	Number of Times:
Hospital	2
Physician	11
Drug Company	1
Manufacturer	5
Other	3

TOTAL 22

TABLE 2: Number of claims and suits filed by specialty from January 1, 1978-June 30, 1995

Specialty	Total Claims and Suits	Specialty	Total Claims and Suits
Allergy	26	Otolaryngology	309
Anesthesiology	516	Pathology	65
Cardiac Surgery	32	Pediatrics	452
Cardio-Thoracic Surgery	72	Plastic Surgery	469
Cardio-Vascular Surgery	148	Preventive Medicine	1
Cardio-Vascular & Thoracic Surgery	159	Proctology	11
Cardiology	394	Psychiatry	90
Colon-Rectal Surgery	4	Pulmonary Diseases	8
Dermatology	148	Radiation Oncology	1
Emergency Medicine	385	Radiology	701
Endocrinology	2	Rehabilitation/Physiatry	135
Family Practice	838	Rheumatology	16
Gastroenterology	48	Thoracic Surgery	77
General Med-Prescription Writing	1	Urology	284
General Practice	811	Vascular Surgery	37
General Surgery	1,724	Vascular/Thoracic Surgery	8
Geriatrics	2	Physicians NOC	106
Gynecology	72	Other Practitioners	
Hematology	2	Clinical Psychologist	1
Hematology/Oncology	23	Nurse Anesthetist	19
Industrial Medicine	17	Nurse Midwife	4
Infectious Diseases	8	Nurse Practitioner	2
Internal Medicine	1,969	Physician's Assistant	7
Nephrology	14	Physiotherapist	2
Neurology	181	Registered Nurse	7
Neurosurgery	435	Surgical Technician	4
Nuclear Medicine	3	X-Ray Technician	2
OB/GYN	1,747	Other Practitioner	1
Oncology	21	Corporate Liability	1,528
Ophthalmology	415	Partnership Liability	75
Orthopedics	23		
Orthopedic Surgery	1,848		
		GRAND TOTAL	16,510

Keep in mind that the specialty totals are affected in part by the number of PMSLIC insureds in each specialty. In addition, some specialties are relatively new PMSLIC rating classifications and were not in existence for the entire time period represented.

TABLE 3
Breakdown of PMSLIC claims and suits filed by specialty
January 1, 1978-June 30, 1995*

Specialty	# Open C & S	Closed Settlement No Loss Payment		Closed Verdicts No Loss Payment		Closed Settlements with Loss Payment			Closed Verdicts with Loss Payment		
		# C & S	Avg Exp Pmt	# C & S	Avg Exp Pmt	# C & S	Avg Loss Pmt	Avg Exp Pmt	# C & S	Avg Loss Pmt	Avg Exp Pmt
Physician Specialties											
Allergy	14	6	\$ 3,800	0	\$ -0-	5	\$30,500	\$ 9,874	1	\$200,000	\$42,595
Anesthesiology	92	213	4,049	21	21,414	184	31,281	4,429	6	112,507	36,812
Cardiac Surgery	6	21	4,674	3	25,760	2	26,250	498	0	-0-	-0-
Cordio-Tharacic Surg.	19	36	7,175	6	33,590	11	79,091	20,860	0	-0-	-0-
Cordio-Vasc. Surg.	25	65	4,500	9	50,115	46	76,671	10,442	3	166,667	36,336
Cordio-Vascular & Tharacic Surgery	52	81	4,816	4	25,389	19	100,158	14,991	3	72,678	41,016
Cardiology	154	199	5,658	6	24,943	33	81,997	12,012	2	100,875	42,441
Colon-Rectal Surgery	2	2	345	0	-0-	0	-0-	-0-	0	-0-	-0-
Dermatology	31	73	4,157	11	22,721	31	36,721	8,903	2	14,750	22,848
Emergency Medicine	54	195	5,116	29	24,721	95	59,455	9,196	12	30,283	12,008
Endocrinology	2	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Family Practice	248	384	5,830	36	26,851	163	85,484	10,110	7	136,911	30,921
Gastroenterology	6	30	3,590	1	9,577	11	51,659	14,477	0	-0-	-0-
Gen Med-Prescrip Writing	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
General Proctice	136	383	4,609	45	31,477	240	63,722	8,619	7	55,664	41,206
General Surgery	245	792	5,508	125	25,997	536	70,225	10,038	26	98,500	31,156
Geriatrics	1	1	8,658	0	-0-	0	-0-	-0-	0	-0-	-0-
Gynecology	8	33	4,487	2	26,150	28	72,732	9,099	1	3,289	2,388
Hematology	0	2	5,414	0	-0-	0	-0-	-0-	0	-0-	-0-
Hematology/Oncology	18	4	3,034	1	31,806	0	-0-	-0-	0	-0-	-0-
Industrial Medicine	0	12	3,356	1	6,164	3	133,500	23,630	1	4,000	5,241
Infectious Diseases	3	5	4,040	0	-0-	0	-0-	-0-	0	-0-	-0-
Internal Medicine	515	978	6,661	94	26,526	357	72,249	12,156	25	102,294	41,640
Nephralogy	8	6	4,326	0	-0-	0	-0-	-0-	0	-0-	-0-
Neurology	53	101	6,192	8	21,505	18	81,009	13,011	1	50,000	755
Neurosurgery	83	215	6,984	30	36,386	99	78,323	17,935	8	118,889	28,671
Nuclear Medicine	0	2	2,247	0	-0-	1	60,000	75	0	-0-	-0-
OB/GYN	381	736	6,032	98	31,853	493	84,228	10,991	39	71,546	28,898
Oncology	9	11	3,000	0	-0-	1	4,000	1,948	0	-0-	-0-
Ophthalmology	108	201	3,326	25	23,718	79	78,691	8,840	2	119,523	21,562
Orthapedics	0	14	4,976	2	20,066	7	27,429	7,373	0	-0-	-0-
Orthapedic Surgery	230	919	5,118	155	28,382	519	64,724	9,911	25	88,188	30,972
Otolaryngology	41	153	4,798	28	23,005	79	58,989	9,535	8	67,115	34,453
Pothology	24	25	6,197	2	52,840	13	98,577	12,713	1	8,333	3,236
Pediatrics	138	196	6,247	31	38,086	82	95,919	15,788	5	134,710	40,221
Plastic Surgery	178	170	4,132	24	23,902	89	45,767	7,769	8	59,446	35,303
Preventive Medicine	0	1	21,584	0	-0-	0	-0-	-0-	0	-0-	-0-
Proctology	0	3	8,636	0	-0-	8	130,000	14,802	0	-0-	-0-
Psychiatry	30	42	6,227	6	30,838	12	60,858	15,191	0	-0-	-0-
Pulmonary Diseases	7	1	1,571	0	-0-	0	-0-	-0-	0	-0-	-0-
Rodiation Oncology	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Radiology	176	370	5,332	19	36,965	127	61,716	10,143	9	72,960	22,863
Rehabilitation/Physiatry	52	73	6,687	4	19,065	6	97,917	13,113	0	-0-	-0-
Rheumatology	10	4	7,631	1	42,566	1	8,500	827	0	-0-	-0-
Tharacic Surgery	11	44	8,133	0	-0-	21	70,835	8,373	1	83,718	42,612
Uralogy	68	120	5,295	20	24,074	70	48,534	8,839	6	108,581	34,713
Vascular Surgery	12	16	5,459	2	34,096	7	79,643	18,351	0	-0-	-0-
Vasc. & Thoracic Surg.	3	5	4,124	0	-0-	0	-0-	-0-	0	-0-	-0-
Physicians NOC	21	50	5,553	8	26,831	25	46,533	5,565	2	181,392	70,304
Other Practitioners											
Clinical Psychologist	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Nurse Anesthetist	2	6	3,852	0	-0-	11	22,028	2,183	0	-0-	-0-
Nurse Midwife	1	1	18,793	0	-0-	2	62,728	4,516	0	-0-	-0-
Nurse Proctitioner	1	0	-0-	1	6,265	0	-0-	-0-	0	-0-	-0-
Physicion's Assistant	2	3	2,763	0	-0-	2	80,000	91	0	-0-	-0-
Physiatherapist	1	0	-0-	0	-0-	1	5,000	-0-	0	-0-	-0-
Registered Nurse	0	5	4,693	0	-0-	2	5,500	134	0	-0-	-0-
Surgical Technician	3	1	6,813	0	-0-	0	-0-	-0-	0	-0-	-0-
X-Ray Technician	0	2	767	0	-0-	0	-0-	-0-	0	-0-	-0-
Other Proctitioner	0	0	-0-	0	-0-	1	4,000	2,923	0	-0-	-0-
Carporate Liability	753	615	5,049	77	20,724	72	83,552	11,423	11	123,164	25,934
Partnership Liability	38	30	4,726	5	21,163	2	53,500	2,704	0	-0-	-0-
GRAND TOTALS	4,078	7,656	\$5,483	940	\$27,685	3,614	\$69,059	\$10,280	222	\$88,740	\$31,321

* Claims and suits filed during this period resulted from policy years 1978-1995. PMSLIC's limit of liability is \$100,000 per incident for policy years 1978-1982, \$150,000 for 1983, and \$200,000 for 1984-1995.

Keep in mind that the specialty totals are affected in part by the number of PMSLIC insureds in each specialty. In addition, some specialties are relatively new PMSLIC rating classifications and were not in existence for the entire time period represented.

Ferdinand L. Soisson Jr., MD, won his primary election bid for a seat on the Cambria County Board of Commissioners. A Johnstown gynecologist, Dr. Soisson is the Society's Eleventh District trustee and is serving his sixth term as State Society secretary.

The House of Representatives of the Commonwealth of Pennsylvania has recognized and honored **Robert S. Pressman, MD**, Philadelphia, for his outstanding accomplishments in the field of internal medicine.

Sucha O. Asbell, MD, was appointed chairman of the Department of Radiation Oncology, Albert Einstein Medical Center, Philadelphia.

Paul Jay Fink, MD, was appointed clinical liaison and senior consultant for Charter Fairmount Behavioral Health System, Philadelphia.

The United Way of Mifflin-Juniata has named **L. G. Guiser, MD**, Juniata County, as its 1996 chair.

The National Cancer Institute has named **Carl M. Mansfield, MD**, as associate director, Division of Cancer Treatment. Dr. Mansfield will be responsible for the Radiation Research Program.

The Institute of the Philadelphia Association for Psychoanalysis has appointed **Anita G. Schmukler, DO**, as a training and supervising analyst. Also, Dr. Schmukler was elected a councilor of the Association for Child Psychoanalysis for a three-year term, and a fellow of the American Psychiatric Association.

Joseph E. Imbriglia, MD, director of hand surgery and vice chairman of orthopedics, Allegheny General Hospital, Pittsburgh, has received the

25-year professional attainment award in the medical field from the School of Medicine Alumni Association, Hahnemann University, Philadelphia.

James M. Herman, MD, was named associate dean for primary care, Penn State's Milton S. Hershey Medical Center.

Doris G. Bartuska, MD, professor of medicine and director, Division of Endocrinology, Diabetes and Metabolism, Medical College of Pennsylvania and Hahnemann University, Philadelphia, has received the Alumnae/i Association Service Award.

Elisabeth Hasslacher, MD, associate attending psychiatrist, Institute of Pennsylvania Hospital, Philadelphia, was awarded the 1995 Exemplary Psychiatrist Award from the National Alliance for the Mentally Ill.

Robert H. Schreckengast, MD, an obstetrician/gynecologist from Scranton, was elected president of the Flying Physicians Association. The association is an international organization of multi-specialty physicians who are licensed pilots. They are dedicated to the promotion of safety, education, research, and human interest projects relating to medicine and aviation.

Peter Pizzutillo, MD, was appointed co-chief of the Section of Orthopedic Surgery at St. Christopher's Hospital for Children, Philadelphia, and professor of orthopedic surgery and pediatrics at Medical College of Pennsylvania and Hahnemann University School of Medicine, Philadelphia.

Bruce L. Thomas, MD, Huntingdon, was installed as governor-elect for the Western Pennsylvania Chapter of the American College of Physicians.

William M. King, DO, a family physician in Philadelphia, was appointed to the board of trustees of the Philadelphia College of Osteopathic Medicine.

Temple University Health Sciences Center, Philadelphia, has appointed **Joseph J. Kubacki, MD** chairman, Department of Ophthalmology.

James T. Hanlon, MD, McKeesport, was elected president of the Southwestern Pennsylvania Chapter of the American College of Surgeons.

Physicians Elected to Leadership Posts



Dr. Kroser

Lila Stein Kroser, MD, a Philadelphia family practitioner, assumed the presidency of the *Pennsylvania Academy of Family Physicians (PAFP)* in July. A graduate of Temple University and the Medical College of Pennsylvania, Dr. Kroser is in private practice with her husband in Northeast Philadelphia.

Other officers elected include: **Peter A. Cagnetti, MD**, Waverly, president elect; **Ronald J. Buckley, MD**, Allentown, vice president; and **Vernon H. Preston, MD**, York, treasurer. Also, **Mark D. Burd, MD**, Danville, was named speaker of the house, and **Michael E. Kordek, MD**, Laflin, was named vice speaker.

Newly elected to the board of directors are: **Marc S. Berger, MD**, Wyomissing; **Raymond S. Buch, MD**, Allentown; **Michael Cordas Jr., DO**, State College; and **Christine M. Stabler, MD**, Lancaster. Elected to the American Academy of Family Physicians Congress of Delegates are: Dr. Kroser, delegate, and **Neil Lesitsky, MD**, Albrightsville, alternate delegate.

Also at its annual meeting, PAFP named **Helen R. Gurson, MD**, Pittsburgh, as its 1995 Family Practitioner of the Year. The recipient of the Pennsylvania Medical Society's 1994 Volunteer of the Year award, Dr. Gurson is recognized for her efforts in fighting diabetes on the south side of Pittsburgh.

The *Pennsylvania Academy of Otolaryngology—Head and Neck Surgery*, has installed **Alan M. Miller, MD**, Norristown, as president, and **Barry E. Hirsch, MD**, Pittsburgh, as president elect. Also, the academy presented its highest honor, the Distinguished Service Award, to **Thomas L. Kennedy, MD**, director, Residency Program, and staff associate, Department of Otolaryngology, Geisinger Medical Center, Danville.

The *Lancaster County Medical Society* has installed the following officers: **Jeffrey H. Chaby, DO**, president; **Barry J. Zadeh, MD**, president elect; **John H. Garofola, MD**, secretary; and **Joseph Knepper, MD**, treasurer.



Dr. Gurson

Young Physicians Take Active Role at AMA

The Pennsylvania Young Physicians Section (PA-YPS) took five delegates and one alternate delegate to the 1995 AMA Young Physicians Section (AMA-YPS) Annual Meeting, June 16-17, 1995, in Chicago. We're proud to report that this was the largest delegation in the country to attend the meeting.

Highlighting the meeting was the election of Regina Benjamin, MD, from Alabama, as the first young physician trustee elected to the AMA Board of Trustees. Creation of the seat resulted from a resolution presented in 1994 by your Pennsylvania YPS delegation. The other contender for the position was Tama Abel, MD, of Michigan. Both physicians have been active in the YPS for quite some time.

The AMA-YPS adopted and forwarded several resolutions to the AMA House of Delegates:

- A YPS resolution on tobacco advertising and teenagers was merged with another resolution on licensing of tobacco vendors. The amended version directs the AMA to seek legislation that would restrict the display of tobacco products and would permit sales of tobacco only with sales assistance.
- A resolution regarding a study of the prevalence of hyponatremic seizures among infants fed bottled water was amended and adopted by the AMA House. The new resolution asks the AMA to work in collaboration with the American Academy of Pediatrics to address the issue.
- A resolution to adopt and support the modified definition of emergency medical services was referred by the AMA House to the Board of Trustees for further study.
- A resolution asking the AMA to seek a seat on the board of the

National Committee for Quality Assurance (NCQA) was referred for study by the AMA House.

- A PA-YPS resolution on developing legislation so third-party payers cannot rescind precertification after medical services have been rendered was sent to the House, where it was determined to be similar to existing policy and was reaffirmed.

- The House also reaffirmed a resolution asking the AMA to develop and disseminate model curricula on violence into undergraduate and graduate medical education, and develop legislation to oppose the denial of insurance coverage of victims of domestic violence.

The PA-YPS introduced two other resolutions for consideration at the AMA-YPS meeting:

- A resolution asking the AMA to support a patient confidentiality act was referred for study to the YPS Governing Council.

- A late resolution not accepted as business of the House asked the AMA to establish a nationwide physician insurance company. The author of the resolution plans to resubmit it at the YPS Interim Meeting in December, since the resolution received favorable response from the assembly.

Pennsylvania's own Martin D. Trichtinger, MD, ran against two other candidates for the position of member-at-large of the AMA-YPS Governing Council. Dr. Trichtinger was defeated by Brian Scott, MD, of Tennessee. We congratulate Dr. Trichtinger for a well-run campaign and a job well done. There was heavy competition for the position.

Finally, thank you to the following PA-YPS Governing Council members who attended the AMA-YPS meeting: Marlon T. Maus, MD; Chris W. Fellin, MD; Dr. Trichtinger; Mark A. Piasio, MD; and Stuart Gitlow, MD.

Remember: The PA-YPS will hold a meeting on Thursday, October 16, 1995, in conjunction with the State Society's annual business meeting. If you are interested in attending as a representative from your county, contact Christina Reese at the Society at (800) 228-7823.

The contributing author, William J. West Jr., MD, is chair of the PA-YPS Governing Council.

Young Physicians Fax-Back Response

The Young Physicians Section would like to hear from its constituency—your comments, questions, suggestions. Complete this coupon, and fax it with your thoughts/inquiries to Christina Reese at (717) 558-7842.

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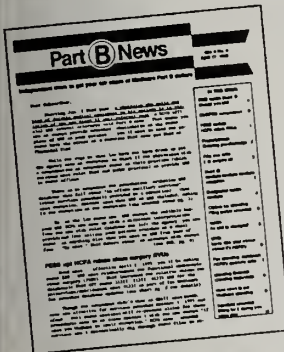
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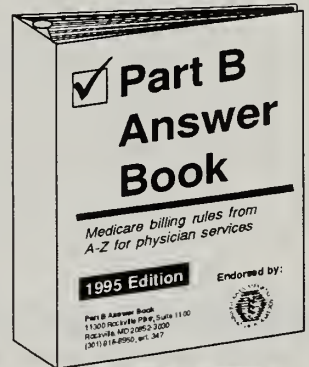
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John W. Bryfogle, MD, Bala Cynwyd
University of Pennsylvania School of Medicine, 1948; age 70, died May 19, 1995. Dr. Bryfogle was an internist. •

John M. Cahill, MD, Langhorne
Temple University School of Medicine, 1964; age 58, died May 14, 1995. Dr. Cahill was a family practitioner. •

Raymond Deily, MD, Bethlehem
Jefferson Medical College of Thomas Jefferson University, 1942; age 79, died June 26, 1995. Dr. Deily specialized in occupational medicine. •

Jacob J. Freedman, MD, Bala Cynwyd
Temple University School of Medicine, 1933; age 86, died June 3, 1995. Dr. Freedman was a general practitioner. •

Jean Gowing, MD, Philadelphia
Medical College of Pennsylvania, 1926; age 95, died July 4, 1995. •

Allen E. Hamburg, MD, Glenside
Jefferson Medical College of Thomas Jefferson University, 1943; age 77, died June 27, 1995. Dr. Hamburg was an orthopedic surgeon. •

Lois I. King, MD, Philadelphia
Medical College of Pennsylvania, 1948; age 90, died June 14, 1995. Dr. King was a radiologist. •

Maximilian L. Konecke, MD, Mountaintop
Hahnemann University School of Medicine, 1937; age 83, died June 7, 1995. •

J. Thomas Krall, MD, Lansdowne
University of Pennsylvania School of Medicine, 1927; age 94. Dr. Krall was an ophthalmologist. •

William F. Lamberti, MD, Scranton
Temple University School of Medicine, 1934; age 86, died June 21, 1995. Dr. Lamberti was a psychiatrist. •

Paul A. Leisawitz, MD, Reading
Jefferson Medical College of Thomas Jefferson University, 1937; age 82, died June 25, 1995. Dr. Leisawitz was a general surgeon. •

Chikkanarasappa Mahalingappa, MD, Belle Vernon
Mysor Medical College, India, 1961; age 62, died May 28, 1995. Dr. Mahalingappa was an orthopedic surgeon. •

Edward E. Mercier, MD, Erie
George Washington University School of Medicine and Health Sciences, 1947; age 72, died May 28, 1995. Dr. Mercier was an internist. •

Angelo L. Pantalone, MD, Mars
Royal University of Naples, Italy, 1938; age 83, died May 28, 1995. Dr. Pantalone was an anesthesiologist. •

John E. Pezzuti, MD, Harrisburg
Marquette University, Wisconsin, 1942; age 81, died May 1995. Dr. Pezzuti was a general practitioner. •

Francis P. Sayers, MD, Sunbury
Hahnemann University School of Medicine, 1939; age 80, died June 3, 1995. Dr. Sayers was a general practitioner. •

Roger M. Smith, MD, St. Peters
Hahnemann University School of Medicine, 1970; age 49, died May 1995. Dr. Smith was a general surgeon. •

Wilbur H. Wire, MD, Spring Grove
Hahnemann University School of Medicine, 1939; age 81, died May 24, 1995. Dr. Wire was a family practitioner. •

• Denotes membership in the Pennsylvania Medical Society at the time of death.

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Jonas E. Salk, MD, legendary immunologist and a past recipient of the State Society's Distinguished Service Award, died June 23, 1995, at the age of 80. Dr. Salk developed the polio vaccine which virtually wiped out the disease.

Dr. Salk received his medical degree from New York University in 1939. In 1942, after a two-year internship at Mount Sinai Hospital in New York, he went to the University of Michigan, and in 1947, he moved to the University of Pittsburgh. A year later, he joined with the National Foundation for Infantile Paralysis—now known as the March of Dimes—which had put together a committee of scientists to identify and type different strains of the polio virus. This vaccine was approved in 1955.

Dr. Salk moved to La Jolla, California, in 1962. Funded largely with March of Dimes money, he broke ground on the Salk Institute, which became one of the world's most respected research centers.

Dr. Salk spent the last 10 years of his life trying to develop a vaccine for AIDS. Although he was ridiculed by other scientists for seeking to boost the immune systems of those already infected with the human immunodeficiency virus, the concept ultimately took hold, and Dr. Salk has been credited with changing scientific thinking about AIDS.

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Pittsburgh, Pennsylvania—Penn Group Medical Association (PGMA), a 100-physician multi-specialty group practice affiliated with the largest HMO in Pittsburgh, is seeking BE/BC physicians in: family practice, internal medicine, pediatrics, ob/gyn, and psychiatry. We are formally affiliated with major teaching hospitals and leading community hospitals in Pittsburgh. PGMA serves eight ambulatory care centers, all conveniently located near cultural, educational, recreational, and corporate activities. Excellent salary and fringe benefits. For confidential consideration contact: Angela Lascola, HealthAmerica, 5 Gateway Center, Pittsburgh, PA 15222, or call collect (412) 553-7502.

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Been There; (Almost) Done That

Herbert Perlman, MD

PPHP Makes Stock Offering

PPHP in late July made a stock offering to some 30,000 practicing physicians in Pennsylvania. A prospectus detailed the offering of 25,000 shares of Class A Common Stock at \$5,000 each and 40,000 shares of Class B Common Stock at \$1,000 each.

PPHP Class A shares were offered exclusively to licensed physicians, podiatrists, and oral surgeons practicing and maintaining their principal residence in the commonwealth; Class B shares were offered exclusively to purchasers of at least one Class A share. Regardless of the number of Class A shares purchased, each shareholder is entitled to only one vote.

In the 1980s, the State Society Board of Trustees, through its organization, the Pennsylvania Medical Society Medical Care Foundation, adopted as one of its goals, "Conduct a feasibility study for the establishment of a statewide HMO system, with a regional network of local individual practice associates (IPAs), organized by practicing physicians to enhance the physician's leverage in negotiating reasonable levels of reimbursement."

Initial efforts focused on evaluating Pennsylvania's Medicaid program. But, inherent in the Society's intention was the desire to *expand into other patient classifications*, such as private business companies and self-paying businesses. A feasibility study to develop an HMO in Central Pennsylvania for Medicaid patients began using members of the Dauphin and Cumberland county medical societies.

The State Society board authorized the foundation to provide consultation to physicians from those counties to develop the study. I was a member of that study—one of two or three physicians from Cumberland County.

We met often, under the tutelage of Dr. Robert Zelten, a Wharton School consultant. The charge to our committee—I believe named the Development Committee for the Pennsylvania Physicians Health Plan (then known as "PPHP")—was to work on forming an IPA and/or HMO with the following goals:

- 1) The plan would be physician owned and operated.
- 2) All interested physicians would be given an opportunity to participate.
- 3) The plan would include requirements to provide high levels of care.

In June 1983, the committee reported to the State Society board that the project was feasible, and recommended moving forward with further development of the plan. The board approved the goals and asked the Pennsylvania Physicians Health Plan to develop operational plans for both private and public marketplaces in Dauphin and Cumberland counties.

Further data was collected, and the Society board realized that a decision of such magnitude required action by the House of Delegates. And, in fact, a special session of the

House was held on Wednesday, March 28, and Thursday, March 29, 1984. At that time, the House rejected the concept of a State Society-owned HMO.

Those of us, like myself, who desired the Society to own a statewide HMO were, of course, disappointed. We believed that a physician-owned HMO could invest profits ordinarily given to shareholders back into the provision of health care, which would benefit both patients and providers. Further, we believed a State Society-owned HMO would dominate the market.

Still, we knew the idea of a physician-owned HMO was before its time. At that time, managed care did not seem to be just around the corner. We had "been there" and "(almost) done that."

Over the last several years, time, health care economics, insurance companies, and politics have caught up with the desired reality of the fee-for-service system. It is becoming increasingly obvious that the fee-for-service mechanism of payment for health care will ultimately be replaced by a system of rationing that is intrinsically necessary to successful operation of a managed care company.

But, physician providers have been given another chance. Because of the initiative by a group of physicians from across state, we once again have the opportunity for a physician-owned HMO in Pennsylvania also known as PPHP—the Pennsylvania Physician Healthcare Plan. Amazingly, and coincidentally, the name was born *de novo* just over one year ago. The founders of PPHP, when choosing a name, did not know of the earlier existence of the Society committee.

The Society board now supports and endorses the goals of a physician-owned HMO. Just as significant is the support, financial and with expertise, given by the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) through a newly formed company—Infinity Management Services, Inc.

It is time for the physicians of Pennsylvania to unite and work together in support of the new PPHP for a common cause—again, to the overall benefit of the providers and the patients.

Next year, let us be able to say, "Been there. Done that." ◊

Dr. Perlman, the Society's Fifth District trustee, is a member of the board of directors of the Pennsylvania Physician Healthcare Plan, Inc.

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Physicians Can Build It Better

Special Report for Pennsylvania Physicians—center insert

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**Interview with the New
State Society President
—page 12**



**Your Delegates Face the Issues
at State Society Annual Meeting
—page 20**



**Informed Consent:
A Favorable Yet Troubling Case
—page 32**



Jonathan E. Rhoads Jr., MD
*146th President of the
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Special Insert

Managed Care: Physicians Can Build It Better

Around the state, the real work in dealing with managed care is being accomplished by physicians. In this special insert, some of the leaders of these initiatives offer their thoughts and advice on how to succeed in the changing market.



What You'll Learn:

- 10 Reasons Physician Organizations Succeed
- 10 Reasons to Stay Independent
- Where All the Health Care Dollar\$ Are Going
- How History Impacts Success

12 Society's New President Is Realistic, Dedicated



Jonathan E. Rhoads Jr., MD, long-time speaker of the Society's House of Delegates, steps up to the president's post. Meet the man, and take a look with him at the year ahead.

20 Issues Move to House of Delegates

This month, your local delegates will be voting on some major organizational changes recommended by the Society's board. Among them: Should the Society remain unified with the AMA? How should the Society's internal structure be revitalized? This special "Policy Briefs" previews these and other issues.

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“This is unbelievable.

Thirty minutes into our first meeting, it was obvious who was running the show, and he wasn't a doctor. He had

an agenda that wasn't anything close to mine. Sure, when they sold me the medical liability policy, they bragged about having physicians on their board. They told me to expect a fair review by my peers if there was ever a problem. Then came the malpractice suit. I'm really afraid I might lose this one, and not because of a bad medical decision. I wish now that I had protected my reputation and signed with PMSLIC. PMSLIC is doctor owned, doctor run. With PMSLIC, any claims brought against me would have been reviewed by physicians like me — physicians with a vested interest in the reputation of the

medical community — a reputation we all need to maintain, even safeguard. That would have made all the difference in the world to me. Because now, I'm really scared.”



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CAT FUND SURCHARGE SET AT 68 PERCENT: The Society received word on September 28 that state Insurance Commissioner Linda S. Kaiser would impose a 68 percent emergency surcharge for the Medical Catastrophe Loss Fund (CAT Fund). A letter mailed to all Society members on the same day explains that though such a surcharge has never been levied before, Pennsylvania statute allows for one, if needed, to cover CAT Fund obligations. Monies collected will be used to settle approximately \$108 million in unpaid claims. The State Society and the Pennsylvania Medical Society Liability Insurance Company are offering a special loan program to Society members who do not have sufficient cash available to pay the surcharge by the due date. For more information about the loan program, call CoreStates Bank directly at (800) 762-5626.

SURCHARGE REVIVES TORT REFORM DEBATE: The recently announced CAT Fund surcharge calls legislative attention to the long-running liability tort reform debate. Representative J. Scot Chadwick (R-Bradford) on October 18 is expected to introduce legislation that would dramatically reform Pennsylvania's medical liability tort system. Drafted by the Society, the bill addresses such areas as expert witnesses, collateral sources, and "joint and several liability." The bill—not yet assigned a bill number—is being circulated on the hill for cosponsors. *THE SOCIETY URGES ALL PHYSICIANS AND ALLIANCE MEMBERS TO CONTACT THEIR STATE REPRESENTATIVES AND ASK THEM TO COSPONSOR THE CHADWICK MEDICAL LIABILITY BILL.*

WORKERS' COMP REGS FINAL(LY): More than two years after passage of the Workers' Compensation Act, regulations fully implementing the act's medical cost containment provisions have been approved. For physicians providing care to injured workers, the regulations clarify a number of issues relating to the delivery of services, reporting of services and claims submission, and the adjudication of claims.

Among the changes: a cap on medical fees at 113 percent of the 1994 Medicare allowance as of December 31, 1994; annual updates commencing January 1, 1995, equal to the percentage change in the statewide annual weekly wage (3.2 percent for 1995); bills are to be paid within 30 days unless there is a request for utilization review; changes to provider's codes shall occur only after discussion with the provider and within 30 days; utilization review processes and qualifications of reviewers have been strengthened to require the reviewer to be of the same specialty, board certified when performing reconsideration, and in active clinical practice of 20 hours per week or more; physicians may be held responsible for cost of reconsideration if found to be the losing party; and suspension of payment during review ceases after reconsideration if services are deemed necessary.

The Society will hold a series of seminars to help physicians cope with these and other changes. For additional information, call the Society at (800) 228-7823 or (717) 558-7750, extension 1448.

HCFA DELAYS IMPLEMENTATION OF NEW GUIDELINES: The Health Care Financing Administration (HCFA) has delayed until April 1, 1996, implementation of revised instructions for completing the HCFA 1500 claim form and new guidelines associated with claims that contain invalid or incomplete information. Xact Medicare Services notes that this is a *postponement*, not a *cancellation* of implementation. The April 1996 effective date pertains to assigned claims only; HCFA has not issued an effective date for non-assigned claims. Direct questions to the Society's Department of Medical Economics at (800) 228-7823 or (717) 558-7750.

MICHELE RIDGE IS HONORARY CHAIR OF ALLIANCE/TRUST PROGRAM: Pennsylvania's First Lady Michele Ridge has accepted the invitation of the Pennsylvania Medical Society Alliance and The Educational and Scientific Trust to serve as honorary chair of SAVE: Stop America's Violence Everywhere. The program, launched this year by the AMA Alliance, focuses on the nationwide problem of family violence. Mrs. Ridge was scheduled to speak at SAVE's October 11 rally in Harrisburg.



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Lincoln's Words Ring True in DC

John W. Mills, MD
Medical Editor

"If you once forfeit the confidence of your fellow citizens, you can never regain their respect and esteem. It is true that you may fool all of the people some of the time; you can even fool some of the people all of the time; but you can't fool all of the people all of the time."

This quotation, attributed to President Lincoln as said to a caller at the White House, came to mind as I read of Congress's return to Washington, DC, this fall. They've taken their seats to deal with the October 1 budget deadline and to consider slashes in Medicare and Medicaid—even proposing HMOs for all Medicare patients—and, of course to posture for Election 1996.

As one listens and watches the politics in our nation's capital, Lincoln's words ring with truth. Election posturing and jousting is the real world of the legislator; meanwhile, they try to fool us into believing they are doing a superb legislative job. The system, as conceived by our constitutional forefathers, is workable without these political shenanigans. But the stakes played by our leaders are now so high that "service" seems to be a lost concept.

Observe the 1996 election races. Several top senators are running for president, yet they seem at odds with the House of Representatives at a time when the nation needs leadership, direction, and unity of purpose. Political posturing they call it—just the type of thing Mr. Lincoln had in mind.

Then there is the matter of the debt ceiling, which seems more easily reached each time. Our politicians blame entitlement programs and high medical costs, which no doubt do play a role in any honest appraisal of our nation's finances. But add up congressional and presidential perks and junkets, and see where the waste really is.

The federal budget has become a favorite political football to toss to and fro, each party maneuvering to avoid the toss of the ball when the federal government

shuts down because a budget wasn't passed. Who suffers then? We all do—with our elderly, poor, and retired taking the biggest hit. That doesn't resemble serving the public at all or putting country ahead of personal gain. It would seem prudent to really come to grips with the more thorny issues on a bipartisan basis rather than kick them about the football field.

The cuts for Medicare and Medicaid have yet to be fleshed out, but it's a safe bet that patients and their physicians will come out on the short end. HMOs for Medicare patients may very well bring on more cost shifting, as they seek to cover the elderly and their myriad of ills by raising premiums to young and healthy policyholders.

Preventive medicine in an elderly population is of little benefit; we are a long way from the Utopia envisioned by HMOs where preventive medicine and the resulting healthy lifestyles will be translated into a Medicare population with no problems except the aging process. Standardization of care and "cookie-cutter" medicine have little application in a diverse elderly population.

The changes we've experienced through the evolution of managed care have helped squeeze out the "fat" and made us more efficient. But social change takes much longer—and allowances have to be made for that. They're just now realizing that the squeezing process has gone too far in some areas—24 hours or less maternity care and extremely short post-op days with some bad results. Legislation has been passed in some states to limit these inappropriate health insurance company/HMO mandates. Squeezing can go only so far; it's not infinite!

All physicians have concerns about the HMO squeezing process, about the budget football, about our Medicare patients. Let Congress know your concerns, and be serious about them. We owe it to our patients to keep President Lincoln's words in mind—don't let ourselves be fooled any of the time. Speak out. ◊



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Thanks for a Great Year

John H. Hobart, MD

With this month's annual business meeting of the House of Delegates, the Pennsylvania Medical Society begins its own New Year, with new priorities, new officers, and new challenges. The passing of the old year into the new is a time of reflection and gratitude, so if you will indulge me for a few moments, I'd like to recall with you some of the achievements of the past 12 months that have benefited our profession and our patients.

Perhaps one of my most treasured gifts from my year as president is a t-shirt presented to me at a meeting of the Montgomery County Medical Society. This was no off-the-rack number, either. It was custom designed for the officers and key staff of the State Society, and the letters on it read: "This spring, I earned 18 million dollars and gave it all to my friends. What have you done?"

The shirt was alluding to a Society court victory of enormous long-term consequence—a challenge to the Pennsylvania Department of Public Welfare's refusal to pay physicians, from the commonwealth's Medical Assistance program, the copayments and deductibles they should have gotten all along for their low-income, elderly patients eligible for the Qualified Medicare Beneficiary (QMB) program.

As a direct result of our State Society's successful court case, Pennsylvania physicians are rightly receiving millions of dollars in copayments and deductibles. As I write this, the figure has gone far beyond the number on my t-shirt. It's now \$30 million or better, and will continue.

There were many other achievements we can rightly celebrate together. The Society is actively promoting the development of physician organizations throughout Pennsylvania to place physicians in a strong position as managed care matures. We are supporting these efforts both through our newest subsidiary, the PennMed Member Services Company (PMSCO), as well as through the Society's own outreach efforts.

Our Society provided you with a sample letter that you could use to explain some of the problems of managed care policies in the event you were, in the euphemism of the moment, "de-selected" from the plan that covered some of your patients. We asked you for examples of quality problems that arose from managed care policies, and you responded with information that has already proven of great use in our contacts with legislators and others.

I have had the privilege of outlining our concerns for our patients' well-being under managed care, and I am pleased to be able to report that some of our elected representatives have actually thanked us for these insights.

With regard to an issue that has been at the core of my professional efforts for many years, we have been persistent and untiring in our efforts to seek meaningful tort reform. At the moment, most of our efforts—and those of others—are behind the scenes, which is where they need to be right now. But you can rest assured that we are working where you cannot, in the informal but important forums where the stage is being set for future activities.

Finally, this month our House of Delegates will receive recommendations regarding changes in unification and the eligibility requirement for the Pennsylvania Medical Society Liability Insurance Company (PMSLIC), in an effort to streamline and strengthen our Society, which must become an even more effective advocate for all Pennsylvania physicians in the future. I look forward to further opportunity to share my thoughts on these initiatives with delegates at the annual business meeting.

We've had some tough moments in the last 12 months, no doubt about it. But we need to keep our eyes on our strengths, our victories, and our profession. When it comes right down to it, I can't think of any other profession in which I would rather serve. And despite the challenges still before us, I'll bet you say the same.

Thanks for a great year. ○





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AUTHOR SEEKS STORIES OF MEDICAL ETHICS IN PRACTICE

I am working on a book on medical ethics and would like to enlist the help of other physicians to answer this question: Have you ever faced an ethical dilemma, and if so, how did you resolve it?

I am interested in all aspects of medical ethics—human experimentation; ethics of reproductive technology; abortion; medical treatment of the uninsured and poor; malpractice; physician-assisted suicide; the right to die (why some doctors do not honor living wills); genetic counseling; genetic manipulation; euthanasia; kidney, lung, and heart transplant; use of fetal tissue; or any other situation concerning an ethical dilemma.

Please reply to: Claude A. Frazier, MD, 4C Doctors Park, Asheville, NC 28801.

*Claude A. Frazier, MD
Asheville, North Carolina*

Prompt Grassroots Response Is Effective

A legislative “call to action” was sent early in September by the AMA to nearly 20,000 physicians and students, urging them to take steps to oppose proposals calling for reductions of up to 50 percent in Medicare Graduate Medical Education (GME) payments.

The letter warned that major cuts in GME payments “could translate into appreciable cuts in faculty and specialty program slots, decreased pay for resident physicians, and an overall drop in the quality of education for residents and health care services for our patients.” It also urged immediate grassroots action, as Medicare would move quickly in the next few weeks.

In mid-September, Representative Nancy Johnson (R-CT) circulated a revised GME reform proposal that addressed many—though not all—of the AMA concerns. Her new plan moved closer to the position of the AMA as contained in the AMA’s plan, “Transforming Medicare.”

As the budget debate continues, GME continues to be a target for budget cutters. But quick physician responsiveness has enabled the AMA to have a definite influence on this legislation.

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Society's New President Is Realistic, Dedicated

Maria T. Montesano
Assistant Managing Editor

For almost a decade, one physician leader, Jonathan E. Rhoads Jr., MD, has stood before the 400-plus members of the Pennsylvania Medical Society House of Delegates—first as vice speaker and then as speaker of the House. This month, Dr. Rhoads will step into a new role, as the Society's 146th president.

Medicine may not be what is used to be, but, when it comes right down to it, Jonathan E. Rhoads Jr., MD, still likes his career choice. "I like seeing patients get well, seeing patients come in with serious problems and successfully dealing with them," he says. "I think that's very gratifying."

Dr. Rhoads will be inaugurated as the State Society's 146th president this month at the Society's annual business meeting in Hershey. A native of Philadelphia, he credits "an old physician member of the community" for urging him into medicine. "He

said to me, he thought I should be a doctor, that I'd be a good one. That made a certain impression on me."

His father, Jonathan Sr., a prominent Philadelphia surgeon and past recipient of the Society's Distinguished Service Award, surely also impressed his son. But it wasn't his father's accomplishments that Dr. Rhoads remembers. Instead, he credits him as a "dramatic" role model because, "He never pressured me. He just was busy and happy in his work."

A graduate of Germantown Friends School, Philadelphia, and magna cum laude from Haverford College, Dr. Rhoads earned his medical degree from Harvard Medical School in 1964. Following a rotating internship at Cincinnati General Hospital, he spent two years in the U.S. Public Health Service at the Medical Center for Federal Prisoners in Springfield, Missouri. He then returned to Cincinnati to complete residencies in surgery and thoracic surgery.

These days, Dr. Rhoads is chairman of the Department of Surgery and director of



JONATHAN E. RHOADS JR., MD
146TH STATE SOCIETY
PRESIDENT

BORN:
September 20, 1938

MEDICAL SCHOOL:
Harvard Medical School, Boston, Massachusetts

SPECIALTY:
Thoracic Surgery

CURRENT POSITIONS:
Chairman of surgery and director of the Surgical Residency Program, York Hospital; clinical professor of surgery, University of Pennsylvania, Philadelphia, and Penn State's College of Medicine, Hershey; clinical associate professor of surgery, Medical College of Pennsylvania, Philadelphia.

STATE SOCIETY SERVICE HIGHLIGHTS:
Delegate, Pennsylvania Delegation to the AMA; former speaker, House of Delegates; member and former chairman, Committee on Long Range Assessment; former chairman, Council on Membership.

the Surgical Residency Program at York Hospital—two positions he has held for the past decade. He and his wife, Julia, have three daughters.

A changing world

Active in organized medicine throughout his 30-year career, Dr. Rhoads has seen many changes in the business of medicine. In fact, just one year after he graduated from medical school, Medicare was enacted.

"In those days, there were a lot of elderly patients who were ward patients or service patients because they didn't have any money. Residents pretty much took care of them, with a certain amount of supervision from the attending surgeon. Since Medicare came into place, all these people became private patients," he says.

"Then, along with the growing costs of medical care as technology advanced, there seemed to be changing willingness to pay for it...Cost controls have come as costs escalated, and of course, people learned how to contract and negotiate lower prices and put utilization controls on the system."

It is the application of these specific business principals to the practice of medicine that is most frustrating to physicians today, according to Dr. Rhoads, along with the loss of autonomy for the physician. "Some of us no longer have the say-so in how patients are treated, because the people paying for their care are having more and more of a say." Dr. Rhoads adds, "There's a real concern that that may be compromising patient care."

These types of "outside" activities increasingly generated by "outside" agencies—including legislators, regulators, and third-party payers—impact so heavily on the practice of medicine that no one physician can deal with his or her problems alone. "These activities are very tough on doctors," Dr. Rhoads says, "and physicians need organizations to stand up for them...the AMA, the State Society, and specialty organizations...."

But people in general just aren't joining groups anymore, surveys tell us. That

"I believe that the public still wants the best medical care we as physicians know how to give. We should continue to dedicate ourselves to deliver the best care we know how to give, recognizing the tremendous irony that the quality of medical care is better than it has ever been before and the emoluments for physicians are being eroded."

statistic in itself poses challenges to the Society's newly inaugurated president.

Dr. Rhoads lists these challenges for his year as president:

- to try to achieve a sense of unity among the physicians in Pennsylvania,
- to try to boost membership in the Society, and
- to come to grips with specific legislative initiatives that arise.

Though the content of Dr. Rhoads's annual business meeting speeches is still under wraps, he says his speech before the House of Delegates will "probably have some specific recommendations" related to the challenges ahead.

Meanwhile, he says, his inaugural speech will be more "philosophical"—hinging on the idea that even though there are many changes and frustrations associated with medicine, physicians can still make a difference—both on the political front, as well as with individual patients.

He offers this advice to the 18,000-plus members of the Pennsylvania Medical Society:

"I believe that the public still wants the best medical care we as physicians know how to give. We should continue to dedicate ourselves to deliver the best care we know how to give, recognizing the tremendous irony that the quality of medical care is better than it has ever been before and the emoluments for physicians are being eroded." ❧

Integration Insider

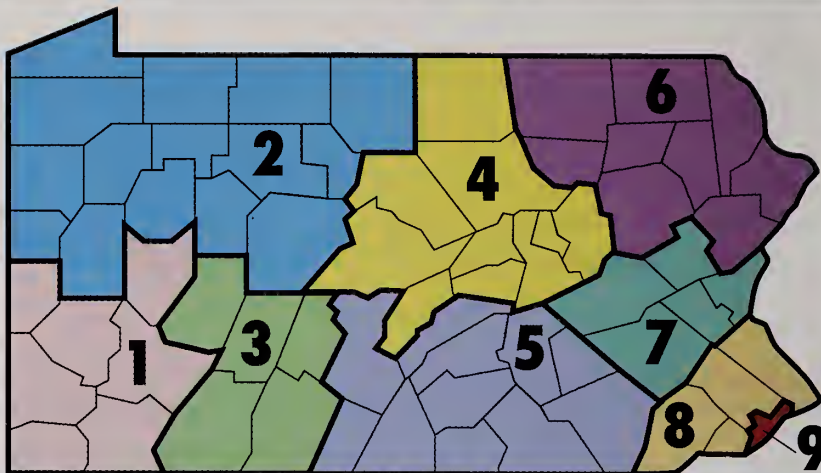
Analysis of the emerging health care marketplace in Pennsylvania and beyond.

This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.

1 Blue Cross of Western Pennsylvania has announced plans to begin operating eight health care facilities to offer its customers "one-stop shopping" for their routine medical needs. Proposed locations: Green Tree, Harmar, McCandless, Monroeville, Moon, Robinson, Squirrel Hill, and West Mifflin. [*Pittsburgh Post-Gazette*]

Society reports indicate that Blue Cross of Western Pennsylvania has become a highly aggressive competitor. Evidence of this includes: an exclusive contract with the University of Pittsburgh, which had previously also offered HealthAmerica; merger negotiations with Pennsylvania Blue Shield; the introduction of its own Medicare HMO, SecurityBlue; the purchase of Premier Medical Associates, PC, the region's largest private, multispecialty group practice; and possible purchase of numerous other practices in the region. In addition, six hospitals have been given preference by Blue Cross in exchange for lower prices.

Mercy Hospital of Pittsburgh, a member of the Pittsburgh Mercy Health System, is working to expand its base of primary care physicians by opening a practice with offices in Wexford and Green Tree. Pittsburgh Internal Medical Associates is staffed by four physicians trained in internal medicine. [*Pittsburgh Business Times*]



5 York Health Plan is planning to join Gettysburg Hospital and Chambersburg Hospital in forming a preferred provider organization called SouthCentral. Established by York Hospital in 1991, York Health Plan provides health care services to employees of large, self-insured employers. Unlike the York Health Plan, the hospitals forming SouthCentral would assume financial risk in caring for members. [*Sunday Patriot-News, Harrisburg*]

Approximately 350 Lancaster County physicians are working together to form the Lancaster Physicians Practice Corporation, a countywide physician organization that the physicians hope will result in more control over patient care and fairer reimbursement. [*Sunday News, Lancaster*]

Capital Region Health Network and Keystone Medical Systems, Inc., have reached an agreement that Capital will provide its participating physicians with access to Keystone's practice management software system. In addition to offering physicians the benefits of volume pricing for both hardware and software, Capital will serve as an intermediary for software support and training. [*Keystone Medical Systems press release*]

Albuquerque-based Horizon Healthcare Corporation has completed its merger with Continental Medical Systems, Inc., of Lower Allen Township. The merger creates the nation's largest specialty health care services company. [*Patriot-News, Harrisburg*]

6 The physician group of Mori, Mori, Preate Associates, Ltd., will merge with Surgical Group, Inc., to form Delta Medix, PC, according to Gino Mori, MD, president of the new firm. The merger forms the largest practice of its kind in the region, with 12 physicians specializing in urology and surgery. [*Sunday Times, Scranton*]

8 Great Valley Health, Main Line Health System's physician practice management organization, almost doubled its physician membership over the summer to 18 practices with more than 30 physicians. Membership is expected to double again by the end of this month. [*Great Valley Health press release*]

Cancer Recovery, Inc., Fort Washington, is consolidating oncology practices and establishing a chain of postoperative cancer treatment centers to provide cancer diagnosis and treatment services to managed care companies' subscribers. [*Philadelphia Business Journal*]

U.S. Healthcare founder Leonard Abramson has relinquished responsibility for the managed care company's day-to-day operations to focus on expanding its efforts in medical systems management. Abramson hopes to develop computer hardware and software to link doctors and hospitals, process patient information, and analyze treatment outcomes to gauge the effectiveness of care being developed. As reported last month, Michael J. Cardillo and Joseph T. Sebastianelli will comprise the company's new "office of the president." [*Philadelphia Business Journal*]



► Main Line Health System and Thomas Jefferson University have signed agreements to officially establish Jefferson Health System, which includes Bryn Mawr Hospital, Bryn Mawr Rehab, Community Health Affiliates, Lankenau Hospital, and Paoli Memorial Hospital. Paul C. Brucker, MD, chairman of the board of the new health system, says Jefferson Health System "will remain community based, decentralized, and collaborative, rather than one based on acquisition and central control. It will use its strengths to enhance cost-effective delivery of care and extend the best medical practices throughout the system, integrating research and education in this process." *[Main Line Health System/Thomas Jefferson University press release]*

► The Ridge administration next year will require all 650,000 Medicaid recipients in southeastern Pennsylvania to join a managed care plan to obtain medical services. The state Department of Public Welfare hopes to begin the bidding process for managed care plans this fall; client enrollment is expected to begin in July 1996. State officials anticipate

one day enrolling all of Pennsylvania's 1.6 million Medicaid recipients in managed care plans. *[Patriot-News, Harrisburg]*



► Graduate Health System has announced the sale of its HMO, Greater Atlantic, to Health Systems International, based in California, for \$100 million. Greater Atlantic, one of the four largest HMOs in the Philadelphia area, serves more than 98,000 members. Further, it recently made the move into northeast Pennsylvania. *[Philadelphia Inquirer]*

► Oxford Health Plans, Inc., which owns OakTree HMO in Philadelphia, said its second-quarter earnings rose 91 percent and revenue more than doubled because of increased enrollment in managed care programs. Oxford's earnings rose to \$12.2 million from \$6.4 million a year earlier; revenue jumped to \$390 million from \$158.1 million. Oxford is based in Norwalk, Connecticut. *[Wall Street Journal]*



Facts, figures, etc.

• The Sachs Group predicts that by 1999 hospital inpatient days may

drop 34 percent, with a drop of as much as 49 percent in the northeast and as little as seven percent in the west. The study was based on inpatient utilization data from a California group-model HMO. *[Modern Healthcare]*[†]

• A Georgetown University study found that hospital costs increase at a slower rate in areas with high managed care penetration—defined as HMO care for at least 15 percent of the population. In those areas, costs per admission rose 8.3 percent during the length of the study, compared to 11.2 percent in other areas. *[Managed Care Outlook]*[†]

• The Group Health Association of America predicts that managed care enrollment will increase 9.6 percent this year to reach 56 million, resulting in a total five-year gain in HMO enrollment of 53 percent. *[BNA Managed Care Reporter]*[†]



Managed care moves, state by state

• Twenty anesthesiologists in three Long Island, New York, hospitals are suing Aetna Life and Casualty, accusing the company of violating antitrust laws by putting pressure on

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physicians to sign contracts that would make them part of Aetna's Long Island health care plan. The complaint, filed in federal court, says the physicians were coerced into signing the contracts when Aetna threatened to cut hospital relations if they didn't sign. [*New York Times; USA Today*]

- New York Governor George Pataki signed legislation in late August requiring HMOs to offer policies allowing individuals to use physicians of their choice and not only those who are members of their HMO network. The law does allow for additional deductibles and copayments for using non-network physicians, but caps out-of-pocket payments by policyholders at \$3,000 a year for individuals and \$5,000 for families. The law also requires managed care plans to offer standard comprehensive plans that cover prescription drugs, inpatient and outpatient hospital services, preventive health care services, and emergency services. [*New York Times*]

- Healthcare America, based in Austin, Texas, is selling part of its assets for \$85 million to Liberty Capital Partners, a New York investment group, to help relieve its heavy debt load. The sale includes all of Healthcare's behavioral health hospitals, but does not include its two medical surgical hospitals and certain facilities leased to third parties. Healthcare's board has also approved a plan to restructure its debt, which now totals \$212 million. [*New York Times*]

- Blue Cross and Blue Shield Association has unveiled HMO-USA, a nationwide Medicare managed care network that unites its member plans to extend Medicare managed care coverage across state lines. Fifteen independent plans have agreed to participate in the network that will allow Medicare beneficiaries to receive comparable medical care by Blues plans in 45 states. [*Chicago Sun-Times*][†]

- The Group Health Association of America has announced plans to offer a new membership category for

physician groups that will eventually spin off into a separate organization. The association's officials have also confirmed that a merger with the American Managed Care and Review Association is imminent and that the two groups will vote on the merger this fall or winter. [*Modern Healthcare*][†]

- The Colorado Physicians Network, developed in conjunction with the Colorado Medical Society, has announced a joint venture with Rocky Mountain HMO, a physician-friendly HMO with 76,000 covered lives, to develop a statewide, physician-governed managed care network. The program, which will be open to any medical society member who passes standard credentialing, expects to be operational early in 1996. [*Denver Post*][†]

- Humana, Inc., one of the country's largest HMO operators, has agreed to buy the Emphesys Financial Group, a health insurance company based in Green Bay, Wisconsin, for \$650 million in cash. Emphesys, which has two HMOs, offers most customers various kinds of physician networks. [*New York Times*]

- An association of Florida workers' compensation claimant attorneys is proposing an "any willing provider" amendment to the Florida constitution that would prohibit insurance companies and HMOs from limiting enrollee choice of provider. [*Florida Healthtrac*][†]

- Efforts by Health Care Network of Wisconsin, the state's largest employer purchasing coalition, to form an entity to allow small employers to purchase health care at lower costs, have fizzled. Large health plans balked at the plan because it permitted employees—not employers—to select plans based on a fixed monthly contribution, and the large plans were concerned that they would attract high-risk patients. Although some small plans in the state were interested, the plans were not well known among health care purchasers. [*Managed Care Outlook*][†]

- Tufts Associated Health Plans, Inc., Waltham, Massachusetts, said its stockholders had approved a proposal to spin off Managed Comp, Inc., a managed care division for cases involving workers' compensation. [*Wall Street Journal*]

[†] Excerpted from "AMA Market Trends"



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at the Rehoboth Beach Country Club
Rehoboth Beach, Delaware

Friday, October 20

H. Pylori and Peptic Ulcer Disease

Robert M. Strauss, MD
Assistant Professor of Medicine
Digestive Diseases
Emory University School of Medicine

Recent Advances in Abdominal Imaging

Frederick B. Murphy, MD
Associate Professor of Radiology
Emory University School of Medicine

Laparoscopic Surgery in 1995– Panacea or Technology Run Amuck

Gene Branum, MD
Assistant Professor of Surgery
Division of Gastrointestinal Surgery
Emory University School of Medicine

Multispecialty Panel Case Presentations– Gastroenterology, General Surgery, Radiology

Saturday, October 21

Infectious Diseases Update–Understanding the Impact of Antibiotic Resistance

Stephen Schwarzmann, MD
Associate Professor of Medicine
Chief of Infectious Disease
Emory University Hospital

Asthma Update–Current Diagnosis and Treatment

Jeffrey R. Pine, MD
Associate Professor of Medicine
Pulmonary and Critical Care

Hypertension 1995–

Part I: The Search for Secondary Causes

James A. Tumlin, MD
Assistant Professor of Medicine
Renal Division
Emory University School of Medicine

Multispecialty Panel Case Presentations– Infectious Diseases, Pulmonary Medicine, Nephrology

Sunday, October 22

Preoperative Medical Evaluation

Donald C. Davis, MD, PhD
Associate Professor of Medicine
General Internal Medicine
Emory University School of Medicine

Hypertension 1995–

Part II: A Rational Approach to Accelerated Hypertension

James A. Tumlin, MD

Colonic Polyps and Colorectal Cancer: An Update

Robert M. Strauss, MD

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Members' Outcry Heard by Medicare Regulators

Another potentially cumbersome Medicare regulation has been modified through the efforts of the State Society and many individual physicians. Xact Medicare Services in August revised the reporting instructions for medical and surgical services rendered in conjunction with the use of implantable and invasive devices.

In the June 1995 *Medicare Report*, physicians were instructed to report the Food and Drug Administration (FDA) approval number, manufacturer name, and manufacturer model number for any medical device used in conjunction with a variety of surgical and invasive diagnostic services, effective for claims with dates of service on or after August 1, 1995.

Responding to calls from members irate about this latest burdensome paperwork, the State Society protested to Medicare, making it clear that the regulations imposed a huge burden on practices to not only collect the data, but also to make billing software changes.

As of August 21, Xact stopped requiring the new information. Physicians are no longer required to report this information on Medicare Part B claims submitted, and any services which were denied for the lack of approval information will be automatically reviewed and, where appropriate, adjusted for payment. No action is necessary on the part of physicians. Xact Medicare Services notified the entire physician community of the change in mid-September 1995, via *Medicare Report*.

Records still required

The regulators note that, while this claim reporting requirement has been modified, physicians still must know the FDA approval status of any device used, and should also have timely access to the necessary FDA and manufacturer information. Xact Medicare Services will be conducting periodic, random record reviews during which physicians will be required to supply the FDA approval number, manufacturer name, and

manufacturer model number for the devices used in conjunction with the service under review.

The record reviews will be performed for implantable and invasive devices used in conjunction with a specific range of surgical and invasive diagnostic procedure codes. The most current and updated list of services subject to these reviews are described by the following CPT-4 procedure codes or code ranges: 33200-33249, 33405, 33426, 33427, 33464, 92980-92996, and 93501-93652.

Xact also reminds physicians that, even though the record reviews will be limited to these services, all devices used in the treatment of Medicare patients must be FDA approved in order for Medicare to make payment for any related medical or surgical services. (Refer to chapter 6, section 6.4 of the *Medicare Part B Reference Manual* for detailed information on patient pre-notification.)

Non-approved devices

If a physician renders services in conjunction with the use of non-FDA-approved devices, those services should be submitted to Xact Medicare Services for denial. In these cases, physicians must report the statement, "non-approved device," in the narrative portion of an electronic claim or include an attachment to the HCFA 1500 (12-90) claim form.

If the patient has been pre-notified that these services will not be covered by Medicare, the physician should also report procedure code modifiers BA (use for services rendered prior to October 1, 1995) or GA (use for services rendered on or after October 1, 1995) on any billed services related to the use of the non-approved device. A statement indicating non-approval must also be provided.

Effective with date of service August 1, 1995, if this information is not listed in the narrative field for electronic claims or in block 19 of the HCFA 1500 claim form, the service will be denied. If you are seeing the patient for a diagnosis unrelated to

the services in regard to the device, file a separate claim for those services.

Physicians who are unsure of the FDA approval status of a given device can contact the FDA Device Approval Line at (301) 443-4190. For more information about the revised policy, physicians should call Philip Pennington, vice president, Xact Medicare External Services, at (717) 730-5898, or Gail Rounds, manager, Xact Medicare Professional Services, Eastern District at (609) 896-0670.

HHS TARGETS FRAUD WITH NEW PROGRAM

The U.S. Department of Health and Human Services (HHS) has begun a new program, "Operation Restore Trust," in an effort to combat health care fraud, waste, and abuse in the five states with the highest Medicare expenditures.

According to HHS, recent reports and investigations have shown home health care and nursing facilities to be particularly susceptible to fraud and abuse.

HHS is designing an interdisciplinary project team of federal and state government and private sector representatives to target Medicare abuse and misuse in California, Florida, Illinois, New York, and Texas. Together these states account for 40 percent of the nation's Medicare and Medicaid beneficiaries and recipients. The team will focus on home health care, nursing home care, and durable medical equipment suppliers—three of the fastest growing areas in Medicare.

HHS plans to reinvest funds generated from health anti-fraud activities to fund expanded enforcement by creating a Health Care Fraud Control Reinvestment Fund. The fund would be sustained by money awarded by the courts in Medicare fraud cases. In the home health industry, this fraud has included billing for excessive services or for services not rendered, the use of unlicensed or untrained staff, falsified plans of care, forged physician signatures, and kickbacks.

In nursing homes, the HHS inspector general has found significant evidence of inappropriate payments and overuse of services, which increases the financial burden on beneficiaries and the Medicare and Medicaid programs.

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ACTIONS OF THE BOARD OF TRUSTEES, SEPTEMBER 12-13, 1995

HOUSE TO RECONSIDER AMA MEMBERSHIP REQUIREMENT

The Society's board at its September meeting endorsed a proposed bylaws change to remove the requirement for members of the State Society to also become members of the AMA.

Pennsylvania became a "unified" state with the AMA following bylaws changes in 1989. Sentiment for unification was widespread and supported by various Society units, including the board and the Pennsylvania Delegation to the AMA. The overriding contention was that unification was necessary to assure a strong national organization that could effectively represent the concerns of physicians and their patients.

At the time of unification, nearly 85 percent of the House of Delegates were already AMA members, as were approximately 72 percent of the entire membership. The vote of the House was 74 percent in favor of unification.

Benefits of the link included additional delegates to the AMA House; reimbursement and dues incentives; membership development assistance; and enhanced services to staff on mutual projects, including regulatory appeals and negotiations.

At present, five states—including Pennsylvania—are unified with the AMA. The Society's Council on Membership continues to track the opinions of members, former members, and potential members regarding the issue.

In a poll conducted for the Society's Membership Driven Process Review Panel, 71 percent of respondents stated that membership should *not* be mandated at all levels—county, state, and national. When asked what it would take to encourage potential members to join the Society, 33 percent of respondents said freedom to choose membership with the AMA was an issue, while 20 percent cited the amount of dues.

The Council on Membership also recognizes that many reasons lie behind an individual's choice to join or remain a member of any organization.

Considering these findings and factors, the board accepted the

council's recommendation to support a bylaws admendment eliminating the AMA membership requirement at this month's meeting of the House.

PROPOSAL WOULD CHANGE PMSLIC MARKETING STRATEGY

Board of Trustees Report 28, to be considered by the House this month, proposes permitting the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) to write professional liability insurance policies for physicians who are not State Society members.

Current policy allows PMSLIC only to insure Society members. But changes in the medical marketplace are making it more difficult for the Society's largest subsidiary to remain viable under such constraint.

Finalized by the board in September, the report addresses several resulting issues—including membership ramifications—and outlines PMSLIC's commitment to developing a financial plan to "minimize any potential adverse impact from loss of dues income as a result of elimination of the eligibility rule."

For commentary on the recommendation and the history of the requirement, see "Defending Good Medicine" on page 44.

SOCIETY RAISES CONCERNS ABOUT CRNP ADVISORY

The State Society has raised concerns with the Pennsylvania Department of Health about a department advisory on the scope of practice of certified registered nurse practitioners (CRNPs).

Released mid-summer, the advisory was sent to HMOs and the Department of Public Welfare as guidance regarding the use of nurse practitioners in managed care plans. It is the result of an audit of HMO activities and a request for clarification of the role of nurse practitioners as plan gatekeepers.

In dealing with this ongoing issue:

- The Society has asked the State Board of Medicine to look at nursing scope of practice issues.
- The board authorized the appointment of a quick response committee.

The department says it plans to revisit this and other HMO-related issues when it begins to amend existing HMO policy through regulations. The new Society committee will be formalized in time to respond immediately to newly proposed amendments and regulations.

- The Society has scheduled a mid-October meeting with the Department of Health to discuss the issue further.

DELEGATES TO VOTE ON VITAL ISSUES

In other action, the board finalized several reports for consideration by the 1995 House of Delegates. Among them:

Restrictive Covenants—Report 6, a result of studies of the need for a regulation of restrictive covenants in medicine, concludes that current Pennsylvania law is a reasonable compromise to balance the competing interests of new versus established physicians.

Credentialing—Report 8 proposes that the Society work with PMSCO, third-party payers, hospitals, and managed care plans to streamline the credentialing process.

Membership—Report 14 responds to a 1994 House action to "establish a committee to propose membership enhancements for unified states to the AMA."

After lengthy research and study, as well as meetings with AMA officials, the committee concluded that "further material enhancements for unified states could not be expected from the AMA."

Look...

...for complete coverage of the Annual Meeting of the House of Delegates in the December issue of PENNSYLVANIA MEDICINE.

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OCTOBER 1995

October 4th

Yom Kippur—No Grand Rounds

October 11th

Transbronchial Needle Aspiration in Staging of Lung Cancer

Ko Pen Wang, M.D.

Associate Professor of Medicine and Otolaryngy, Johns Hopkins School of Medicine

*Director, Interventional Bronchology
Johns Hopkins Bayview Medical Center
Baltimore, MD*

October 18th

Familial Cardiomyopathies

Reed E. Pyeritz, M.D.

*Professor and Chair of Human Genetics,
Professor of Medicine and Pediatrics
Medical College of Pennsylvania and
Hahnemann University School of Medicine
Allegheny Singer Research Institute
Pittsburgh, PA*

October 25th

Educating Health Care Professionals for the 21st Century

Eli Ginsburg, Ph.D.

*Director, Eisenhower Center
Columbia University
New York, NY*

NOVEMBER 1995

November 1st

Prostatic Disorders: BPH, Prostatitis, Cancer

Steven Kaplan, M.D.

*Department of Urology
Columbia-Presbyterian Medical Center
New York, NY*

November 8th

Endocrine Abnormalities of HIV: Pituitary, Thyroid, Adrenal and Gonadal Deficiencies

Adrian S. Dobs, M.D., M.P.H.

*Associate Professor of Medicine
Director, Endocrinology and Metabolism
Clinical Studies Unit, Johns Hopkins University
School of Medicine, Baltimore, MD*

November 15th

The Fibromyalgia Patient: A Problem for All Physicians

Robert Bennett, M.D.

*Professor of Medicine
Director, Division of Arthritis and
Rheumatic Diseases
Oregon Health Sciences University
School of Medicine, Portland, OR*

November 22nd

Thanksgiving Holiday—No Grand Rounds

November 29th

Urban Asthma: The Importance of Indoor Allergens

Thomas Platts-Mills, M.D.

*Professor of Medicine
University of Virginia School of Medicine
Head, Division of Allergy and
Clinical Immunology
University of Virginia Medical Center
Charlottesville, VA*

DECEMBER 1995

December 6th

Cardiac Auscultation

Leonard S. Dreifus, M.D.

*Professor of Medicine, Medical College of
Pennsylvania and Hahnemann University
Division of Cardiovascular Diseases
Hahnemann University Hospital*

December 13th

Women's Health Issues: Gender-Based Differences in Disease Progression and Pharmacodynamics

Jean Hamilton, M.D., M.P.H.

*Betty A. Cohen Chair of Women's Health,
Director, Institute for Women's Health
Medical College of Pennsylvania and
Hahnemann University*

JANUARY 1996

January 10th

Advances in the Treatment of NIDDM

Alan J. Garber, M.D., Ph.D.

*Professor of Medicine,
Biochemistry and Cell Biology
Baylor College of Medicine
Houston, TX*

January 17th

Addiction Medicine

David Smith, M.D.

*President of the American Society
of Addiction Medicine
University of California/San Francisco
(UCSF) School of Medicine
San Francisco, CA*

January 24th

Antibiotic-Associated Diarrhea

Sherwood L. Gorbach, M.D.

*Professor of Medicine and Community Health
Tufts University School of Medicine
Boston, MA*

January 31st

Unrelated Donor Bone Marrow Transplantation

David Marks, M.D.

*Assistant Professor of Medicine
MCPHU
Division of Hematology/Oncology
Hahnemann University Hospital*

Phyllis Sabol, M.D.

*Hematology/Oncology Fellow
MCPHU*

*Hematology/Oncology
Hahnemann University Hospital*

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

OCTOBER 11, 1995

Lung Cancer

Course Director:

Edward S. Schulman, M.D.

Visiting Professor:

Ko Pen Wang, M.D.

NOVEMBER 29, 1995

Advances in

Allergy/Immunology

Course Director: David M.

Lang, M.D.

Visiting Professor:

Thomas Platts-Mills, M.D.

DECEMBER 6, 1995

Cardiac Auscultation

Course Directors: Leonard S.

Dreifus, M.D., Daniel Mason,

M.D., Gerald Scharf, D.O.,

John J. Ross, RCPT

JANUARY 10, 1996

Diabetes

Course Directors: Leslie I. Rose,

M.D., Allan B. Schwartz, M.D.

Lecturers:

Alan J. Garber, M.D., Ph.D.,

Harry Gotlib, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

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FUTURE ROLES IN QUALITY, TECHNOLOGY STRATEGIZED

At its September meeting, the Society's board heard reports from the Commission on Continuing Medical Education suggesting ways the Society can take a leadership role in addressing the future of quality care in a managed care environment.

Questions have been raised as to who is going to set future standards of care in managed care organizations, how credentialing and utilization criteria have been developed, and the basis of current criteria. Investigation will continue into possible initiatives with other Pennsylvania health care entities.

In a related discussion, the board reviewed a report on the development of Community Health Information Networks (CHINs) in Pennsylvania. A CHIN is defined as a communications infrastructure that will allow health care-related organizations to exchange both patient and financial data. Through CHINs, patient records and test results can be electronically transferred from physicians' offices to other treatment facilities. The goal is to improve patient treatment while avoiding duplicate diagnostic testing. Financial transactions and billings may also be included.

CHIN organizers are at work in many other states. In Pennsylvania, the Technologies Council of Central Pennsylvania has been working through a series of four focus groups, and the Pennsylvania Information Highway Consortium (PIHC) is exploring statewide feasibility of a CHIN.

The board approved Society representation on PIHC. In addition, demonstration of a CHIN will be offered as part of a workshop, October 26, sponsored by the Hospital Medical Staff Section in conjunction with the Society's annual meeting.

DOMESTIC VIOLENCE VIDEO PRODUCED BY ALLIANCE

The Pennsylvania Medical Society Alliance, in a venture with the Society's Educational and Scientific Trust, is producing a videotape program featuring Christine Dotterer, MD, a family practitioner from Sunbury, concerning domestic violence and its consequences.

Dr. Dotterer recounts her experiences and insights as a former

victim of domestic violence and as a physician deeply committed to promoting public as well as practitioner education into this important social ill.

The videotape will be available free to county alliances and marketed to others outside the State Society.

COLA OFFERS ANSWERS VIA FAX TO QUESTIONS ON CLIA

Thirty-three comprehensive fact sheets on commonly asked office laboratory questions and CLIA '88 regulations are now available free of charge via same-day fax to physicians and their staffs through the Commission on Office Laboratory Accreditation (COLA).

The service, made possible through an agreement with the Centers for Disease Control and Prevention (CDC), can be accessed by calling COLA Customer Service toll-free at (800) 298-8044.

END-OF-YEAR RELEASE SLATED FOR COST STUDY

The Pennsylvania Health Care Cost Containment Council (PHC4) is preparing its first focused hospital- and physician-specific report on acute myocardial infarction (AMI) for release the end of 1995 or early 1996.

At the same time, the Health Care Financing Administration's Cooperative Cardiovascular Project is also under way to study treatment and timing intervention in AMI.

The Society's Task Force on Health Care Cost and Quality Data noted recently that physicians have expressed confusion about these two studies. The task force presented

Prostate Puzzle Video Available to Public

The Department of Health this spring sponsored a campaign to increase awareness of prostate cancer. The centerpiece of the campaign was a one-hour television show called, "The Prostate Puzzle," which was seen on public television channels across the state.

As a follow-up to the television show, the department has a shorter, 35-minute video available for use by any interested member of the public. The video, also called "The Prostate Puzzle," comes with a resource guide which is helpful when showing the videotape to groups in the community. This videotape is not intended for men only; it is to be used by men and women.

There is also a videotape targeted specifically to the African-American community—African-American men have the highest incidence of prostate cancer in the world.

The State Society has two copies of each videotape available for your use at no cost. If you are interested in viewing the tapes or using them in your community, call the Society at (800) 228-7823 or (717) 558-7750, extension 1437, to borrow a videotape.

clarification to the Society's board at its September meeting.

The Society plans to hold approximately six meetings for physicians across the state in early December to discuss the reports and assist physicians in understanding the methodology so they can better answer questions from the media and their patients. The meetings will be free of charge.

PENNSYLVANIA LAB SCREENS FOR METABOLIC DISORDERS

A simple, inexpensive test is now available from Neo Gen Screening in Pittsburgh that screens for over 20 potentially treatable, inherited metabolic disorders.

Newborns, as well as older infants and children, can be tested for such disorders as: Muscular Dystrophy, Galactosemia, Glucose-6-Phosphate Dehydrogenase Deficiency, Amino Acid Disorders, Congenital Adrenal Hyperplasia, Biotinidase Deficiency, Adenosine Deaminase Deficiency, Organic Acid Disorders, and Fatty Acid Oxidation Disorders. The cost of the test is \$17.50.

For more information, call Edwin W. Naylor, PhD, MPH, president and laboratory director of Neo Gen Screening, at (412) 341-8658.

NIH Report Addresses Infectious Disease Testing

A new report containing recommendations and conclusions about infectious disease testing for blood transfusions is now available from the National Institutes of Health Office of Medical Applications of Research. For a free copy, call (301) 496-1143.



Managed Care: Physicians Can Build It Better

by Roger F. Mecum, Executive Vice President

Managed care is the prime item of discussion at the Pennsylvania Medical Society these days. The commonwealth now is listed as one of the top five states in the growth of HMOs and other managed care delivery, and this marketplace trend toward managed care is having a tremendous impact on the members of the Society.

According to InterStudy, HMO growth between July 1993 and July 1994 was 47 percent in Pennsylvania. The state now has an average of nearly 20 percent in HMOs, and HMO data show the Philadelphia market is now approaching 30 percent.

The Ridge administration is committed to the movement of public assistance recipients (Medicaid) into managed care, and, as budgetary pressures continue to mount in Washington, initiatives are being developed to encourage Medicare recipients to accept managed care. In past years, HMOs and other managed care insurers avoided the Medicaid and Medicare markets; today, they are actively seeking the Medicaid market, and many are establishing Medicare risk contracts.

I occasionally hear physicians say they have serious reservations about the move to managed care. Some even openly oppose managed care. Still, it is obvious from the emerging trends in Pennsylvania and across the country that managed care will continue to grow in the health care insurance marketplace. Major buyers and businesses are dictating terms in the direction of managed care. Managed care is like gravity—it is here to stay.

The State Society and physicians need to view this trend as an opportunity. This is the time for physicians to

exhibit leadership and gain a strong position in the movement to integrated delivery systems. Physicians need to drop the negativism, focus on the positive, plan, and act accordingly. The State Society is here to assist.

Some physician efforts in the past have been disappointing, and other efforts failed—many because they concentrated on putting a structure in place with little planning as to how marketable it would be. Many efforts, including many PHOs, have not developed a defined product that the market is demanding. While past efforts have absorbed tremendous time, energy, and financial resources, the State Society is encouraging these groups to reorganize, letting form follow function. New efforts must be made to revitalize a physician organizational initiative that is truly marketable. This can be done. Again, the State Society can assist.

Moving quickly to be responsive to the needs of the membership, the Pennsylvania Medical Society has developed a variety of major initiatives aimed directly at managed care. Our reflexes have been quick and focused.

First and foremost, we created and funded the startup of a new subsidiary, the PennMed Member Services

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"Around the state, the real work in dealing with managed care is being accomplished on the local and regional levels by physicians themselves."

For more information or advice on this and related issues, call the State Society at (800) 228-7823 or (717) 558-7750.

Company (PMSCO), to assist physicians in communities across the state in taking a leadership role in managed care. PMSCO is a physician advocate and consulting service to help establish physician organizations (POs). We are encouraged at the response from physicians; however, there is much more to be done.

In many areas of the state, physicians will need education on the need for POs, on the role of physicians in an integrated delivery system, on risk assumption and capitation, and on the basics of sound utilization management. The State Society and PMSCO are jointly responding to this need. The newest operational department of PMSCO is the provision of administrative services to physician organizations, such as contract negotiations, billing, utilization review, credentialing, etc.

Our message is strong and clear—the Pennsylvania Medical Society wants to unite physicians to lead in the movement to managed care and integrated health care delivery. Physicians are strongly advised not to give up their collective power and influence. Now is the time to exhibit leadership.

Because the Ridge administration is expected to speed up the regulatory process and has announced its intention to encourage more managed care entities to compete in Pennsylvania, the Society continues to meet with key staff from the state departments of health, welfare, and insurance to remind them of Society positions related to managed care. We are taking every opportunity to communicate and are making significant progress.

The Society has also embarked upon a series of meetings with key employers throughout the state and is discussing managed care with all of the major insurers in the state.

On the legislative and regulatory front, we introduced legislation that addresses managed care safeguards. This legislation now has over 70 cosponsors. We have also completed a series of educational sessions with key governmental staff from the depart-

ments of health and welfare, supplied regulators with a variety of educational materials, and encouraged the development of sound policy that would aid physicians in assuming leadership in managed care.

Finally, the Society's *Managed Care Resource Kit* and *Managed Care Handbook* are available from our Department of Physician Services to help physicians understand what is happening all around them and how best to deal with it. The Society will continue to author a variety of other key educational materials, as well as develop managed care seminars. In the future, these will be offered on a local basis so they can be customized to address local issues. Our new management teams are charged to expand the development and implementation of other managed care initiatives.

Market-based reform is well under way, and a large amount of capital investment is being committed to the cause of market survival. The big three topics are managed care, leverage, and integration. To gain leverage is to increase size and power. Leverage is driving the move to consolidations and mergers.

Physicians must also gain leverage in dealing with the new environment. Leverage for physicians is gained by managing patient care across the full spectrum of health care, through a multispecialty arrangement.

Around the state, the real work in dealing with managed care is being accomplished on the local and regional levels by physicians themselves. Many of these efforts are being assisted by the State Society. Please take a few moments to read some of the thoughts and advice shared by leaders of these initiatives in this special insert.

Physician leadership is critical. We must work toward partnerships between physicians, before we engage in other partnerships. There is no realistic alternative. Fragmentation is our enemy. ■



Managed Care Changing Scope of Society Subsidiaries

by Maria T. Montesano

The trends toward group practices, mergers, and managed care have had an obvious impact on the Society's subsidiaries. Let's take a look.

PMSCO

The Pennsylvania Medical Society early in 1994 created the PennMed Member Services Company (PMSCO) to help physicians take a leadership role in the changing health care system.

PMSCO currently is working with 19 physician organizations in various stages of development across the state. While its first year was mainly focused on consulting services, its administrative support and management services capabilities are now available to help physician organization.

PMSLIC

Managed care has impacted every area of PMSLIC—the Pennsylvania Medical Society Liability Insurance Company. That includes the marketing, underwriting, legal, claims, and risk management departments.

With the move to groups, non-physicians are often making the buying decisions, which changes PMSLIC's marketing approach. The company's products and services must also change to best fit the needs of the different types of groups.

Managed care contracts, and specifically hold harmless provisions and contract renewals, often leave physicians confused. That confusion has led to an influx in phone calls for PMSLIC's legal office, and PMSLIC's risk management department expanded its focus to include the potential liability physicians in groups and managed care programs could encounter.

PMSLIC has also created a subsidiary, Infinity Management Services, Inc., whose first major client, the

Pennsylvania Physician Healthcare Plan, has enabled the organization to move quickly into the managed care arena. Future plans for Infinity include the development of new products and services, positioning the organization to remain competitive in the changing health care and medical liability markets.

KePRO

The impact on the Keystone Peer Review Organization (KePRO), though not quite as widespread as that on PMSLIC, is still quite evident—and important.

Because in Pennsylvania KePRO HMO reviews involve only Medicare risk contracts, the transition has been gradual. In April 1993, that included only three or four HMOs; but as more HMOs develop, more expand into Medicare. KePRO expects to be working with nine or 10 HMOs by March 1996.

The same is true of KePRO South, which reports on the quality of Medicaid managed care in Florida. KePRO South recognizes an increasing volume of review and must work to deal with it.

The move to managed care has also left some Medicare patients confused. That means increased calls to the KePRO hotline and the need for informational materials to help Medicare recipients make choices about their health care.

KePRO's new cooperative projects may also lead to more formal alliances with HMOs, which may offer the PRO distinct benefits. For example, HMOs have a head start on preventive medicine, and there are definite advantages to using preventive medicine for the Medicare population. ■

Managed care is creating many new challenges to all the companies at 777 East Park Drive, Harrisburg—the Society, PMSCO, PMSLIC, and KePRO—but each company's strong physician leadership, coupled with the ability to remain flexible, are sure to get us through.

Miss Montesano is the assistant managing editor of PENNSYLVANIA MEDICINE.



Where Are All the Health Care Dollars Going?

by Michael P. Lance

The logical answer to the title question would be "to provide health care services to patients." However, in this evolving world of health care and maneuvering by various players to control or protect their patient bases, reimbursements, and profits, the answer is not the logical one.

The payers are very concerned with maintaining their existing market share, particularly those, such as the "Blues," with a high level of indemnity patients. We are not seeing an influx of new people moving into most regions in Pennsylvania. Therefore, these payers are trying to lock up or develop provider networks to insure that when their patients switch from indemnity health insurance to managed care products—which have proven to control health care inflation, or at a minimum slowed or stopped health insurance premium increases—they retain them and do not lose them to other managed care payers.

There is probably no way to put a dollar value on these efforts, which include buying practices, providing money for exclusive agreements, or paying for "first right of refusal" to buy practices that may be available for sale in the future. However, it is probably sage to say that, in this state alone, it approaches the hundred-million-dollar level.

An interesting situation which occurs in mature managed care concepts, and which some of the Pennsylvania payers haven't yet realized or accepted, is that once a payer controls more than 30 percent of any provider's revenue or business, it doesn't have to buy that practice because it owns the practice anyway. There is no way a practice could ignore or walk away from a payer and lose 30 percent of its revenue.

A very important message is conveyed by this reality: You must diversify your book of business so that no one payer can have that much leverage or control over the survival or viability of a practice. This is a prominent goal of the physician organizations being developed by the PennMed Member Services Company (PMSCO) with our clients. We strongly encourage multiple managed care payers in the community to increase competition among the payers and diversify the book of business for our clients.

In addition, since most of the managed care payers are publicly traded in the stock market, and because they have investors to respond to and large salaries to pay for some top executives—one HMO CEO's annual salary requires 20,000 enrolled patients—excessive profits have been generated from the health insurance premium.

But not only are some payers generating excessive profits, they are also generating extensive "reserves" which are designed to ensure they can meet all present and future expenditures for health care. These reserves have been created by physicians beginning to manage health care costs, particularly in the hospital component, and the monies saved have been retained by the payers without appropriate sharing of these funds with the physicians who generated the savings. We are just now seeing the payers beginning to respond to pressures to develop shared risk programs that do share with physicians some of the savings generated.

The payers are not the only ones using significant health care dollars for other than health care services. Hospitals throughout the state have already spent a considerable amount developing physician hospital organi-

Mr. Lance is chief executive officer of the PennMed Member Services Company of the Pennsylvania Medical Society.

zations and hospital networks to protect their market share and present reimbursement levels. They are very aware that hospital costs are appropriately targeted for significant reductions as we transition into a more mature managed care environment. The legal costs, asset purchases, and debt assumption involved in these efforts are in the millions of dollars.

However, these dollars are being dwarfed by the health care dollars being spent to purchase physician

practices (predominantly primary care), an amount bordering on absurdity. We are aware of a hospital that has purchased a large number of practices and is losing over \$500,000 a month or \$6 million a year. It can absorb these losses easily and write them off to the cost of protecting its market share and reimbursement levels.

If the employers, government programs, and patients become aware of the magnitude of their health care dollars not being spent on providing

health care, this irresponsible spending will, we hope, be addressed. We can only hope that these groups will recognize that health care costs are increasing due to factors totally unrelated to the cost of health care services provided or ordered by physicians. This enhanced awareness will help ensure that appropriate efforts and dollars are spent treating the "disease" of high health care costs, and not just the perceived "symptoms" caused by legitimate health care services and costs. ■

High on the Hill, There's Talk of Managed Care

Of the 194 bills the State Society continues to monitor "on the Hill" in Harrisburg, 26 deal with managed care issues. Here is a complete list of those 26 bills, along with the prime sponsor, a brief description, and the Society's position for each. Direct any questions about this or other legislation to the Society's Department of Legislative Affairs at (800) 228-7823 or (717) 558-7750.

Senate Bill 35 (Holl)

Addresses selective contracts—Blues. *Support.*

Senate Bill 568 (O'Pake)

Proposes utilization review reforms. Drafted with Society language. *Support.*

Senate Bill 762 (Salvatore)

Directs Pennsylvania Department of Public Welfare to implement a managed care system for Medical Assistance. *Support concept.*

Senate Bill 828 (Greenleaf)

Seeks regulation of health care utilization review. *Support—introduced at Society request.*

Senate Bill 1126 (Heckler)

Seeks to require HMOs to provide drug and alcohol services. *Seeking amendments.*

Senate Bill 1191 (Baker)

Would permit municipal authorities to finance cooperative hospital or health center ventures, acquire facilities, or form and develop networks. *Under study.*

House Bill 571 (Olasz)

Seeks nondiscrimination by payers in health care benefit plans (any willing provider). Includes Society language. *Support.*

House Bill 630 (King)

Proposes rural patient freedom of choice (any willing provider). *Testified at public hearing in July.*

House Bill 816 (Colafella)

Addresses HMO grievance system. Based on AMA model language. *Support.*

House Bill 1353 (Michlovic)

Addresses local Medicaid managed health care. *Under study.*

House Bill 1415 (Lawless)

Would require insurers to pay for ER services in certain circumstances. *Support concept—introduced at PACEP request.*

House Bill 1682 (Richardson)

Would create a Medical Assistance Managed Health Care Act. *Oppose.*

House Bill 1747 (Curry)

Mothers and Infants Health Security Act—would ensure 48-hour post-delivery benefits. *Support.*

House Bill 1839 (Allen)

Medicaid Prescription Drug Benefit Act—would maintain rebates to manufacturers under managed care. *Support.*

House Bill 1846 (Kukovich)

Sets Medical Assistance managed care planning requirements. *Seeking amendments.*

House Bill 1847 (Kukovich)

Proposes utilization review reforms. *Seeking amendments.*

House Bill 1848 (Kukovich)

Addresses HMO primary care definitions and nondiscrimination. *Seeking amendments.*

House Bill 1849 (Kukovich)

Addresses HMO primary care definitions and effectiveness reports. *Seeking amendments.*

House Bill 1850 (Kukovich)

Addresses HMO primary care definitions, and consumer and provider information. *Seeking amendments.*

House Bill 1851 (Kukovich)

Would provide choice of primary care practitioners and revise "risk" portions of contracts. *Seeking amendments.*

House Bill 1852 (Kukovich)

Proposes HMO reforms. *Referred to PMSCO for comment.*

House Bill 1856 (Veon)

Would require the Pennsylvania Health Care Cost Containment Council to report on HMO quality. *Support.*

House Bill 1857 (Veon)

Proposes HMO provider and patient grievance processes. *Support.*

House Bill 1858 (Veon)

Proposes HMO annual survey of patient satisfaction. *No position.*

House Bill 1859 (Veon)

Would require HMOs to tell providers when practice standards and parameters deviate from the norm of the profession. *Support.*

House Bill 1880 (DeLuca)

Would restrict HMO direct provider incentive plans. *Referred to PMSCO for comment.*

Compiled by Larry L. Light, the Society's director of legislative affairs, and Elizabeth B. Metz, the Society's group director of research and policy development.



Physicians Rise to Challenge of Extraordinary Times

Physicians leading organizing efforts in the commonwealth are ordinary doctors who are rising to the challenge of extraordinary times. PENNSYLVANIA MEDICINE asked several to explain why they have taken the lead and what challenges they have faced. Following are their answers.

"Physicians are the last true patient advocates and need to direct the process for the best interests of our patients. However, without large numbers of members in our organizations, we diminish our negotiating advantage. With a larger group, we obviously can get and maintain the leverage needed."

—**George A. Primiano, MD**
Pocono Regional Physicians Association

"Physician involvement and leadership is so important because, if physicians don't get involved, earnings and the quality of patient care will be determined by the payers. A physician organization is the only way for physicians to truly maintain control over the quality of care and the earnings gained from that care."

In my efforts, I've found the education of my fellow physicians to be the biggest challenge."

—**Daniel S. Gordeuk, MD**
Central Physicians Association (Centre County)

"The practice of medicine is becoming even more complicated by issues of managing health care resources, as well as taking care of ill patients. Physician organizations can help relieve some of the pressures from an individual physician and help direct emphasis on managing patient care, with assistance from an organization on managing resources."

Unfortunately, most of the recent talk on the change of the health care system has revolved around financial issues, which many physicians have been uncomfortable discussing. Having physicians sit down at a table with a unified voice, when they have different interests, has been a challenge. On an encouraging note, the long-term vision of physician organizations being successful has facilitated a coming together of specialists and primary care physicians."

—**Raymond Rodriguez, MD**
Hill Independent Practitioners Association

"Absent the leadership of physicians in health care integration, the doctor/patient relationship will become the insurer/patient relationship. Only through the power of physicians working together can change be forthcoming on behalf of medicine. Solo practices or small groups don't have that kind of power alone."

It has been a challenge to convince doctors that they do have the power and the skills to remain the dominant voice in health care."

—**Joseph J. Danyo, MD**
York County Physicians Organization

"Physicians have the advantage of the most objective stance in these circumstances. They understand the needs of their patients and the mechanisms of the health care delivery system. But individual physicians alone cannot command the attention of the powers that be."

One challenge I've faced is assuring equitable treatment of primary care physicians and specialists. Capitated systems have the potential of placing primary care physicians and specialists at odds. We have to work to eliminate this strife between physicians."

—**Paul Schenck, MD**
Lehigh County Medical Society

"Our competition has demonstrated over and over their lack of awareness and understanding of what is best for patients. I think physicians can be both more intelligent and more productive. It is time for us to stop muttering in the back of the bus and move up to the driver's seat."

There is strength in numbers. The other players are frequently gigantic and almost impervious to a single voice. Notice at your next staff meeting how often administrators hear a single voice. And when did insurance giants ever listen?

Two challenges I faced in helping with the development of our physician organization were integrating the appropriate units and keeping the ball rolling."

—**Edward Lottick, MD**
Northeast Physician Organization

"Physicians are the best patient advocates to ensure patient access to physicians of their choice and to ensure the quality of the care delivered. When physicians work together or form an organization like ours, it gives us more strength and control to assure appropriate medical decision making."

In Tioga, we have had to deal with complacency within the medical staff at our hospital. We're also a very small group of physicians."

—**Ronald W. Callenberger, MD**
Tioga County Physician Organization

"It's clear to me that physicians are the only players who are ultimately responsible for patient care. Physicians, with their clinical insights, must be responsible for system reorganization. Otherwise it will be done by those whose emphasis is more financial than clinical."

Working together increases our negotiating leverage with payers. By working together we can bargain more effectively thereby preserving clinical excellence, maintain some physician autonomy, and also [ensure] that physicians receive an appropriate percentage of the health care dollar."

If you're just getting started, don't expect consensus. Work hard, and surround yourself with interested, energetic colleagues."

—**Robert P. Johnson, MD**
Lancaster County Physician Organization

"Physicians—not government or insurance carriers—have the responsibility to work directly with their patients to determine the necessity and appropriateness of various health care interventions. We must reassume leadership in this role, which has now become very political, and not remain in a 'reactive' position."

New health care 'systems' will work efficiently only if physicians assume a central role in their design and operation. Formal physician organizations can provide the necessary framework for physician cooperation and action."

The changes taking place now are very challenging in many ways. Simultaneously, I am a 'consumer' of specialized health care services, president of our medical staff, a family physician in a

group practice, and a member of a small community. Each of these roles gives me a different perspective; the biggest challenge is to move forward in a direction which tries to keep these perspectives in balance."

—James W. Sillaman III, DO
Latrobe Physician Organization

"Physicians have the broadest overview of the health care system, and we have the most personal contact with the 'consumer'—namely patients. It falls principally to the physicians to increase efficiencies and decrease utilization without sacrificing quality.

Without joining together we will have no input into the future of health care. It will be controlled by hospitals, insurers, and employers.

Our practice has some philosophical and religious distinctions which are very important to us. It is challenging to maintain these while working for integration."

—Charles "Chip" Mershon, MD
Cornerstone Family Health Associates, PC

"Physicians, more than anyone else, should be responsible for the health care of a community. They must act as advocates of their patients to be sure that the principles of quality medicine are not undermined in the 'business of health care.' If physicians want to have any say in the medicine of the future, they must take charge now. Physicians must join together to get the leverage they need to be taken seriously. With antitrust laws the way they are now, formal organizations are necessary to exercise any kind of market power.

Getting doctors together is like 'herding cats.' Most physicians are independent by nature. If they had wanted to work in organizations, they probably would have chosen another career."

—Stephen D. Pett, MD
Medical/Dental Staff President, St. Vincent Health Center, Erie

"Integrated health care delivery systems will develop whether physicians are involved or not. Physicians need to be proactive and involve themselves in the development of new health care delivery systems to assure their future security.

Physicians have become very insecure because of an uncertain future. We need to join together to recapture and secure that future—a future we had taken for granted. We must join together to retain the good aspects of traditional care while these new systems of care develop. We must join together to be certain our patients continue to receive the best medical care that can be given.

In Armstrong County, we brought together physicians who were staunch independent solo practitioners of all specialties. We now are faced with new challenges as an independent physician association. These are very exciting times."

—Fred Doerfler, MD
Armstrong Physician Association, Inc.

"Physicians have, in good faith, left the leadership roles in health care to hospitals, HMOs, etc., only to be used as pawns for others' advancement. If physicians are to direct the health care of the twenty-first century, then they must become active participants now!

'United we stand, divided we fall.' For decades others have told physicians that they are lousy business people, and we need others to run both medicine and our business. But we're not lousy business people, we just need to refocus and redirect our energies in areas that we've long ignored. If we don't take action for ourselves, then we will have to take what is left.

In my organizing efforts I've seen distrust, disbelief, feelings of helplessness, fear, irrational feelings of ignorance, and indecisiveness. Trying to convince the world that physicians are leaders and decision makers has been difficult.

I advise colleagues to work hard to create a sense of predictability for the other physicians participating in an organization. Predicting the environment and the future are difficult at best. If you understand the risks, possess a belief in self and purpose, have tenacity, pay attention to detail, and understand what motivates others to take action, then you will succeed."

—Donald Lieberman, MD, MBA
Northeast Physician Organization

"Physicians need to be the ones making clinical decisions—not the payers. If they do this, physician providers will align their incentives with those of the payer and employer and, therefore, produce a product of value (cost-effective medical care). Physicians are the ones who practice medicine, and they will only have influence over clinical decision making in an organized entity. If they are not organized as such, payers and hospitals will be in control of clinical decision making. In an organized entity, physicians can come together and find the greatest way to deliver good quality care at the most cost-effective price."

—James F. Rich, MD
Central Pennsylvania Physicians Organization

"In the past 30 years, we have not handled well the balance between quality and cost. This has led to the current crisis. It would be shortsighted, however, to allow physicians to be excluded from significant participation in the change that must now occur.

Currently, physicians are very disorganized and scared. They are feeling impotent and not making good business decisions. We must join together, not to slow down the necessary changes, but to provide a forum for education and a strong voice. We must ensure we are 'at the table' with policymakers, insurers, and other payers of health care, to protect the quality of health care delivery. We must show them we can do this in a cost-effective manner. We will then gain back the respect that physicians have lost as a profession.

The greatest challenge had been fear in the physician community. Doctors are 'selling out' their practices to try to buy a little security. They are distrustful of each other. Specialties are arguing over 'turf.' We need to come together more than ever. It has been very difficult getting others to see that."

—Kevin J. Kelly, MD
Colonial Park Family Practice (Dauphin County)
President, Greater Susquehanna Physician Alliance

"Health care integration means consolidation. The issue is whether there will be three players or only two when the consolidation has been completed over the next four or five years.

At the moment, many physicians are running around like ants whose hill has been stepped on. But some leaders are stepping forth, wise to the ways of business, the market, and the law. They are sounding the call that if physicians are going to play any role at all in this consolidating health care market, they are going to have to organize themselves into large, well-financed, well-managed organizations with their own information systems; their own utilization review, quality assurance, and credentialing processes; and their own marketing potential. These organizations will be the agencies for signing managed care contracts with insurers and even with self-insured employers who seek to provide their covered enrollees with a provider network that has broad geographic access and the capacity to provide comprehensive health care.

If these physician-owned companies fail to materialize, there will be only two parties to the contract—the insurer and the hospital system."

—Thomas G. Gabuzda, MD
MainLine Health System



10 Reasons Why Physician Organizations Will Succeed

by William J. Lewis, MD, JD, MS

Physician-led managed care organizations will succeed in the evolving managed care marketplace for many reasons. For those same reasons, they will succeed in efforts to "reform" the health care financing system, the leading source of escalating costs for health care.

High costs of facilities, pharmaceuticals, and technology, as well as demographic and social factors—a rapidly growing older population, AIDS, the specters of substance abuse and violence, tobacco and alcohol use—all contribute to the cost and to the strain on our health care system.

During this period of change, many seek to control the health care system to further their own agendas. Wall Street would like to control medical care in order to direct profits toward shareholders and corporate executives. Hospitals would like to control care to assure their survival as care moves toward outpatient facilities.

Physicians and physician organizations must remain the advocates and protectors of patients. In a system strained by financial and social pressures, physicians can ensure that desperately needed finances and resources necessary to care for patients are not misdirected—in the name of reform—out of the system.

The 10 reasons physician organizations will ultimately succeed are:

1. Cost Effectiveness

There is no question that health care is expensive and that health care resources are limited. Health care must be re-engineered to make it cost effective, not manipulated to reduce needed services, resulting in more serious disease and much more cost. The biggest problem with health care is financing, not care.

Most patients are comfortable with their physician, but uncomfortable with the administrative barriers and paperwork that hinder their physician's efforts to properly care for them.

Do "MBAs" really understand health care well enough to make safe and wise decisions about patient care? Physicians are not the cause of the financing problem. Physician organizations with the proper infrastructure to control costs, maintain quality, and monitor outcomes are the solution. Extensive business bureaucracy that reviews spreadsheets and does not see or understand patient illness ultimately will be more expensive. Physician organizations are the key to cost effectiveness.

2. Quality

In efforts to control costs, we must be vigilant to preserve quality. Some have argued that since we cannot adequately define quality, we must focus on cost.

Quality care is cost-effective care. Poor quality means re-admission and costs beyond any short-term savings. Physicians and physician organizations have a better understanding of quality than business managers. W. Edward Deming, whose theories of quality control revitalized Japanese industry after World War II, understood that quality is not made by people, but by processes. He knew that people on the "assembly line," those who deal with problems on a daily basis, know and understand the processes and can identify and correct areas where improvement can be made. Physicians and physician organizations are the solution to re-engineering processes of care.

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3. Knowledge

It is generally acknowledged by economists that the health care marketplace is really a different marketplace than the type economists use in models. The health care market lacks many of the assumptions that are made in typical market dynamics, both on the consumption side (i.e., indirect utility, uncertainty, and uninformed consumers), and on the production side (i.e., lack of homogeneous goods, lack of consumer information, and barriers to entry).

Health care is extraordinarily complex, and a thorough knowledge is necessary to make informed decisions regarding patient care. Economists and MBAs do not possess the medical knowledge physicians receive: After a college degree, they acquire an additional seven to 10 years of training, including medical school, residencies, and fellowships. There is no shortcut to knowledge in medicine. Indeed, it is a lifelong learning experience. Medical decisions should be made by those trained in medicine and not those trained in business.

Historically, some of the brightest students in college entered medical school and have strived to protect the most valuable asset of our nation—the health of its citizens. Travelers from all over the world come to our health system for its quality.

Physician organizations must take control of the health care system. Knowledge of medicine and medical processes are critical in any attempts to reform health care financing.

4. Compassion

The Hippocratic Oath reads: "I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients." Compassion in the doctor-patient relationship is essential. Will Wall Street's control of health care and for-profit corporations kill compassion? Will corporatization be "in" and compassion be "out"?

If health care is a scarce resource, shouldn't those limited dollars be

used to provide effective care and to lower costs of insurance to employers? *The Wall Street Journal* on December 21, 1994, carried the headline: "HMOs Pile Up Billions in Cash, Try to Decide What to Do With It." Ask the "subscriber" who, as a patient, is forced to leave a hospital early or whose care is delayed or denied. Physicians are the solution. Compassion must survive the "corporatization" of managed care.

5. Access to Care

Changes are needed. Costs must be contained. Coverage must be expanded. People need to be cared for. Some insurers, looking to protect their bottom line, "market" to healthy populations, ignoring those who need care the most, leaving them without coverage. From a physician standpoint, those who need care should receive it regardless of the ability to pay. Although physicians see patients "pro bono," it is becoming increasingly difficult to receive facility backup if funds are unavailable.

It is understandable that hospitals that provide "free care" to all cannot meet their payroll and ultimately will be unavailable for other patients.

Physicians have always been accessible for those that need care. Physician organizations and volunteerism can help provide an access point to those not covered.

6. Choice

Patient choice of physicians is fundamental to care. Patients must trust and feel comfortable with their physicians. Anxiety and insecurity regarding one's physician impedes medical recovery. Limited physician panels and physician employees are assigned "lives" in the corporate model of managed care. The patient has little choice of which physicians he or she sees, or, if given any choice, he or she often faces a financial penalty. Physician organizations allow patients the necessary choice of caregivers. →

"Knowledge of medicine and medical processes are critical in any attempts to reform health care financing."



"The physician organization located within a community can best determine local needs and be responsive to them."

7. Dedication

Health care is a 24-hour "business," seven days a week. People can become ill anytime and need responsive care. There is nothing more frustrating to a physician and his or her sick patient than attempting to call an insurer on a Friday evening or in the middle of the night to "certify" care, only to have the call go unanswered, transferred to voice mail, or delayed while a "determination" is being made."

Those involved in health care decisions must have the knowledge and the dedication to be available all the time. Doctors have always responded to calls for care at all times of the day and night. If non-physicians wish to make care decisions, it is appropriate that they also carry "beepers" 24 hours a day, and be available and able to make quick decisions.

8. Ability to Reduce Cost to Employers

Most businesses, including many small businesses struggling to survive, see expenditures for health care increasing. Some insurers, extracting upwards of 30 percent of the insurance dollar, pay millions to executives and shareholders that "drain" the system.

Physician organizations in the midwest (Minneapolis) have directly contracted with businesses, cutting out the middleman and dramatically lowering costs of health care to businesses. The billions in health care dollars that leave the system could provide businesses the break they need to lower costs and remain competitive in the business world. Physician organizations may be the key; business organizations may be the starting point.

9. Responsiveness to Local Community Needs

Health care needs vary by community, and local physicians and physician organizations caring for patients can best determine those needs. We must remember that health care cost increases over the past 20 years are due to factors other than "disease."

The population is getting older with resultant increases in chronic medical problems. People older than 65 require twice the health care expenditures of those under age 65. Epidemiological factors such as AIDS, substance abuse, and violence all influence the "cost" of health care and need to be addressed. Technology has improved care, but is also expensive.

The physician organization located within a community can best determine local needs and be responsive to them.

10. Patient Advocacy

Insurers look upon patients as subscribers, and their corporate business goal is to make a profit. Patients are becoming increasingly aware of the large amounts of money diverted from their care to pay corporate executive salaries, bonuses, and stock options. Everyone is aware of the marketing budgets for TV advertisements and huge billboards that are used to lure new subscribers. This "profit" could be used to safeguard quality for patients and lower premiums to employers.

The government sees patients as voters. We all know, and unfortunately many of us accept the reality that politics, lobbying, and deal making often stand in the way of doing what is needed and what is right. We have the best health care in the world; people travel from all corners of the globe to access it. The problem is not care—it is financing and access.

Ultimately, patients will exercise their rights and assert their roles as subscribers and voters to pressure insurers and government. But in the interim, will the health care of our nation fall victim to corporate America and the political system? Will those insurers and politicians truly committed to care stand up and protect patients?

We must remember the people who need care are patients—and not subscribers on a spreadsheet or names on voter registration lists. Physicians must take charge of the health care system and continue to be the advocate of patients. ■

10 Good Reasons to Stay Independent

For Private-Practice Physicians Thinking About Selling Their Practices

by Sharon R. Orlowski

Advocating for patients is the fundamental obligation of physicians. When physicians become employees of hospitals and insurance companies, limitations may be placed on their ability to make truly independent decisions that are in the best interests of patients.

Most physicians would agree with the above statement to some degree, but money is often the primary reason physicians sell practices. Though the dollars being offered would get anybody's attention, most physicians selling primary care practices today are selling out cheap.

First, it is impossible to set a good value for a primary care practice today. A practice value is often based on previous financial performance and a projection of what the practice revenue will be in the future. The rate of increase in gross revenues is very likely to exceed the top rate permitted by Generally Accepted Accounting Principles, which accounting professionals must use as a guide.

Second, there are examples of primary care physicians throughout the country in mature managed care markets who have annual gross incomes of over half-a-million dollars. If nothing else, this is an argument to delay selling your practice for a few years.

Putting money aside, here are 10 good reasons why you should not sell your practice:

1. What happens when all the doctors turn into pharmacists?

In days past, pharmacists were the people who owned the drug store and really knew their customers and offered advice based on this personal knowledge. Now, pharmacists generally work for large drug store chains

that sell everything from groceries to toys. The drug store chains routinely run TV advertisements trying to convince people that their employees really do care. Most people no longer see such pharmacists as their "advocates."

If the medical profession follows the same course, the impact this has on innovative thinking and patient advocacy will be staggering. What is best for patients becomes intermingled with what is best for physician employers.

2. Those who buy always have the option to resell. Employers control the purse strings and can "change their minds" about a deal after it is struck.

Horror stories abound that relate to unkept promises for equity, bonuses, and other "incentives." The axiom applies: "Business is business." The market conditions that make these good-faith promises acceptable to both you and a potential employer today are very likely to change.

For hospitals, revenue will be in shorter supply, perhaps shorter than many hospital administrators are willing to admit to themselves. For independent primary care physicians, it is distinctly possible that incomes will far exceed salary increases set today. Trying to negotiate a salary increase with an entity that is facing severe budgetary problems is not a good bet.

3. You will voluntarily be sucked into the bureaucracy.

Prior to selling their practices, prospective employee physicians are recruited, courted, cajoled, enticed, soothed, respected, and the recipients

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Ms. Orlowski is the Society's director of managed care business strategies and special projects.



"All too soon
after
exchanging this
worry for a
salary, it
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is not gone."

of direct attention from the highest levels of management.

The "common emotions of physicians easing into employment," as presented by one hospital administrator, are: tremendous loss, depression, diminished self-worth, loss of control, loss of identity, missing rewards of running their own practice, and dismay that it takes longer to get things done. Doesn't sound very appealing.

A bureaucracy is no place for practicing physicians to be stuck. Working in a system that takes 30 days to respond to a supply requisition for aspirin is, at best, frustrating for a formerly independent physician.

4. The phrase "any willing provider" takes on a new meaning.

The essence of the any willing provider issue is ensuring patients' access to the physicians of their choice. A new meaning for this phrase is when employed physicians become a "willing provider" for any insurance plans deemed acceptable by their employers. Employed physicians unhappy with the policies and procedures of payers must get permission from their employers to withdraw.

Conversely, if physician employers do not participate in selected insurance plans because the plans do not meet their financial requirements, patient access to employed physicians will be blocked. Your patients' ability to choose you as their physician will be greatly impacted by your employer's bottom line.

5. Relinquishing responsibility for your practice also means relinquishing control of your future. Why else would anyone want to give you that much money?

Most employment contracts include a restrictive covenant or some language that will preclude a physician from continuing to practice in the same community if the employment agreement is terminated. In other words, even if it is the employer that termi-

nates the contract, the employee may have to leave.

The health care market will continue to change rapidly. No one's crystal ball can be accurate. In only one or two years, such change could occur that business decisions made today will need to be modified and modified again to meet the evolving market demands. However, a business decision to sell a practice is likely to stand out as a decision that will supersede all others, regardless of whether it becomes evident that employment was not a good idea, regardless of whether the employer remains financially viable, and regardless of whether the employer sells itself or is purchased by a larger organization.

6. Fear and uncertainty are actually two good reasons not to sell.

In times of uncertainty, it is tempting to think that "somebody" has all the answers. Many physicians fear being left out, deselected, or bankrupt because of changes in today's health care market. They eliminate their uncertainty about the future by selling their practices to the "somebody" who has the answers. They receive a salary that reduces their worry about potential future financial difficulties.

All too soon after exchanging this worry for a salary, it becomes clear that the worry is not gone. Physicians come to understand that nobody's crystal ball is any more clear than their own. This realization is compounded by a growing understanding that salaried physicians are selling themselves far too short. Primary care physicians' incomes, in a capitated system, are likely to increase substantially—much more than most negotiated salary increases. Selling a practice to avoid future financial difficulty essentially blocks a physician's access to a future financial reward.

7. Selling to get capital may ease cash-flow concerns, but will definitely create more problems.

Cash flow is a problem for many physicians who wish to progress in

managed care by expanding their practice, merging, and/or using sophisticated computer equipment. So they sell the practice or share its governance with an entity that supplies needed cash. Sometimes these entities promise additional coverage or an instant partner.

There is no such thing as money for nothing. This is an immutable law of the business world. Those who provide this cash seek control in return.

If you are not paying for the coverage or the new physician partner, what control do you have over someone who is now essentially a coworker? What happens if the arrangement is unsatisfactory? The "cash partner" must agree to remove the coworker. Naturally, the coworker will have a separate contract and all the trimmings that would complicate matters. This control is similar to the employer/employee relationship.

8. "Giving someone else the headaches" is not truly possible—physicians will always be held ultimately accountable for what happens to their patients.

As the patient advocate, physicians bear responsibility for the welfare of their patients. It does not matter whether the course of action is one they have selected or is a directive from an employer.

Most administrative burdens are also not something that can be delegated. The ultimate responsibility for coding remains with the physician, regardless of employment status. The responsibilities associated with documentation and recordkeeping remain with physicians regardless of employment status. It is still the domain of the physician to understand, conform to, and argue with utilization review procedures set by payers.

9. Vertical integration and physician employment are not synonymous—no matter what, physicians will have to drive the system for it to be successful.

An integrated delivery system is a conglomerate consisting of a payer, a hospital, and a physician network. Each is an equal partner. This is far too often confused with a staff-model HMO. When physicians are employed by a hospital or a payer, they are no longer an equal partner. Representation in governance is highly suspect and, again, does not blot out the reality that one entity is the employer and the physician is the employee.

As an equal partner in a vertically integrated system, physicians still must have a preeminent role and be positioned to make decisions that protect patients and use resources efficiently—regardless of how it affects the bottom line. Employing physicians and offering representation in governance does not permit this since the employer will always have the final word.

10. Independent physicians addressing market forces in a cooperative fashion is the antidote to the "practice-for-sale" syndrome.

California, which is many years into a mature managed care market, still has thousands of physicians in solo practice or in small groups. This directly contradicts those who theorize that large conglomerates of employed physicians will be the norm in years to come.

Employers are voicing their concerns about physician employment and the negative impact it has on cost and innovation. Many hospitals and HMOs strongly oppose physician employment on the grounds that it stifles competition and patient choice.

Physicians speaking with a unified voice in group practices or in physician organizations of various types remains the most viable way to face the future. ■

To discuss selling your practice, contact the author at (800) 228-7823 or (717) 558-7750.

Lessons from Pennsylvania's Managed Care History

by Alan Somers, MPH, MBA, JD

The following observations are offered to remind physicians newer to Pennsylvania's managed care marketplace of what has been tried before, what works, and what does not.

Lesson #1: One way to protect profitability is to consolidate bargaining power by forming groups.

The price which business asked for in return for its recent cooperation with medicine to kill federally driven health system reform was that market-driven reform continue, i.e., that physicians compete. In managed care, as in hundreds of industries, there exist five sources of competition. Among competitors, who has what bargaining power largely affects who reaps what profits, or even who will succeed or fail. A physician can measure his or her bargaining power only relative to others, in competition among:

1) *those who already offer managed care* (e.g., HealthAmerica of Pennsylvania);

2) *new entrants into the market* to offer managed care (entities such as Pennsylvania Physician Healthcare Plan);

3) *those who offer a substitute* for managed care (e.g., Independence Blue Cross's "Personal Choice");

4) *buyers of coverage* from a managed care organization (e.g., Boeing, PPG, AMP, Bethlehem Steel, Inter-Metro Industries, or Merck); and

5) *suppliers ("providers")* of care to an MCO (a suburban cardiologist).

Why does this matter to Pennsylvania physicians? These sources of competition pose no surprise. The surprise is how regularly even sophisticated competitors underestimate the extent to which their profits will be seriously affected by competition from all five sources at once.

HMOs compete with HMOs and surely track each other's moves toward market entry by those not yet licensed; but substitutes impact the market too. Measure the power of PPOs—coupled with indemnity insurance—as substitutes for HMOs by how quickly one HMO has followed another in creating "point-of-service" options in market after local Pennsylvania market.

We can illustrate buyer power by comparing the stories of HMO of Pennsylvania and HealthPlus of Michigan. The latter was founded by the leadership of a county medical society. Otherwise, both HMOs started in the mid-1970s as federal grantees, not for profit. Both based their care delivery on the services of community-based physicians and secured federal qualification. Both were managed well from the start. Yet, buyer power is fragmented around Philadelphia. That allowed HMO of Pennsylvania to convert for profit as U.S. Healthcare around 1981, without effective buyer opposition. The HMO's profits for 14 years have gone into growth for its shareholders,

In contrast, around General Motors' hometown, buyer power is concentrated in GM and the United Auto Workers. Though HealthPlus had been the first IPA-HMO in the country which the UAW had approved, it legally blocked conversion of Healthplus for profit in 1984. This HMO's "profits," through the 16 years since its licensure, have gone to those who buy from it.

To see supplier power, consider primary care. It provides the heart of managed care. As Pennsylvania's health care coverage buyers have shifted more toward managed care, the relative bargaining power of primary care physicians has risen. Witness bidding by Pennsylvania HMOs and hospitals over

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the past two years to buy primary care practices. Primary care doctors can use their new-found leverage to bargain for a majority among doctor votes on the boards of PHOs, POs, IPAs, and doctor-sponsored HMOs, as they have done in other states.

Yet, whether in primary care, secondary care, or multi-specialty practice, with or without walls, a legally organized group has more bargaining leverage than the same number of solo physicians. On one hand, the profits of individual practitioners in local markets oversupplied with doctors—e.g., most suburbs—can be bargained away by the concentrated buying power of market-dominant HMOs. On the other hand, concentrated supplier power—e.g., that of suburban Philadelphia's Omni medical group—can out-compete solo practitioners and small groups to secure contracts with HMOs for large numbers of covered patients, at the best capitation rates the market will bear.

Lesson #2: The best product or service idea can fail by coming to market too late or too soon, if nobody rigorously researches the wants of targeted buyers first.

Pennsylvania physicians disliked the federal HMO program, but it did require would-be HMOs to put their marketing horses in front of their organizational developmental carts. They did rigorous market research first, in contrast to many of Pennsylvania's past and present care-provider-sponsored ventures. Even if HMO of Pennsylvania had found a feasible market earlier in the suburbs of Philadelphia, in the late 1970s, local studies still found the HMO idea ahead of its time in places like Harrisburg and York, so no further dollars were wasted.

Contrast that with the statewide, PPO-development effort undertaken jointly by hospitals in Philadelphia, Harrisburg, and York in 1981 and '82. Before CareCard planning was ended, the sponsors lost on it 22 times the money spent on a typical federal HMO feasibility study.

Still, those who originated CareCard should be commended for their vision. They may have entered the market successfully—later, but successfully—if, instead of relying on intuition and informal contracts with a small number of those in Pennsylvania board rooms, they had rigorously researched the receptivity of an appropriately sizable sample of benefits decision makers.

Lesson #3: Especially because a new PHO—let alone a new IPA-HMO—will lack the element of surprise, it needs rigorous market research and analysis up front to pick the best “beach” for its “amphibious assault.”

Twenty-two years after the federal HMO Act, few Pennsylvania population centers, if any, lack HMO or PPO competitors in place. Many of these competitors are powerfully able to defend against new entry into the segments of the market they value most. For a new entrant to gain a “beach-head,” it needs proper market research and analysis to land on the least defended “beach” worth having.

Those planning to enter into the competition should start by researching who, besides fellow doctors, is in the market to buy what, at what price, and where. Examine local competitors, from among the five sources of competition mentioned, to learn what attractive market segments are underserved or poorly defended—the “beaches” presenting best prospects for short-run success. In the backyards of Keystone Health Plan East and U.S. Healthcare, Oaktree Health Plan strategically targeted Medicaid.

Next, design core business processes to out-compete others in serving the market segment(s) targeted. Only last, create the organizational structure best for governing the processes you have designed and best for raising the capital those processes require. You have heard it before: Form follows function. But also remember: Function flows from the best market opportunity.

Lesson #4: A competitor in managed care must develop specific core competencies to improve its odds for winning.

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When a PHO, PO, or HMO enters a market late to battle competitors already well entrenched, rigorous market research and analysis are necessary but not sufficient. Relative bargaining strength among competitors largely determines the long-run winners in any industry, including managed care. Yet, MCOs often, if not always, can improve their relative bargaining leverage by strengthening the competencies at the strategic core of managed care.

A respected HMO securities analyst and other knowledgeable observers agree that the following list of competencies, derived from analyses of dozens of for-profit managed care plans, will be required for success over the next

five years. In Pennsylvania today, they best can be illustrated by U.S. Healthcare:

- *Industrial, governmental, and consumer marketing abilities*, deep enough to contend for dominance in local competitions to cover large employed groups, but also wide enough to exploit profit opportunities from lower competition to cover Medicaid, Medicare, small groups, and workers' compensation.

- *Health care management ability*, good enough to contend for low-cost leadership. This includes the ability to manage diseases—not just care inputs—for patient populations who are, on average, getting older and sicker. It also requires organizing a superior health care delivery system,

integrating a wide range of care providers, and sharing risk widely and deeply via capitation.

- *Information-processing abilities*, good enough to contend for quality leadership in care-process and care-outcome management.

- *Administrative management abilities*, good enough to contend for high-profit leadership, given the 25 percent of revenue that Pennsylvania lets an HMO retain for administration and profit.

For those who lead efforts to develop physician entities over the next five years, these are some of the "lessons" so far from Pennsylvania's managed care history—as well as some of the "benchmarks" to aim to meet and beat. Good luck! ■

Managing Care for Pennsylvania's Uninsured: An Update

Managed care is playing a larger role in health care delivery as we head for the turn of the millennium—not only in the Corporate America marketplace, but in serving the needs of our uninsured as well.

For the past three years, PENNSYLVANIA MEDICINE has brought you news of three innovative managed care plans in the commonwealth—the Family Care Network, the Lancaster Community Health Plan, and HealthChoices. Here, we offer a brief explanation and update of each.

The **Family Care Network** launched in January 1994, matches Medical Assistance (MA) recipients under 21 years of age with primary care providers to create a "medical home" for them.

Under the plan, recipients are given a choice of a list of participating primary care providers. If they do not choose a provider, one is assigned for them, though assignments can be changed under certain circumstances. Participating primary care providers receive a monthly case management fee plus MA fees for all screening and treatment provided to a patient, as well as for coordinating all referral care.

To date, the plan is almost fully operational in 57 of 60 targeted counties. Few problems have been reported.

Like the Family Care Network, the **Lancaster Community Health Plan** also seeks to create a medical home for its clients, offers a case management fee, and pays MA fees for services provided; the difference is that the plan is intended for the entire MA population of Lancaster County.

The plan began operation this past May, and as reported in PENNSYLVANIA MEDICINE last month, more than 60 percent of those patients eligible had signed up for the plan within the first four months. Provider participation at that time was even greater, at 87 percent. The plan's big news at summer's end was being chosen to receive one of 25 grants nationwide rewarding models of health care delivery on the local level.

Plans to create HealthChoices, a managed care plan for 650,000 MA recipients in Philadelphia and the five surrounding counties, haven't moved so smoothly. Implementation has been put off until mid-1996 at the earliest, pending a third study on the plan's potential savings and how the Department of Public Welfare can better oversee the program.

Two earlier studies reached conflicting conclusions about whether the plan would save money or not. The third study is expected to be completed this fall. Keep an eye out in PENNSYLVANIA MEDICINE's "Integration Insider" for the results.

The Lung Center at the University of Pennsylvania Medical Center has just completed its 100th Lung Transplant

Our Lung Center is among the top five in the United States in number of transplants performed annually and is a major referral center for lung transplantation in the mid-Atlantic region. Pulmonologists and other physicians interested in learning more about our expertise in end-stage lung disease are invited to call 1-800-635-7780.



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Practice Policies Must Do More Today

Health care is growing exponentially more complicated; your medical practice's agreements and policies must do more today—for both your group practice and the doctors in it—than they ever did before.

Some apparently innocent situations may profoundly affect your practice. Dealing with these on a per-case basis—because your practice documents are out of date, largely ignored, or simply nonexistent—is dangerous. It assumes that nice people—and all of your partners are always nice people—will not sue you. The reality is that nice people *will* sue you if they believe they have been wronged.

Therefore, it is a good idea to treat all your doctors fairly and *by established guidelines* that are accepted by consensus. If your practice documents reflect your true working intent—if they are in place, adhered to, and actually doing what you want them to do—they can prevent situations that beg to be resolved in court.

Standards do exist for establishing a medical practice's inter-doctor, income division, employment, and shareholder agreements and policies, but these constantly change as the dynamics of health care evolve.

These documents must reflect not only the group's consensus, but also the current reality of how doctors' incomes and workloads phase up or down, and how physicians partially retire, leave the practice, and otherwise interact. Making ad hoc decisions about important matters because of inadequate or absent documents invites unnecessary trouble and is almost proof positive that you will (and intend to) treat different physicians differently.

How to do it

- Take a proactive approach to maintaining the relevance of your practice agreements and policies, and adjust them in a continuing process that is sensitive to marketplace realities.
- Your practice's executive committee, including your practice

administrator as a nonvoting member, should keep the practice's members informed about what it is doing and about changing conditions. Your practice administrator should be responsible for doing the necessary research and developing consensus recommendations. Get outside professional help if you need it.

- At least once every two years—annually is better—the committee should formally review and revise your agreements and policies; your year-end practice meeting is the most appropriate forum.

- Question everything. It is worth running the numbers and investigating the hypothetical situations, as you may realize—to your own surprise—that values your practice installed not very long ago are now far too low or too high and must be changed.

“Some apparently innocent situations may profoundly affect your practice.”

- Consider apparently ridiculous eventualities. Ask, “What happens if four of our eight doctors leave at the same time?” and “What happens if they form a new practice and compete with us?” Disasters and emergencies do happen. Be prepared.

The following scenarios, which involve a typical but hypothetical eight-physician family practice, are based on actual experiences in competitive Pennsylvania markets.

Phasing down

A physician who has been a major producer in your practice for 25 years requests a slower pace. He suggests that, even working only four-and-a-half days and foregoing on-call duty, he will remain valuable to the practice. You know that this physician will produce, even in partial retirement, so you agree.

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Another physician requests phasing down, but—for valid reasons—you do not want to grant the request. Suppose this physician is the only woman on your staff. Regardless of your reasons, you are treating her differently than you treated her male colleague, which looks like discrimination and invites legal action.

You grant partial retirement to two physicians. When a third requests the same thing, you realize that your group now has only six fully producing physicians. If you allow a third phase-down, you will be paying three significant salaries to physicians for part-time work, as well as putting a strain on the remaining full-time doctors.

Denying the third physician's request invites legal action, but granting it overloads the system, forces you to hire more help, and invites future phase-down requests. Although releasing all three physicians and hiring a full-time resident might make the most sense in terms of efficiency, this might be difficult or impossible for the practice to do.

Practice agreements regarding partial and full retirement are essential, especially in practices with physician partners nearing retirement age. Your policy should control the seniority and number of physicians eligible for a phased-down work schedule, as well as hours, duties, call, and pay arrangements. This assures the practice will be adequately staffed, without undue financial hardship.

Buy-ins and pay-outs

Six physicians have bought into the practice, but when the offer is made to the seventh, he finds the terms unacceptable or simply rejects the idea. “Pay me more than you did last year,” he tells you, “but don't pay me as much as a partner.” Now, in effect, a lesser number of doctors is buying out a greater number, and the leverage—the risk associated with the buy-outs—has become critical. Perhaps your buy-in rate is *acceptable*. If your agreement states that once a

doctor is offered a buy-in, he must accept, then your practice is legally covered.

In contrast, some practices are now refusing to offer buy-ins. If one of your doctors was hired with the verbal agreement that she would be made a partner, but now you are calling the deal off, you can be sued for breach of contract.

Many Pennsylvania practices are revising their buy-in/pay-out agreements. In response to market forces, a practice may change its income division methods and adjust its buy-out to reflect the new reality.

Problems arise when physicians refuse to go along with the new arrangements. It makes sense for a doctor with a previous contractual agreement to refuse to sign your practice's new, big-dollar buy-out agreement, and retire.

Physician departure

If your practice draws its patients from specific managed care plans, as long as departing doctors agree to leave the plans in which the practice participates or to compete outside a 10-mile radius of your coverage area, you may decide to allow your doctors to leave and compete with your practice.

Suppose your practice has merged and is now significantly larger. Should your shares be worth net book value, or because the practice is probably worth more, should your shares be worth more?

How much notice should your doctors give when they leave? In a competitive market, talent is in demand. You must strike a delicate balance between interfering with a physician's opportunity to seek a better position and the necessity of keeping your practice competitive by offering patients the hours and services they demand—and third-party payers are eager to provide—so they also remain competitive.

The contributing author, Sandra E.D. McGraw, JD, MBA, is a principal attorney and consultant with The Health Care Group® and Health Care Law Associates, PC, based in Plymouth Meeting.

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You Can Help Promote Use of Mammogram Benefit

Eileen Queenan
Michelle Penvose

In several columns during the past few years, I mentioned how proud we were of the Keystone Peer Review Organization's Beneficiary Outreach Program. An example of some of the ideas generated by the staff who work on outreach projects is reflected in this article, which was included in KePRO's 1995 Annual Report. As you will see, the well-being of the Medicare beneficiary is the primary focus of this program.

—Donald E. Harrop, MD, KePRO President

Since January 1, 1991, Medicare has covered screening mammography, on a once every two-year basis, for the early detection of cancer. It has also provided coverage for diagnostic mammograms when signs or symptoms of cancer are suspected.

Yet in calendar years 1992 and 1993, the number of non-HMO Medicare beneficiaries who took advantage of the screening mammogram benefit represented only 37 percent of all women eligible for the benefit, with only 28 percent of eligible African-American women obtaining a screening mammography. In Pennsylvania, the overall use rate, and the rate for African-Americans, was also 37 percent, with a high overall use rate of 48 percent in Montour County and a low of 27 percent in Schuylkill County.

None of these numbers seems satisfactory when we realize that between 52 and 73 of every 100 Medicare-aged women who are not in HMO programs fail to use the mammogram benefit.

Numerous studies have documented reasons why women resist screening mammography. Cost is certainly a consideration, even among Medicare beneficiaries who may still be responsible for deductibles, copayments, and associated physicians' fees. Fear of being diagnosed with cancer is another, as is the associated pain or discomfort sometimes reported by women who have undergone mammography.

This year, a number of organizations throughout Pennsylvania and the United

States initiated major campaigns to encourage women to undergo mammographic screening, and many of them addressed the issues of cost, fear, and pain. Offering financial counseling, providing statistics about cures with early detection, and encouraging women to take a preventive step that can save their lives are vital. But there may be more that we, and other concerned parties, can do at little to no cost. One way is to anticipate and address in advance some of the "softer" reasons why women avoid mammographic screening.

Patients are persons

For the past few months, several members of KePRO's staff have worked as part of a Mammogram Project Team, to develop ways to encourage more widespread use of Medicare's mammogram benefit. The effort has special meaning for three of the nine team members: Two lost their mothers to breast cancer; the third was luckier—a screening mammogram identified a very small malignancy in her mother's breast three-and-a-half years ago. (Following prompt treatment, she has shown no recurrence or complications since January 1992.)

Among other efforts, the Mammogram Project Team has gathered information about resistance to mammogram use in several ways. Because the Paperwork Reduction Act precludes us from routinely conducting formal surveys, we have relied on other methods of exploring the issue. Some of us have used our role as patients to examine what we like or dislike about the mammogram experience.

Other members, who conduct extensive in-person community outreach to routinely encourage the use of the mammogram benefit, have received personal feedback from Medicare beneficiaries about the benefit and the test. Still others network with community groups and friends, while our staff epidemiologist and clinical coordinators research previous studies on the topic. We have also spoken with several providers, toured a

Ms. Queenan is director of healthcare improvement/outreach, and Ms. Penvose is hotline coordinator, Keystone Peer Review Organization.

mammography facility, and obtained some information from hospitals in the course of a local cooperative project involving breast conserving therapy.

Our informal research made us aware of the following issues:

Modesty

While a number of Medicare beneficiaries will ask questions about mammograms following KePRO educational sessions, they generally do so in one-on-one conversations following the KePRO presentation. Rarely is the topic discussed with an audience present.

This seems to be an issue of modesty, and there may be ways to address it. For example, does your facility have a separate changing area and waiting room for mammogram patients? Do you have a female radiology technician available to perform the mammogram for women? (Men are eligible for the diagnostic mammogram benefit.) Why not advertise this through posters, articles in local papers, etc.?

Privacy

Some physicians' offices and testing centers use sign-in sheets as a method of keep-

ing track of patient arrivals. Patients fill out their names, the time of arrival, and sometimes the reason for the visit. While the use of sign-in sheets is more efficient than having patients cluster around the reception desk to notify someone of their arrival, some patients dislike advertising to everyone who arrives after them the reason for their visit to the office or testing center.

Similarly, the patient may be called to the reception desk to verify demographic and billing information on file. Because the patient is standing at a counter, with several clerical staff behind the counter answering phones, the conversation between the health care center worker and the patient is sometimes loud enough for everyone in the waiting room to hear. It may sound something like:

"...and do you still live at 1234 Anywhere Street? And is your phone number still 123-4567? And are you just here for a check-up, or are you having any problems? Oh, it's just a routine mammogram? Okay, well, have a seat. We'll call you in a few minutes...."

The lack of privacy may not be an issue with some patients, but it is sometimes expressed as a concern by others. →

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- ☒ Female technician available?
- ☒ Private changing area/ waiting room?
- ☒ Patient control of compression level?
- ☒ Advance instructions provided?
- ☒ Immediate check of film quality?
- ☒ Immediate physician reading?
- ☒ Two-year tickler for reminder notices?

Discomfort/pain

Reports of discomfort during the mammogram procedure are fairly common. Does your facility allow the patient to control the level of pressure/tension used during the examination? Although many do, few advertise this. Telling the patient to communicate how she feels during the screening, or even to say "when," may minimize some of her apprehension with the test.

Cost

Numerous organizations and businesses sponsor financial assistance programs which enable women to obtain mammograms at little to no cost, or which supplement Medicare or insurance payments. Some counties have voucher programs which help with the copayment for which Medicare beneficiaries are responsible, securing funds through events like races.

One senior center we contacted has a savings program in which women contribute 50 cents each week to individual locked boxes. By the time each woman is scheduled for her next mammogram, she will have saved enough to pay for what Medicare doesn't cover. There are numerous creative ways in which senior advocates and other interested parties can assist patients in addressing the cost issue.

Access and safety

While mobile mammography units operate throughout the state, not all areas or neighborhoods are served by mobile units. Some facilities report that sending the units to shopping centers, farmers' markets, and food banks seems to facilitate access, since these sites are usually located on local bus routes.

For women for whom travel may be a physical hazard (e.g., they live in high crime areas), families and friends can assist by accompanying the patient to the mammography appointment, or older citizens can travel in pairs or groups, using a buddy system.

Hassle

Both beneficiaries and facility personnel report that the use of one-year tickler systems to remind women to schedule another mammogram can cause problems. Because Medicare pays for screening mammograms only once every two years, some patients have inadvertently incurred personal cost by responding to an annual reminder notice. Some facilities

have responded by including a special notice to Medicare beneficiaries on the reminder card, others send the reminder notice to the patient's physician, and some are investigating the use of tickler systems which allow for one-year or two-year reminder notices.

Another hassle involves the occasional billing error, in which a diagnostic mammogram is reported as routine screening. Patients may be able to assist in preventing this problem by making sure that the reason for the diagnostic screening (e.g., evaluation of a lump) is clearly communicated to personnel involved in providing the mammogram. This is increasingly important as it becomes more common for women to schedule mammograms themselves, rather than having a physician's office staff do it for them.

Finally, failure to provide advance instructions on what to wear can inconvenience patients who must remove many garments rather than one or two because they were not told how to dress.

What do patients appreciate?

Beneficiaries report that they appreciate having the mammogram checked for quality immediately, so that, if necessary, the screening can be repeated right away before they leave. With some tests, the need to repeat can mean a wait of several days to two weeks, with the patient worrying the whole time that the *real* reason the test must be repeated is that an abnormality was found.

They also like having a doctor read the film promptly and report preliminary results right away, before they leave. This, too, can save days and weeks of needless worry.

Increasing use

The effort to encourage Medicare beneficiaries to use the screening mammography benefit includes multiple agencies and attention to factors such as cost, fear, and pain. Further encouragement may be provided by health care providers, patient advocates, and even patients' families by anticipating other issues surrounding mammography screening, including concerns for modesty, privacy, comfort, and convenience. By addressing these issues in advance, and consistently advertising the benefits of mammography, and the discretion and efficiency with which screenings can be provided, we may be able to increase the use of this valuable Medicare benefit. ☺



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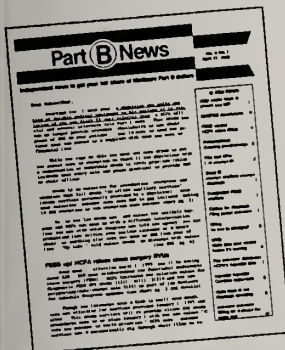
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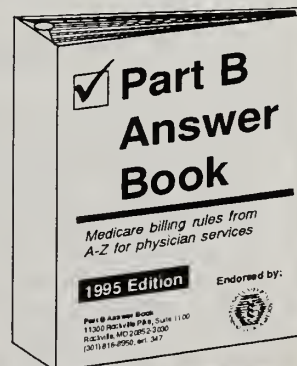
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Informed Consent: The Favorable, Yet Troubling Decisions in the Case of *Chrzanowski v. Shaikh*

Recent decisions by the Pennsylvania Common Pleas and Superior Court in *Chrzanowski v. Shaikh*, were favorable to the involved physicians. Nonetheless, this case raises the specter of future expansion in informed consent law. It also presents two conclusions by a jury that may be different from the conclusions the medical profession would draw.

The case can be quickly summarized: The referring physician ordered a CAT scan. Contrast material was injected into the patient for the scan, and the patient ultimately suffered irreversible kidney failure, allegedly caused by an allergic reaction to the contrast material, and died.

• The jury rendered a verdict against the physician who referred the patient for the scan, due to lack of informed consent; however, the physician who performed the scan was absolved. The referring physician sought a judgment from the trial court that he could not be liable. The trial court agreed and entered judgment in favor of the physician. The plaintiff later appealed to the Superior Court, which affirmed the lower court's decision.

The jury reached surprising conclusions to the following two questions:

Who is responsible for providing information for an x-ray study involving intravenous radiolcontrast? The referring physician simply ordered the CAT scan; the physician who did the scan logically seems the physician best suited to informing the patient of the risks of injecting the contrast material. The jury's decision to absolve the physician who did the scan and hold the referring physician liable seems contrary to logic and common practice.

Must the physician inform the patient of all risks? Informed consent

requires the physician to inform the patient only of material risks and alternatives. Previous court decisions held that there is no informed consent requirement for medications. Testimony at trial indicated there is one-percent risk of reversible kidney failure from this procedure, but virtually no risk of irreversible kidney failure. Arguably, because the risk is so small, neither physician should have been obligated to inform the patient of the risk of irreversible kidney failure. The jury concluded to the contrary.

The jury's conclusions were surprising but the case on appeal centered on a different question: *Does the physician have to obtain informed consent if there is no "touching"?*

In Pennsylvania, unlike most jurisdictions, informed consent law is based upon a battery, not a negligence, theory. A battery is generally defined as a "harmful or offensive touching without consent." In *Gray v. Grunnagle* [423 Pa. 144, 223 A.2d 663 (1966)], the Pennsylvania Supreme Court concluded that in medical situations, the consent required must be informed (under a battery theory). This means the patient must be told the nature of the procedure, the material risks, and the alternatives by the physician.

Where the battery theory is troubling to some courts is in its requirement that there be "touching." When a physician prescribes a drug—even one with potentially dangerous side effects—there is no touching by the physician in the administration of the drug. Therefore, at this time, there is no need for informed consent, even though the risks associated with the side effects may be considerable and serious.

When a physician injects a drug, there is a touching; however, the

touching—the injection itself—doesn't cause the harm. It's the injected drug which poses the threat. So informed consent in Pennsylvania would involve an explanation that the needle will cause temporary skin discoloration, not the potential side effects of the drug.

Both the Common Pleas Court and the Superior Court on appeal concluded that the referring physician could not be liable under an informed consent theory because there was no "touching." The Superior Court, while it was bound by precedent to reach that conclusion, nonetheless expressed its reservations by reiterating its comments in an earlier case:

It may be time for the Supreme Court to reconsider its decision in Gray. The greater use of various drug treatments has led to a situation where the risk associated with adverse side effects may be considerable. Further, there is the possibility that, in light of adverse side effects, a patient may wish to choose an alternative treatment. A patient's decision to undergo drug therapy should be no less informed than a decision to undergo surgery. The law should require that a physician provide his patient with all available information and options.

This judgment has not changed the current legal thinking on informed consent, but does raise the possibility of a major alteration in the mechanics of the informed consent if a case like this reaches the Pennsylvania Supreme Court again.

The cautious physician should draw two conclusions. First, until the Pennsylvania Supreme Court has spoken again, the cautious physician should carefully discuss with the patient potential side effects for drug treatments that present any meaningful risk, and document the discussion in the medical record. Second, the cautious physician, whether acting as the referring physician or the physician providing the treatment, may want an agreement—possibly even in writing—concerning who will provide this type of information.

Kenneth B. Jones, Esq., Society general counsel, and Jaan E. Sidorov, MD, chairman of the Society's Professional Liability Insurance Appeals Committee, contributed this article at the request of the committee.

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AMA NEWS

AMA RELEASES REPORT ON STUDY OF THE FEDERATION

The AMA in late August released an interim report on its Study of the Federation project. The report, excepted here, provides an overview of the concepts which could serve as the foundation for a new Federation of Medicine.

Introduction/background

The Study of the Federation is an effort by the organizations which comprise the current Federation of Medicine to identify how medical associations can best meet the future needs and concerns of physicians. The objective of the project is to produce recommendations that redefine relationships in organized medicine in order to:

- enable the medical profession to speak with one voice on critical issues;
- create more effective ways to accomplish work on behalf of the medical profession; and
- minimize duplication of services by enabling each element of organized medicine to do what it does best.

An ad hoc committee of the AMA board recommended that the Study of the Federation be conducted by two deliberative bodies—a consortium of more than 200 members nominated and supported by their medical societies, and a smaller 28-member project team. The project team focuses on strategy development, and the consortium focuses on direction setting and strategy evaluation.

The participants in the study reflect a demographic cross section of medicine today, representing geographic, gender, practice arrangement, and age categories. Participants are both physician members and medical society staff drawn from all elements of organized medicine, including AMA, state, county, specialty, ethnic, and other groups.

Specific proposals

The consortium is a study and analysis body. Its sole purpose is to develop recommendations on how to improve organized medicine and enhance its ability to serve physicians in the future.

The consortium has identified five elements which could define a new Federation of Medicine:

1) *Formalizing the new federation within the framework of the AMA.* The project attempted to define "federation" and formalize a federation. That formalization could result in a new "umbrella" organizational element, or it could exist within the current framework of the AMA.

The consortium concluded that a major new umbrella organization is not needed nor desirable and that the AMA is the logical framework for a new Federation of Medicine. However, the AMA will have to change in some ways to fulfill that role successfully.

2) *Federation Coordinating Committee.* This new mechanism would serve as a transitional agent to facilitate the development of a new Federation of Medicine. The committee would be a forum to encourage cooperation and coordination among the organizations that comprise the new federation.

The committee could work with medical associations to:

- help coordinate responses to key issues (policy analysis, advocacy efforts, etc.);
- identify opportunities to work together in providing products and services to physicians;
- serve as a forum for resolution of concerns and disputes;
- promote information and database sharing;
- help clarify roles to reduce duplication of effort and increase efficiency throughout organized medicine; and
- enhance communications.

Exact configuration of the committee will require further discussion.

3) *Representational changes.* Organized medicine should reflect the diversity of physicians' professional lives, the consortium believes, and the representational systems should relate to physicians along five dimensions: 1) geographic location; 2) specialty; 3) type of practice arrangement; 4) career stage; and 5) demographic or other special groupings. Consequently, the consortium is evaluating a number of possibilities, including:

- expansion in the number and variety of AMA sections;

- proportional representation of specialty societies and sections in the AMA House of Delegates; and
- representation of large groups and other practice arrangements in the AMA House of Delegates.

However, the consortium has not yet reached a firm consensus on this.

4) *Collaborative efforts.*

Collaborative efforts among medical associations are seen by the consortium as ways to eliminate overlap and increase efficiency, strengthen linkages among medical associations, and enhance revenue flows to medical associations. Formal joint ventures could include a physicians' purchasing service or practice support service, through which the AMA and specialty societies would develop and distribute practice parameters, procedure codes, and related products that would be helpful to physicians in their day-to-day practices.

5) *Participatory enhancements.* The consortium envisions a new, non-governance organizational element which it tentatively calls Topic Interest Groups (TIGs). TIGs would serve as discussion groups, probably through electronic bulletin board, on specific topics (e.g., practice management, coding, ethics). TIGs would also serve as information conduits from medical associations to their members.

Next steps

After the consortium reaches consensus on its specific recommendations, it will have to consider them from a systems perspective to ensure that the organizational structure and work processes that are implicit in the recommendations are viable and will fulfill the design criteria, established at the outset of the project, for a new Federation of Medicine.

The purpose of the Study of the Federation is to develop recommendations on ways to improve organized medicine and enhance its ability to serve physicians in the future. However, implementation of the consortium's recommendations falls within the purview of each individual medical association. Once the study is complete, the organizations which comprise the federation will have to consider the recommendations of the consortium and decide how to implement them.

The current plan is to develop and distribute another progress report on the Study of the Federation in December 1995. That report, which will be submitted to the AMA House at its 1995 Interim Meeting, will contain recommendations for the overall framework of a new Federation of Medicine and an analysis of the complementary roles of medical associations in responding to the needs and concerns of physicians. The final report of the Study of the Federation, which will also be submitted to the AMA House, is scheduled for June 1996.

The deliberations of the consortium would benefit greatly from feedback from members, delegates, and federation organizations. Comments and suggestions can be sent to the Consortium Project Team via fax at (312) 464-5884.

CHANGING STAFF ROLE IS FOCUS OF OMSS PROGRAM

The American Medical Association Organized Medical Staff Section (OMSS) will hold its Twenty-Sixth Assembly Meeting from November 30 through December 4 at the Washington Hilton and Towers Hotel, Washington, DC.

To help physicians respond effectively to the changing roles and responsibilities of the medical staff, OMSS is offering an educational program, "Creating the Future and Getting There First," on December 1. The program will focus on changing the medical staff paradigm, thinking in the future tense, and strengthening the physicians' leadership role in the governance of hospitals, integrated delivery systems, and managed care organizations.

For more information on the assembly and educational program, call the AMA's Department of OMSS at (800) AMA-3211.

The AMA in early August officially announced the transition of its Hospital Medical Staff Section to the OMSS. The expansion, written into the AMA bylaws in June, allows the AMA to better meet the needs of physicians working not only in hospitals, but also in new health care delivery systems, which are emerging as a result of managed care. The State Society's House of Delegates will consider a similar move this month at its annual business meeting in Hershey.

MEDICAL SCHOOL NEWS

MCP TACKLES SHORTAGE OF ACADEMIC WOMEN LEADERS

The first class of fellows in the Medical College of Pennsylvania and Hahnemann University's Executive Leadership in Academic Medicine Program for Women gathered in Philadelphia last month for the initial phase of its studies.

Although the number of women entering medicine has steadily increased in recent decades, there are still a mere handful of women leading our nation's medical schools and academic health centers. There are just two women serving as deans among the nation's 125 allopathic medical schools and two among the 16 osteopathic schools. Only four percent of medical school department chairs are women.

The goal of the national program, sponsored by the university's Institute for Women's Health, is to support women leaders in academic medicine and achieve parity in the ranks. The program offers extensive networking and mentoring opportunities.

Session I, held September 8-17, included intensive work in the paradigms of corporate and academic leadership, creativity in problem solving, strategic planning, financial management, emerging issues in academic medicine, and communications. Session II is set for April 1996.

For more information about the program, call the university at (215) 762-3985.

PHILADELPHIA TEACHERS GET "HEART SMART" AT JEFFERSON

Three Philadelphia middle school teachers took on the role of student this summer by participating in the Middle Schools Science Education Initiative hosted by Jefferson Medical College of Thomas Jefferson University.

The six-week program allowed the teachers, from East Mount Airy, Southwest Philadelphia, and North Philadelphia, the opportunity to create a written and computer model of the human heart. The teachers will bring their new knowledge and instructional materials back to their classrooms this fall.

The teachers used library resources and the Internet to develop their age-pertinent, user-friendly computer modules. By using the "point-and-click" method, students can access information on the parts and functions of the heart and related topics, such as hypertension, heart disease, and CPR.

The module is interactive, enabling students to answer review questions after they complete certain portions of the program. In addition to text and graphics, sounds are included to make the module educational, visually attractive, and entertaining.

The initiative was launched in the summer of 1995 to help science teachers from mostly minority-attended, Philadelphia-area schools gain new scientific knowledge, to elevate the scientific literacy of their students.

ANNUAL BUSINESS MEETING

There's Still Time...

...to enroll in "Improving Your Practice Efficiency with Electronic Technology," a computer seminar to be held from 1:30 to 5:30 p.m. on October 26 at the Hershey Lodge and Convention Center.

Sponsored by the State Society's Hospital Medical Staff Section (HMSS) and the Institute for Physician Leadership of the Educational and Scientific Trust as part of the HMSS annual meeting, the seminar will allow physicians to observe physician "experts" demonstrating different types of medical computer applications.

Cost of the seminar is \$100 for Society members and \$135 for nonmembers. For further information, call the HMSS at (800) 228-7823. The seminar carries four hours of Category 1 continuing medical education credit.

ADAMS

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Diane M. Shellenberger, 950 Walnut St., #407, Philadelphia 19107, 215-238-1592
Steven E. Silver, 739 Tyson Ave., Philadelphia 19111
Gretchen M. Slavik, 8201 Henry Ave., #M-17, Philadelphia 19128, 215-482-3566
Darren M. Smeal, 215 University Manor, Hershey 17033
Kenneth F. Sperber, 111 S. 21st St., #1-R, Philadelphia 19103
Joshua P. Steiner, 2801 Pennsylvania Ave., #102, Philadelphia 19130, 215-763-9313
Richard J. Strilka, 138 W. Chocolate Ave., #2, Hershey 17033
Jill D. Surdy, 1 Kohler Ave., Old Forge 18518, 215-877-3179
Erin M. Taback, 8201 Henry Ave., #J-13, Philadelphia 19128, 215-487-2451
Neelam Todi, 1000 Walnut St., #904, Philadelphia 19107, 215-925-7232
Jeffrey C. Trost, 2101 Chestnut St., #1204, Philadelphia 19104, 215-564-4046
Suzanne L. Vargot, 5680 Munhall Rd., #8, Pittsburgh 15217
Mark E. Whitaker, 215 Hallmark House, Hershey 17033, 717-533-1194
Linnane R. Whitecar, 950 Walnut St., #312, Philadelphia 19107, 215-629-3935
Wendy J. Wise, 736-38 Pine St., Unit C, Philadelphia 19106
Barbara A. Wojcik, 834 Chestnut St., #931, Philadelphia 19107
Stephen J. Wood, 795-M Rhue Haus Ln., Hummelstown 17036
Michael Zavarin, 165 Abbey Ter., #W-406, Drexel Hill 19026, 610-259-2663
Naseem J. Zojwalla, 207 Cricket Ln., Wallingford 19086, 610-566-6306
Andrea M. Zynda, 2046 Wharton Rd., Glenside 19038

GROUP PRACTICE ADMINISTRATORS

David L. O'Donnell, W. Reading Ophthalmic Assoc., 206 S. 6th Ave., West Reading 19611, 610-378-1348
Leila Haynes, Community Outreach Inc., 3 Mariner Ct., Ste. 210, Pittsburgh 15238, 412-826-4949
Donna J. Kell, Internal Medicine Inc., 1350 Locust St., Pittsburgh 15219, 412-281-9279
Robert D. Orzechowski, West Reading Ophthalmic Assoc., 206 S. 6th Ave., West Reading 19611, 610-378-1348
Andrew T. Prokurat, W. Reading Ophthalmic Assoc., 206 S. 6th Ave., West Reading 19611, 610-378-1348
Jay A. Roberts, Fornance Physicians Services, 1330 Powell St., Ste. 609, Norristown 19401, 610-270-2754

Leslie R. Angus, MD, Danville

University of Toronto Faculty of Medicine, Ontario, Canada, 1928; age 91, died July 21, 1995. Dr. Angus was a psychiatrist. •

Paul Bundura, MD, Bethlehem

University of Pennsylvania School of Medicine, 1941; age 82, died August 9, 1995. Dr. Bundura was a general practitioner. •

Max M. Cooper, MD, Wyncote

University of Tennessee, Memphis College of Medicine, 1948; age 70, died July 28, 1995. Dr. Cooper was a radiologist. •

Ralph M. Costello, MD, Pleasant Unity

Georgetown University School of Medicine, 1961; age 66, died July 14, 1995. Dr. Costello was a pathologist. •

Warren Endres, MD, Allentown

Jefferson Medical College of Thomas Jefferson University, 1932; age 88, died August 4, 1995. Dr. Endres was a general practitioner. •

John L. Farmer, MD, Lancaster

Jefferson Medical College of Thomas Jefferson University, 1936; age 82, died July 23, 1995. Dr. Farmer was a general surgeon. •

Donald A. Fusia Jr., MD, New Kensington

University of Pittsburgh School of Medicine, 1945; age 73, died August 14, 1995. Dr. Fusia was an internist. •

Harris S. Gerber, MD, Philadelphia

Hahnemann University School of Medicine, 1943; age 77, died July 25, 1995. Dr. Gerber was an internist. •

Louis Gerstley III, MD, Jenkintown

University of Pennsylvania School of Medicine, 1952; age 71, died July 28, 1995. Dr. Gerstley was an obstetrician/gynecologist. •

James T. Grace, MD, Montrose

Jefferson Medical College of Thomas Jefferson University, 1932; age 88, died July 27, 1995. Dr. Grace was a general practitioner. •

Brainard O. Hawk, MD, Pittsburgh

University of Pennsylvania School of Medicine, 1938; age 86, died July 30, 1995. Dr. Hawk was an obstetrician/gynecologist. •

Philip J. Hodes, MD, Tucson, AZ

University of Pennsylvania School of Medicine; age 89, died July 24, 1995. Dr. Hodes was a radiologist. •

Claus G. Jordan, MD, Short Hills, NJ

University of Pennsylvania School of Medicine, 1929; age 91, died July 28, 1995. Dr. Jordan was a general surgeon. •

Paul A. Leisawitz, MD, Reading

Jefferson Medical College of Thomas Jefferson University, 1937; age 82, died June 25, 1995. Dr. Leisawitz was a general surgeon. •

James T. McClowry, MD, Oakmont

Jefferson Medical College of Thomas Jefferson University, 1951; age 69, died August 11, 1995. Dr. McClowry was a neurologist. •

Kevin B. O'Malley, MD, Newtown Square

Hahnemann University School of Medicine, 1948; age 70, died August 9, 1995. Dr. O'Malley was an internist. •

Charles J. Shapiro, MD, Chambersburg

Hahnemann University School of Medicine, 1947; age 81, died July 15, 1995. Dr. Shapiro was a general practitioner. •

Howard J. Summons, MD, Sinking Spring

Temple University School of Medicine, 1940; age 80, died August 2, 1995. Dr. Summons was a urologist. •

John W. Thomas, MD, Yeadon

Howard University School of Medicine, Washington, DC, 1943; age 76, died July 24, 1995. Dr. Thomas was a general surgeon. •

Kenneth G. Alderfer, MD, Swarthmore

Jefferson Medical College of Thomas Jefferson University, 1957; age 64, died May 20, 1995. Dr. Alderfer was an internist. •

William C. Anderson, MD, Franklin

Temple University School of Medicine, 1951; age 70, died June 20, 1995. Dr. Anderson was a general surgeon.

Ross S. Antonoff, MD, Philadelphia

Medical College of Pennsylvania, 1980; age 49, died July 30, 1995. Dr. Antonoff was a general practitioner.

James A. Dickson, MD, Chambersburg

University of Pennsylvania School of Medicine, 1941; age 81, died July 11, 1995. Dr. Dickson was a general surgeon.

David H. Hershfield, MD, Olyphant

Tufts University School of Medicine, Massachusetts, 1930; age 90, died May 10, 1994. Dr. Hershfield was an otolaryngologist.

Harshit Majmudar, MD, Wexford

Jamnagar Medical College, India, 1968; age 51, died July 8, 1995. Dr. Majmudar specialized in emergency medicine.

Carlos E. Pena, MD, Pittsburgh

Age 64, died June 14, 1995. Dr. Pena was a neuropathologist.

Edwin S. Runkle, DO, Cressana

Philadelphia College of Osteopathic Medicine, 1980; age 48, died August 6, 1995. Dr. Runkle specialized in emergency medicine.

• Denotes membership in the Pennsylvania Medical Society at the time of death.

The Educational and Scientific Trust of the Pennsylvania Medical Society provides you with a way to make a significant statement honoring the memory of and paying tribute to your colleagues who are deceased.

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Look For Vital Signs



- Personality and/or behavior changes
- Unreliability and/or neglecting commitments
- Arrests for DUI
- Withdrawal from family and friends



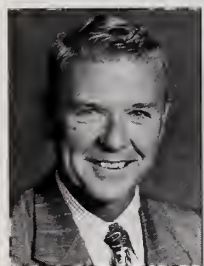
These are some of the signs an impaired physician may exhibit. If you are concerned about a colleague, we can help. Call the Physicians' Health Programs at (717) 558-7750 from 8 a.m. to 4 p.m. Monday through Friday. Call our message line anytime at (717) 558-7817.

A service of The Educational and Scientific Trust.

Thomas G. Gabuzda, MD, a hematologist/oncologist and former president of the Philadelphia County Medical Society, has been newly elected to the Board of Directors of the PennMed Member Services Company (PMSCO).

Leonard H. Finkelstein, DO, president and CEO, Philadelphia College of Osteopathic Medicine, was named chairman elect of the Board of Governors of the American Association of Colleges of Osteopathic Medicine.

Theodore R. Kantner, MD, Philadelphia, was appointed associate dean for generalism at Medical College of Pennsylvania and Hahnemann University, Philadelphia.



Dr. Staas

William E. Staas Jr., MD, president and medical director, Magee Rehabilitation, Philadelphia, was appointed to a six-year term as director of the American Board of Physical Medicine and

Rehabilitation. Dr. Staas has also accepted an indefinite term as director for the medical advisory board of Bayada Nurses, a regional home health agency.

Jefferson Medical College Alumni Association has appointed the following: **Barbara G. Frieman, MD**, clinical assistant professor of orthopedic surgery, Jefferson Medical College of Thomas Jefferson University, Philadelphia, vice president; and **Robert Poole III, MD**, West Chester, to the board of trustees.

Ann L. Honebrink, MD, was named codirector of the Center for Women's Health of Medical College of Pennsylvania Hospital, Philadelphia.

Klaus M. Bron, MD, radiologist, University of Pittsburgh Medical Center, was awarded the Gold Medallion by the Pennsylvania Radiological Society for achievement in vascular and interventional radiology.

Thomas Jefferson University Hospital, Philadelphia, has appointed

Robert Rosenwasser, MD, director, Division of Cerebrovascular Surgery and Interventional Neuroradiology.

St. Francis Medical Center, Pittsburgh, has appointed **George H. Gleeson, MD**, medical director of ambulatory services.

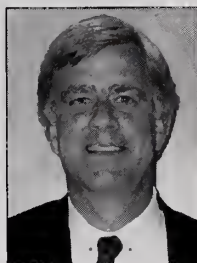
John H. Glick, MD, director, University of Pennsylvania Cancer Center, Philadelphia, was installed as president of the American Society of Clinical Oncology.

James T. Hanlon, MD, McKeesport, was elected president of the Southwestern Pennsylvania Chapter of the American College of Surgeons.

The Hamot Health Foundation, Erie, awarded **David J. Mir, MD**, Doctor of the Year. For 30 years, Dr. Mir served as an orthopedic surgeon specializing in hand surgery at Hamot. Also, in the 1960s, he pioneered joint replacement of the hand.

Tana Fishman, Philadelphia College of Osteopathic Medicine fourth-year student, has won the prestigious Secretary's Award for Innovations in Health Promotion and Disease Prevention. Ms. Fishman's paper, entitled "The 90-Second Intervention: A Patient Compliance Mediated Technique to Improve and Control Hypertension," was published in the March/April 1995 issue of *Public Health Reports*.

Maria Delivoria-Papadopoulos, MD, professor of pediatrics, physiology, and obstetrics and gynecology, University of Pennsylvania Medical Center, Philadelphia, has received the American Academy of Pediatrics' Lifetime Achievement Award.



Dr. Miller

Glenn Miller, DO, physician on staff at Suburban General Hospital, Norristown, was chosen as the 1995 Pennsylvania Family Practice Physician of the Year by the Pennsylvania Osteopathic

Family Physicians Society.

Jim Holliman, MD, associate professor of surgery and emergency medicine, Penn State's College of Medicine, Hershey, was appointed

chairman of the Society for Academic Emergency Medicine's new national Task Force on Manpower in Emergency Medicine. The goals of the task force are to study and determine the emergency physician workforce requirements for the United States. Dr. Holliman also presented lectures at several meetings in the Far East.

Donald F. Leatherwood II, MD, surgeon, Hand and Shoulder Institute, Philadelphia, presented a study to the American Academy of Orthopedic Surgery, which addressed a surgical procedure known as re-do carpal tunnel surgery. He also discussed the Mayo Clinic's experience with second operations for carpal tunnel syndrome over the last 15 years.

Cosme Manzarbeitia, MD, was appointed director, Organ Transplantation, Albert Einstein Center, Philadelphia.

The Institute of Pennsylvania Hospital and Jefferson Medical College of Thomas Jefferson University, Philadelphia, has named **David Spiegel, MD**, the 32nd recipient of the Edward A. Strecker, MD, Award. Dr. Spiegel is a renowned clinician and researcher on psychosocial treatment of cancer patients and impact on their survival.

Harry Marshall, MD, trauma and general surgery research fellow, University of Pittsburgh Medical Center, was honored by the Pennsylvania Division of the American Trauma Society for his efforts in trauma prevention education among African-American youth.

Maria Werner-Wasik, MD, instructor, Department of Radiation Oncology, Thomas Jefferson University, Philadelphia, has received the Young Oncologist Award from the American Radium Society.

Allan I. Pack, MD, professor of medicine, Pulmonary and Critical Care Division, and director, Center for Sleep and Respiratory and Neurobiology, University of Pennsylvania Medical Center, Philadelphia, was elected to serve on the board of the American Lung Association of Southeastern Pennsylvania.

PHYSICIANS WANTED

Western Pennsylvania—Board certified or prepared emergency physicians needed for staffing a community hospital emergency department near the Ohio/Pennsylvania border. Please send CV to P.O. Box 91666, Cleveland, OH 44101.

Pennsylvania—Physician group seeks full-time and part-time physicians for an emergency department of community hospitals in central and western Pennsylvania. Please send resume to P.O. Box 91666, Cleveland, OH 44101.

Pittsburgh, Pennsylvania—Penn Group Medical Association (PGMA), a 100-physician multi-specialty group practice affiliated with the largest HMO in Pittsburgh, is seeking BE/BC physicians in: family practice, internal medicine, pediatrics, ob/gyn, and psychiatry. We are formally affiliated with major teaching hospitals and leading community hospitals in Pittsburgh. PGMA serves eight ambulatory care centers, all conveniently located near cultural, educational, recreational, and corporate activities. Excellent salary and fringe benefits. For confidential consideration contact: Angela Lascola, HealthAmerica, 5 Gateway Center, Pittsburgh, PA 15222, or call collect (412) 553-7502.

Emergency Physicians—Emergency Physician Associates is seeking quality ED physicians for a variety of practice opportunities. Director and staff positions are available. EPA contracts with hospitals in NJ, PA, MD, and NC for the provision of emergency medicine, urgent care and industrial/occupational health services. Our client hospitals are located in rural to urban areas with patient volumes ranging from 10,000 to 75,000. At EPA we offer physicians competitive compensation, flexible schedules and shifts, occurrence-based malpractice insurance, a variety of practice settings to choose from, cooperative working environments, and supportive medical directors and corporate staff. Interested candidates may contact EPA at (800) 848-EPA-1.

Dermatology Practice looking for Dermatologist to work full or part-time in Fountainville, PA. Affiliated with Doylestown Hospital. Please call (215) 230-8390.

Ideal Location—Growing, well-established, group practice in beautiful New Cumberland, PA, is seeking board eligible or board certified family practice physician/resident. Guaranteed salary, paid malpractice insurance, continuing education assistance, vacation time, health care package. Options include nursing home practice, hospital newborn

care. Please send curriculum vitae to: Box 410, PENNSYLVANIA MEDICINE, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

New Opportunity! IM and FP—Pittsburgh. Secure, well-established group. Four locations. One designated HPSP, excellent salary, bonus and benefits. Call Melissa McMurray at (800) 765-3055.

New Openings Daily! FP, IM, PEDS, OB— Call now for details on Allentown, Lancaster, York, Cincinnati, Boston, Kansas City, Houston, St. Louis, Indianapolis, Columbus, Richmond, Rochester, Syracuse, Tampa, Miami, Cleveland, Detroit, Milwaukee, Chicago, Buffalo plus over 2000 rural communities. We track every community in the country. The Curare Group, Inc. (800) 880-2028. ID #C150MAB.

Cardiologist—Non invasive BC/BE, sought to join twelve-member privately practicing cardiology group in Southcentral Pennsylvania. Personnel Director, Suite 3, 1000 North Front Street, Wormleysburg, PA 17043.

BC Family Practitioner wanted to join pleasant internal medicine practice in S.E. Pennsylvania. Minutes from Philadelphia. Competitive salary and benefits package. Send CV to Box 415, PENNSYLVANIA MEDICINE, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

Part-time Position available, day, evening or weekends. Modern urgent care center, suburb of N.E. Philadelphia. Excellent opportunity for resident or practitioner seeking to supplement income. Contact Dr. Kravitz (215) 638-0666.

Family Medicine/Internal Medicine—Procedure oriented comprehensive and stimulating multispecialty outpatient medical practice in attractive suburb of northeast Philadelphia desires additional full-time staff physician. Ultramodern facility with full on-site diagnostic and therapeutic support. Attractive salary, full benefits package, and long term security potential, makes this an opportunity that is most desirable for the stable, career oriented applicant. Contact Dr. Kravitz (215) 638-0666.

Position Available—Family physician invited to join established group in our mission to provide whole-person care in beautiful rural westcentral PA. Christian staff includes 4 FPs and ancillary staff providing full range of family medicine, including OB, with a well-equipped office. 200+ bed high quality general hospital with good specialty relationships. A private non-profit Christ-centered social service agency is part of our health center. Women candidates encouraged to apply. We are developing academic rotations with area medical schools with opportunities for faculty and academic appointments. If you desire to grow in a biblical expression of your profession or want more information, contact: Stanley Lang, M.D., Agape Family Health Center, P.C., 216 Liberty Blvd., DuBois, PA 15801 (voice (814) 375-1222, Fax (814) 375-9366).

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Delaware County—B/C, B/E General Internist needed to join busy hospital based internists. Send resume and salary requirements to Box 413, PENNSYLVANIA MEDICINE, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

Family Practice Physician—Board certified or board eligible for private medical office northeast Philadelphia. Full or part-time. Respond Box 412, PENNSYLVANIA MEDICINE, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

Physician—M.D. or D.O.—BE/BC, experienced in General Internal Medicine/Family Medicine/Physical Medicine or willing to learn same to join multi-office group. Salary and benefits negotiable. Physicians Financial Planning, Suite 102, 225 City Line Avenue, Cynwyd, PA 19004, (610) 668-3666.

POSITIONS WANTED

Seeking position in gastroenterology/internal medicine. Available now. Board certified in internal medicine. Board eligible in gastroenterology. British and U.S. trained. Licensed in Pennsylvania. Contact S.P. Nathan, South Baltimore General Hospital, 3001 South Hanover Street, Baltimore, MD 21230, (410) 787-2728.

MISCELLANEOUS

18th Annual British Virgin Islands Medical Conference, January 29-February 2, 1996, Prospect Reef Resort, Road Town, Tortola. For more information contact Virginia A. Riisberg, Butterworth Hospital, Grand Rapids, Michigan 49503. Telephone (616) 774-1290 Fax: (616) 752-2911.

For Sale: Complete Holter monitoring service company. Gross quarter million dollars per year with substantial profit. Your maximum medical involvement would be twenty minutes per day per five day week. Located in suburban Pittsburgh, but could be easily moved as we service eight states by FedEx, UPS and FAX. Requires down payment of \$100,000 for equipment. Also requires percentage of billings for three years for the clients. Box 414, PENNSYLVANIA MEDICINE, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

Sanibel Island, Florida—Luxurious, 3 bedroom, 3 bath home. Floor to cathedral ceiling fireplace in living room; Mexican tile floors; large deck overlooking pool and tennis court. All amenities and home in immaculate, move-in condition. Three car garage and playroom in lower level. Must sacrifice at \$379,000. Call 412-941-6985.

For Sale—FP + Rheumatology practice retiring after 42 years + real estate and parking lot. 1,700 sq. ft. office, 1,500 sq. ft. living condo. Downtown Stroudsburg (one block from courthouse). J.P. Viglione, M.D., 25 North 8th Street, Stroudsburg, PA 18360.

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Penn Group Medical Associates (PGMA), a 100+ physician multi-specialty group practice affiliated with HealthAmerica, the largest managed care organization in Pittsburgh, is seeking Board Certified pediatric, internal medicine and family practice physicians to staff our new Steubenville Medical Office. Our large, modern, well-equipped office is scheduled to open in January 1996. The Steubenville office is within an easy 30-minute drive from many Pittsburgh suburbs. This primary care practice opportunity involves both inpatient and outpatient responsibilities. We offer an excellent salary and full benefit package.

For consideration, contact:

Angela Lascola, HealthAmerica, 5 Gateway Center, Pittsburgh, PA 15222 or call collect (412) 553-7502.



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Defending Good Medicine

David S. Masland, MD

This month the House of Delegates will vote on the recommendation of the State Society Board of Trustees to allow the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) to insure physicians who are not members of the Pennsylvania Medical Society. Having served as president of the Society in 1976 at the time PMSLIC was being formed, I took part in the discussion which led to the conclusion that PMSLIC would provide coverage only to members. Subsequently, I was elected the first chairman of PMSLIC and served in that capacity until 1989.

I firmly believe the initial decision to restrict PMSLIC to insuring only members was an appropriate one in 1976. However, to suggest that a marketing strategy (which is really what the eligibility rule is) that was effective 20 years ago would still be effective today just doesn't make sense.

PMSLIC was formed for a number of reasons. First and foremost, all carriers except the Medical Protective Company (which had very selective underwriting criteria) were fleeing the state. Had PMSLIC not been formed, Act 111 would have triggered a state-run insurance carrier for all, an alternative viewed by physicians as unacceptable.

There were other compelling reasons to start PMSLIC. Decisions regarding the merit of defending or settling claims were being made by non-medical people on a purely economic basis. The rate structure of premiums was arbitrary. Neither the State Society nor the Insurance Department could force commercial carriers to disclose justification for their rate making. Cause of loss statistics were not available, and risk management then—and to a large extent now—was something commercial carriers paid scant lip service to.

The problems of availability and trust were nationwide. Physicians in state after state banded together to form physician-operated and, in most instances, physician-owned companies.

In forming PMSLIC, we decided that only members of the State Society could be

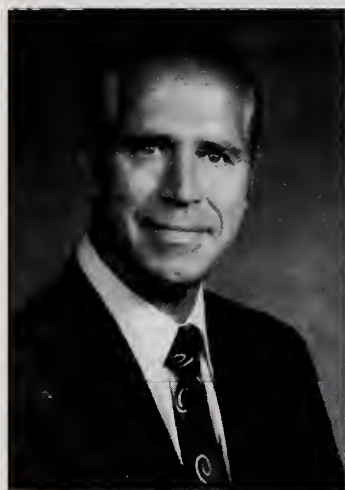
insured. We looked at the fact that it was members who capitalized the company, members who banded together to meet the challenge as other carriers abandoned us, and, therefore, members who should benefit from the formation of the company. No other alternative was seriously considered unless we were to be forced to do so by an outside entity. PMSLIC has operated that way since the beginning and has become the lead writer for physicians.

Now, because of PMSLIC, attorneys know that if they bring a frivolous suit against a PMSLIC insured, there will be no shakedown settlement to avoid the cost of litigation. PMSLIC insureds know that decisions regarding rates and the merits of claims settlement are made by physicians. There is in place a risk-management program second to none.

Today, more and more of our colleagues, especially younger physicians, are practicing in groups or are employed or are contract physicians. We find ourselves in practices with physicians who have not joined organized medicine. As a result, PMSLIC cannot write their insurance. As this trend continues, the market for PMSLIC will shrink, and increasing numbers of Society members who want PMSLIC insurance won't be able to have it.

By allowing PMSLIC to write policies for nonmembers, the insurance company formed and run by physicians will remain viable and strong. I urge the PMSLIC board to continue to fulfill its commitment to supporting and endorsing membership in organized medicine. I urge the House to embrace the recommendation of the Society Board of Trustees to permit PMSLIC to insure physicians who are not members.

PMSLIC has become and will continue to be the gold standard. What I believe is important is not whether PMSLIC will insure members or nonmembers, but whether PMSLIC will remain an example of physicians taking control of a problem and providing a solution—and whether PMSLIC will remain an advocate for physicians in the courtroom and a defender of good medicine. ☺



Dr. Masland, a Carlisle internist, was chairman of the Pennsylvania Medical Society Liability Insurance Company from 1976 to 1989.



A MOMENT
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LOS ANGELES 3:50 pm PST.

WHEN MICHAEL WAS EIGHTEEN, he could move with all the ease and grace of a Russian ballet dancer.

But Michael isn't eighteen anymore, he's thirty-three. So

when he faked right, went left, and spun back to the middle, his body didn't make the trip.

He went down, and within minutes his ankle was swollen to twice its normal size.

"I don't think I can drive," he says, limping off the court, helped by two friends.

"I'll drive," volunteers Jim, as they approach Michael's Volvo 960 Sedan.

"You know, I can drive if you want," T.K. replies, eyeing the car.

"No, that's okay. I got it," Jim says again.

"You sure? Because I don't mind."

This continues for another minute, rapid-fire and perfectly timed, a contemporized vaudeville act, until finally Michael says, "Would somebody just get behind the wheel?"

A soft breeze fills the evening. The sky is an essay on the

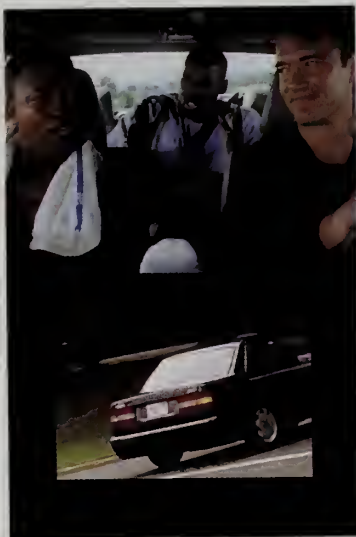
wonders and variations of the color red. It is a poet's dream.

All of this is lost on Michael, however. "He was going for me, not the ball. He tried the same thing last week."

"A Volvo, huh," Jim asks, opening the sunroof.

"I put a spin move on him, made him look like a chump. He lost his mind," Michael offers again.

"You know, this car becomes you," T.K. says to Jim.



And they go on this way for awhile. Michael analyzing the play from every conceivable angle, formulating conspiracy and single-assassin theories. Jim and T.K. lost in the moment, more or less ignoring him.

From the stereo comes a voice, thick and sweet as Louisiana fudge.

Jim sings along. T.K. asks Michael if he can

borrow the CD.

This time Michael isn't listening. This time it's his turn to ignore them. "Hey guys," he asks, looking out the window.

"Why are we on a bridge?"

"There's a place right up the road a bit that has the best ice possible for that ankle of yours," Jim replies, continuing to enjoy the music and the drive.

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VOLUME 98 • NUMBER 11

NOVEMBER 1995

TORT REFORM ALERT

**State Society Takes Action:
Comprehensive Bill Introduced—see center insert**

**CAT Fund Surcharge
Sets the Stage:**

**Two Decades of
Challenges
—page 16**

**Now Is the Time
—page 8**

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Report

**CAT'S FIGHT FOR MEDICAL
LIABILITY TORT REFORM TAKES UP**

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***Executive Report* is**
inserted within this magazine.

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The Dodson Dividend Plan is the only workers' compensation insurance program endorsed by the Pennsylvania Medical Society.

16 Taming the CAT Fund: Two Decades of Challenges

Your colleagues across the state are as confused and upset as you about the emergency surcharge levied by the Medical Professional Catastrophe Loss Fund. How and why did this happen? The Society's general counsel takes an historical look at the fund and offers the Society's realistic solution to curtail similar "surprises" in the future.

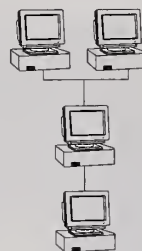


Cover photo Seitz and Seitz®, Harrisburg

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22 Fam-Med: An Internet List for Small Practices

This installment of our series on computers and medicine describes one Internet computer information clearinghouse for doctors who practice family medicine.



24 Becoming an Advocate for the Elderly



Passive neglect is believed to be the most prevalent form of elder abuse. One Pittsburgh physician offers suggestions for dealing with the problem.

SPECIAL NOTE: *Your Executive Report is included in this issue. See center insert.*

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Tobacco-Free Pharmacies—
pages 37-38*



“OK, Tom was right.

After forming our group two years ago, we really shopped around for medical

liability coverage. Not all of us were in favor of the policy from the discount carrier. Especially Tom. He felt the risks of our profession were already high enough, and we couldn't trust just anyone to protect our practice and our reputation. But Liz and I wanted to lower monthly expenses. We honestly thought we'd get the same peer review on claims that PMSLIC offers its policyholders.

Boy, were we misinformed. After Liz was sued, we found ourselves defending her actions to the very people we were paying to defend us. I mean, they're supposed to be on our side, right? I still can't believe how much time we've already spent trying to get our practice back on track. If we had gone with PMSLIC, we wouldn't be in this mess. I wish we had made the right move from the start. I wish we had listened to Tom. ”



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SOCIETY OBJECTS TO PROPOSED 1996 CAT FUND SURCHARGE: The State Society's Board of Trustees on October 26 approved three immediate steps to object to the 1996 CAT Fund surcharge—tentatively set at 164 percent—and to fight for tort reform in Pennsylvania. The Society will: 1) request a meeting with Governor Tom Ridge and his key staff to tell them of the personal disaster for many physicians caused by the CAT Fund emergency surcharge, and to ask them to lower the 1996 surcharge; 2) charge the Society's Tort Reform Priority Work Group with developing a strategic plan for the Society to achieve public awareness of the professional liability problem in Pennsylvania, and to promote the adoption of meaningful tort reform; and 3) relay our concern about the emergency and 1996 surcharges to the public, members, specialty societies, county medical societies, and key legislative leaders. Also on October 26, more than 50 Society and Alliance members gathered at a press conference at the Capitol to support House Bill 2122 to reform the state's medical liability tort system. Look for photos and complete coverage next month in PENNSYLVANIA MEDICINE.

HOUSE ELIMINATES MANDATORY AMA MEMBERSHIP REQUIREMENT:

The House of Delegates, at its annual meeting last month in Hershey, voted to eliminate the State Society's mandatory AMA membership requirement, instituted in 1989. Recent surveys indicated that mandatory membership deterred physicians from joining the State Society, as well as county medical societies. The Society's board, which supported the move to voluntary membership, emphasized that it will continue to encourage all physicians to belong to the American Medical Association.

PMSLIC EXPANDING MARKETING BASE: The House at its annual meeting also voted to allow the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) to market and write insurance for all physicians in Pennsylvania. PMSLIC requested reconsideration of the membership requirement earlier in the year because of the growing trend in the commonwealth toward larger groups, often made up of both members and nonmembers. The requirement hindered PMSLIC from insuring such groups. PMSLIC remains a wholly owned subsidiary of the Pennsylvania Medical Society. The PMSLIC board has said it remains committed to the goals of the Society, and to running a company that is physician directed and dedicated to physician advocacy.

PPHP EXTENDS STOCK DEADLINE TO NOVEMBER 30: The board of directors of the Pennsylvania Physician Healthcare Plan, Inc. (PPHP) has announced that due to the level of physician interest in the stock offering, the deadline for subscriptions has been extended to November 30, 1995. To date, PPHP is over 75 percent of the way toward capitalizing the company, with physician investors from every major specialty, representing more than 80 percent of the counties across the state. For more information or additional copies of stock offering materials, call PPHP at (800) 556-8390.

BLUE SHIELD NOTIFYING PHYSICIANS OF TAX ID DISCREPANCIES:

Physicians whose tax ID number-name combinations do not match Internal Revenue Service (IRS) records have until November 27 to correct the information. According to Pennsylvania Blue Shield, notification letters required by the IRS were mailed on October 27 to alert providers if such discrepancies exist. If you received a letter and require additional information, call Blue Shield Provider Data Services at (717) 763-3224.

HOUSE PASSES DOMESTIC VIOLENCE BILL: The state House of Representatives on October 24 voted 199-0 to pass House Bill 1100, which prohibits insurance companies from discriminating against the victims of domestic violence. Virginia Hall, MD, a Dauphin County ob/gyn, testified in favor of the bill at a hearing earlier this year.

AMA NAMES SEWARD EXECUTIVE VICE PRESIDENT DESIGNATE:

P. John Seward, MD, a family physician from Illinois, was selected executive vice president designate of the AMA by its board last month. Dr. Seward was one of 164 applicants to replace James S. Todd, MD, who will retire in June 1996.



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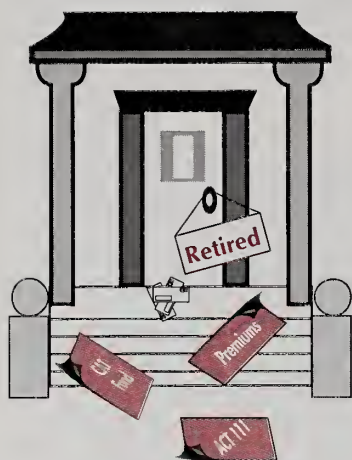
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Retiring from Medicine: The Grief Process

John W. Mills, MD
Medical Editor



The suddenness with which I retired from medical practice on August 18, 1995, still haunts me as I work through the grief process and my sense of loss. Tossing my scrub shoes into the trash can had an unmistakable feeling of finality.

Having been in medicine since I entered medical school in 1949, it was a way of life. As a solo ob/gyn, I had weathered several malpractice premium crises. In an attempt to reduce my premiums, in 1978 I stopped doing obstetrics. But statistics doomed that decision—the impact of premiums didn't change. I continued major gynecological surgery for another seven years, until finally stopping altogether in another attempt to stem my losses due to premiums. In June 1993, I closed my office, but continued surgical and gyn assisting on a full-time basis. Even the insurance required for this level of practice seemed out of line to me. In all this time in practice, I had only one frivolous suit—now over seven years old—which is yet to be adjudicated.

The threat of a CAT Fund surcharge this year was the last straw for me. It prompted my sudden decision on August 18. Looking back, it's obvious to me that all of my major practice changes were clearly related to the complex medico-legal system in our country, especially in Pennsylvania.

Now that the surcharge is a fact and not a rumor, I feel vindicated to a degree. But upon further examination, I am also angry. We physicians are captive to Act 111, the only part left of 1978 tort reform that our state's legal system hasn't declared unconstitutional. Other professions carry such insurance, but their premiums are "peanuts" compared to ours. They have the luxury of an orderly reduced practice until retirement, as each professional sees fit.

Act 111 dictates how we retire. If a physician retains an active license to write spousal prescriptions, insurance is mandatory! Absurd! The alternative—an inactive license and no insurance. To my knowledge, no other profession has such a ridiculous retirement requirement, mandated by an attorney-dominated legislature.

Tort reform in Pennsylvania has been a top priority of the Pennsylvania Medical Society for many years. But the trial bar has a more powerful lobby and membership in the legislature than we do. The question of a constitutional amendment may also pose a problem. I'm no authority on such questions; I only raise it because it's just one more physician frustration which the citizenry of our state don't understand and could care less about. It's also an example of how completely the legal profession has us under its thumb.

It's fair to say that my anger is part of my grief process and that anger follows denial, which is useless in this situation. I've already tried to circumvent the anger. My wife, Jane, and I went to California for two weeks soon after August 18, to help our daughter and family settle a recent move. The list of things for me to fix, coupled with three grandchildren and some time working on locomotive 2353 (see my November 1994 editorial), distracted me temporarily. But the anger was still there and needed to be verbalized so I could get on with the process.

I've been fortunate to have served as the Ninth District trustee for the past six years, and I'm hoping for reelection for a final three-year term. That third term will keep me active in the State Society, where I can still be of use to my profession and indirectly to my patients.

Being your medical editor for the past five years has also meant a great deal to me. I hope I've contributed as much as I've been privileged to learn. Both the trusteeship and the editorship will help my transition to an acceptable retirement and to completing the final stage of the "grief process."

John Hobart's recent testimony in Harrisburg underscored our need for true tort reform and the urgency of the issues. Physicians have a growing awareness of the disarray of our legal system in the U.S.

Acceptance and resignation will ease my grief—but the injustices continue toward fellow physicians. ☺

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Imagine if: HMOs faced no organized, medically knowledgeable challenges to their “squeezing” of patient care?

**It's dangerous enough out there for physicians.
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Tort Reform: Now Is the Time

Jonathan E. Rhoads Jr., MD

Now is the time for physicians to become politically active and speak to our state legislators demanding tort reform. The Medical Professional Liability Catastrophe Loss Fund (CAT Fund) has just announced an emergency surcharge of 68 percent to meet the shortfall in its obligations for 1995—for the first time in the 20-year history of the fund. In addition, increased premiums for basic coverage and a much higher surcharge for the CAT Fund are expected for next year.

Liability concerns have been with physicians for decades. In the 1970s, the costs of premiums were escalating rapidly in Pennsylvania, as in many other states. In the mid-'70s, insurance companies stopped offering professional liability insurance, and, with the threat of unavailability of liability insurance, the Society formed its own liability insurance company: The Pennsylvania Medical Society Liability Insurance Company (PMSLIC).

In those years, a tort reform bill passed the state legislature and was signed into law as Act 111. It provided for the CAT Fund, compulsory purchase of liability insurance upon threat of loss of licensure for physicians, and arbitration panels to keep cases out of the courts. Initially, the CAT Fund imposed a 10 percent surcharge on physicians' premiums, and arbitration panels were funded by a \$50-per-year charge to all physicians.

Eventually—due to complaints by the attorneys—the constitutionality of the arbitration panels was challenged in court, and they were found unconstitutional. However, the requirements to continue to maintain liability insurance and participate in the CAT Fund were not struck down at that time. As insurance payouts grew, the basic coverage was increased from \$100,000 to \$200,000.

By 1981, the State Society had identified tort reform among its highest priorities, and it has been so ever since. That same year, incoming Society Vice President John Y. Templeton, MD, headed a task force on liability reform which identified a

series of proposals to modify the tort laws, similar to the MICRA provisions passed in California a few years earlier.

The proposals sought: reductions of awards by collateral sources, structured awards, provisions for the qualification of expert witnesses, the two-year statute of limitations (except for minors), and repeal of joint and several liability, among other provisions.

During Dr. Templeton's excellent service on this committee, a bill with these provisions was introduced in the legislature, but never made any progress. There was no groundswell of support from physicians clamoring for tort reform. As he completed his term as past president, he turned the responsibility of this committee over to others, saying that the experience had been "frustration heaped upon frustration."

A few years later, with Donald Harrop, MD, as chair of the task force, we succeeded in passing a bill in the House but not the Senate, and no final action occurred. Physicians met with their legislators about the issue in lieu of a march on the Capitol, since the legislature chose not to be in session on the planned day of the march.

Since that time, the Society has been looking for a propitious moment to introduce a bill with the intent of changing the law. We hoped to incorporate it into health system reform legislation, but that opportunity never appeared.

Last spring, the Republican U.S. House of Representatives—strongly encouraged by pressure from many physicians—passed a measure providing for a cap of \$250,000 on non-economic damages in medical liability issues. The Senate narrowly tabled a similar measure a few weeks later, and while at this time that bill remains tabled, the idea of tort reform is gaining momentum and is still accomplishable.

As for regulation, we have seen the successful impact of many physicians pressuring for modifications: The receipt of 100,000 letters from disaffected physicians convinced regulators to restore the RBRVS conversion factor by 13 percent, to the expected level. Similarly, when



CLIA regulations were promulgated a few years earlier, they were modified substantially and favorably as the result of letter writing by physicians.

The surcharge percentage for the CAT Fund has been slowly increasing over a period of 20 years (see chart on page 17). As stated earlier, it started at 10 percent and a few years later began a continual climb: In the mid-'80s, it was running 70-80 percent; for 1995, the initial surcharge was 102 percent of basic premium.

With increasing national concern about the cost of medical care and increasing interest in cost containment, our 1993 House of Delegates adopted Policy 435.986: "The assertion by a physician that omission of marginally indicated tests or treatments from the care of a patient for cost containment reasons should constitute a valid defense against allegations of substandard care."

Tort reform success in the California legislature in the mid-'70s was the result of intense pressure by physicians. In addition, there were job actions by physicians, and California Medical Association President Joseph Boyle, MD, left his practice in Los Angeles to spend months in Sacramento insisting that the legislature pass MICRA. Prior to these reforms, liability insurance premiums in California were among the highest in the nation; today, they appear reasonable compared to many other states.

State Society efforts to pass legislation have been weakened by the absence of such intense physician pressure on legislators. It is much easier to amend legislation, or block

its passage, than it is to gain passage. To succeed in passing tort reform legislation, many physicians will have to hound their legislators, clamor for change, and not let our representatives rest until tort reform is passed. We must pressure them to cosponsor a bill, we must insist that it be reported out of committee, we must be sure that hostile amendments are defeated and that meaningful tort reform is passed in both houses. We can be very sure that our opponents will be lobbying hard against the bill.

In the '70s, increases in liability insurance premiums could be passed along to at least some of the payers. Since that time, we have had numerous legal restrictions on our fees, and managed care has further limited our fees. We can no longer recoup increased overhead expenses such as liability insurance, and physician incomes will be squeezed even further by the surcharge and increased liability insurance premiums.

The Pennsylvania Medical Society has created a priority work group on tort reform this year. In addition, our Quick Response Team will help negotiate tort reform legislation. However, it is most vital that there be a groundswell of physician pressure on the legislature to enact tort reform legislation. Lacking this pressure, it will be difficult to impossible for our lobbyists to accomplish much, as the legislature will presume that physicians are not much impacted by the costs of liability insurance.

Now is the time for physicians to visit and write their legislators, and demand meaningful tort reform. ☉

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BLUES' REIMBURSEMENT, MANAGED COMPETITION, AND HOUSE BILL 630

Since the death knell was sounded to President Clinton's Health Security Act (House Bill 3600) on September 26, 1994, private insurers such as Blue Cross/Blue Shield have taken charge to advance managed care. Their main impetus for this health care delivery system has been the health maintenance organization (HMO). However, many inconsistencies and errors have been promulgated by these insurance companies.

During the recent Pennsylvania House Insurance Committee's hearings on House Bill 630: Rural Any Willing Provider, Blue Cross/Blue Shield attacked all any willing provider legislation. The reasons given range from simple-mindedness to dishonesty. The July *Blue Cross Bulletin* states that "managed care can lower health care costs without sacrificing quality or access." In reality, the packaging of cost containment, quality control, and increased access is an oxymoron for an HMO. The lead article in June's *Blue Cross Bulletin* fosters the idea that "any willing rural provider legislation will not improve access to care in rural communities." How can fewer physicians in Pennsylvania's rural physician shortage areas increase health care access by their participation in the Blue Cross/Blue Shield Keystone HMO plan?

The July *Blue Cross Bulletin* also relates that managed care meets the goals of lower health care costs, quality, and access by coordinating care through primary care physicians (PCPs). These PCPs have "accepted lower prices in exchange for having more patients sent to them." In rural Pennsylvania, however, Blue Cross cannot even guarantee more patients to its Keystone Health Plan physicians "since there are not enough dollars in most rural communities to attract health care professionals to practice there." House Bill 630 covers 62 of Pennsylvania's 67 counties.

One does not have to look further than our contiguous states of New Jersey and Maryland, which since May 1995 have passed anti-managed care legislation directed at health insurers' 24-hours maternity stay. The trend toward these shortened

hospital stays was started by Kaiser Permanente in California, which was also the first state to develop statewide HMOs. But the American College of Obstetrics and Gynecology this year called early discharges unsafe, since some problems may not be evident in the first day after delivery. Kaiser Permanente has begun sending mothers and newborns home in as little as eight hours!

Under Keystone's and other HMO physician contracts, doctors can be *delisted* or *deselected*—that is, eliminated from the HMO agreement without cause. This termination is called the "without cause" clause. No legal recourse exists for the physician to be reinstated when legitimate concerns are addressed. House Bill 630 incorporates protections such as "health care payers shall not include clauses in physician or other provider contracts that allow for the plan to terminate the contract 'without cause.'"

Some contracts under managed care also have other clauses such as the "non-disclosure" clause. This prevents physicians from disclosing quality concerns to patients and employers. Some sections can even prohibit physicians from discussing reimbursement concerns with patients which may directly or indirectly cause employees to disenroll.

Why has Blue Shield, which is Pennsylvania's largest health insurer, offered its 7,000 employees and their dependents the PremierBlue (indemnity-type) plan, but not Blue Shield's Keystone (HMO) or Select Blue (HMO/indemnity)?

Physicians now need to recognize the reinvention of President Clinton's managed care by private health insurers.

Joseph A. Giordano, MD
President Elect
Mercer County Medical Society

REEVALUATING THE STATE'S COST CONTAINMENT COUNCIL

A few evenings ago, I attended a meeting where three people came from the Pennsylvania Health Care Cost Containment Council and presented to our medical staff (and others concerned) the proposed acute myocardial infarction (AMI) study. I listened to confusing

instructions as to method that were not in any way organized or positive. What the goal of all this data collection was to be was not defined. We were repeatedly told that maybe after the data is collected, the goal can be determined.

The responses to questions asked, in my view, were inadequate and reflected uncertainty and lack of knowledge on the part of the presenters. The data were being collected without definition as to the meaning of certain terms that would very significantly alter the results if interpreted differently by the different collectors. There was no concrete evidence or even a feeling among the physicians present that the data, once collected, would be of any value. Questions trying to get definitive information were countered with such terms as "perhaps," "maybe," and "possibly," thus qualifying their statements.

It is of interest that there was nothing said during this entire session about the costs of collecting these data. The direct costs of the commission are small compared to the costs in personnel, computer time, and equipment for all the hospitals participating by legal fiat in this program in this state. I would project that—using a conservative figure of 100 hospitals in the state involved and a conservative figure of \$40,000 for personnel, computer usage, and other equipment costs for each hospital—the amount statewide would be about \$4 million a year for this function alone. Actually, such an amount would buy health insurance of a significant level for many, many people in Pennsylvania.

Not explained in my mind is whether we need this regulatory evaluation attempt and its expense to a greater extent than we need the monies for the care of people. I think not. The question, then, must be asked as to whether these evaluations are being done to show such studies improve care or save tax money in Pennsylvania. I have seen no data which indicate that either is so.

It would seem that the Health Care Cost Containment Council should also be evaluated and required to show its benefits to be further funded. Perhaps the money it spends and requires the hospitals to spend would be better used providing direct care.

William M. Cooper, MD, JD
Pittsburgh

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Society Communications Go High(er) Tech

"Please don't call it 'Cyberspace.' The only people using that word are the folks who aren't here. Anyhow...welcome!"

With that, a member physician hailed the Pennsylvania Medical Society for the first time on the Internet, a proliferating, worldwide electronic communications network. The Society had just announced its new online address—stat@pamedsoc.org—proclaiming that it had "entered Cyberspace," a popular term for the nebulous computer-based universe.

Whatever you call the latest technology, it is augmenting the ways in which members communicate with physician leaders and Society staff. Of course, traditionalists will continue to use the U.S. Postal Service or dial the for-members-only 800 number. But growing numbers find going online to be faster, more flexible, and more exciting. For them, the Society is building fax networks, and online e-mail and electronic bulletin boards. Not far behind is a home page on the World Wide Web.

E-mail/fax

In September, the creation of an e-mail address opened a new way for modem-equipped physicians to reach the Society through online services such as America Online, Prodigy, or Compuserve. Like the in-house versions that connect computer terminals within office buildings, online e-mail enables users to type brief messages on their computer, attach more detailed documents for review, and instantly send the whole package to another computer user with a few quick keystrokes. A major advantage of e-mail is that it can be sent any time, day or night—and responding is just as convenient.

Getting rid of paper appears to be the goal of many online physicians, but that's not yet entirely feasible. Without optical scanning equipment and software, printed documents from a third party can't be sent by e-mail. That is where facsimile transmission, or fax, comes in.

The Society has used broadcast fax—the transmission of one document to many recipients—for more than five years. Among the first to receive fax communiqués were members of the board, council chairs, and some committees. Technology upgrades recently allowed the addition of House delegates, county medical society executives, and teams of quick response physicians poised to contact legislators when "Calls to Action" arrive from the Society.

A relatively new variation on fax technology is "fax-on-demand" or "faxback." The Society will soon begin offering members faxed summaries of current issues, policies, order forms, and other documents. The process is painless: The requester dials an 800 number, is prompted to enter an ID number, selects either a document menu or specific items by using the keypad of their touch-tone phone, and receives the requested document by fax within minutes—at any time of day or night. In the future, this technology may be used for opinion polling, to make available House of Delegates materials, and for other purposes not yet imagined.

Fax systems offer all physicians quicker access to the Society. Research shows that 60 percent of Society members have a fax or direct access to one, but given the widespread availability of fax services at hotels, print shops, pharmacies, overnight delivery companies, and other locations, virtually anyone can call and order fax documents or send information by fax.

Electronic bulletin board

Meanwhile, nearly a quarter of the Society's members subscribe to online computer services. This requires a personal computer and a modem, plus the software to gain access to the service. Most services charge a fee, but Physicians' Online is offered to physicians at no charge because costs are covered by advertisers' subsidies, primarily from pharmaceutical companies.

Through an agreement with Physicians' Online, the Society has created an electronic bulletin board that offers more detailed documents, a greater range of service options, e-mail, and, in the future, a "forum" where physicians can post comments on current issues. Any physician using Physicians' Online can visit the Society's bulletin board to find descriptive information on the Society and its subsidiaries—even a membership application. However, only members can access the full range of information services.

WWW

The World Wide Web (WWW or Web) is a part of the Internet, but it is different from the text-oriented services of the Internet because it is much more graphic. On the Web you'll find art, photos, and text—even audio and video clips—housed within colorful organizational locations, or "home pages." It's certainly more entertaining, but additional software and more computer power, or memory, is required to enter the Web.

The Society is planning to create a home page in the next several months. Any visitor to the home page will find information of general interest about the Society and the medical profession, but there will be a "for physicians only" place on the page.

What's ahead?

The Society's Physician Communications Technology Committee sees a number of exciting possibilities in the not-too-distant future: *teleconferencing* for meetings, continuing medical education (CME) distance education classes, and point-to-point desktop communication... *online access* to publications, electronic processing of orders and payments for products and services...and *CD-ROM* as a vehicle for publications distribution, document research, compendium storage, and CME programs—to name a few.

New technology for two-way communication with the Pennsylvania Medical Society is here. For more information, contact the Society's Department of Member Communications at (800) 228-7823 or (717) 558-7750.

The contributing author, Kenneth G. Robinson, is the Society's vice president of communications.

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Or your last.

Tax Amnesty

Integration Insider

Analysis of the emerging health care marketplace in Pennsylvania and beyond.

This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.

1 Twenty-nine pediatricians have joined forces to create Pediatrics Alliance, PC, which combines six existing practices in Allegheny, Beaver, Butler, and Washington counties, and claims 80,000 patients. [*Pittsburgh Business Times*]

Seven Pittsburgh hospitals—Children's Hospital of Pittsburgh, Magee-Womens Hospital, Passavant Hospital, South Hills Health System, St. Margaret Memorial Hospital, University of Pittsburgh Medical Center, and Washington Hospital—have formed a nonprofit corporation, Tri-State Health System, to deliver all levels of medical care in the Pittsburgh area. Tri-State expects to join with Blue Cross of Western Pennsylvania and begin operations next summer. The network may also offer a Medicaid HMO.

Tri-State is one of two competing hospital groups in the region. The Southwest Integrated Delivery Network, which consists of five hospitals, including Allegheny General Hospital, is expected to begin operation next spring.

5 Four area hospitals—Holy Spirit Hospital, Camp Hill; Penn State's Milton S. Hershey Medical Center; Carlisle Hospital; and Good Samaritan Hospital, Lebanon—in September unveiled a preferred

provider organization of 900 primary care and specialist physicians. The Alliance 4 Health Network will begin offering coverage on January 1, 1996. Its parent company, Alliance 4 Health, Inc., was unveiled earlier in the month. [*Central Penn Business Journal, Harrisburg*]

6 PhyCor announced plans to acquire the assets of the 213-physician Guthrie Clinic in Sayre. PhyCor will manage the multispecialty clinic on an interim basis until regulatory issues involving Guthrie's tax-exempt status are resolved. PhyCor currently operates 28 clinics with 1,500 physicians and IPAs that include over 4,700 physicians. [*Modern Healthcare*]

8 Home Health Corporation of America, Inc., King of Prussia, in late September filed for an initial public offering of 3.6 million shares of common stock. Proceeds will be used to reduce debt, redeem preferred stock, and finance acquisitions. [*Philadelphia Inquirer*]

U.S. Healthcare, Blue Bell, has announced that it plans to join forces with two insurers—UNUM Corp. and Zenith National Insurance—to provide a single managed care plan that covers health care, workers' compensation, and disability insurance. Initially, the company plans to operate in New Jersey, Pennsylvania, and New York. [*Patriot-News, Harrisburg*]

8 The Prudential Insurance Company of America, Inc., based in Horsham, in late September launched Community Care, an HMO for Medical Assistance

recipients in Philadelphia and surrounding counties. The state Department of Public Welfare approved the venture earlier in the month. [*Philadelphia Business Journal*]

► Blue Cross and Blue Shield of New Jersey has announced that it received approval from Pennsylvania regulators to operate an HMO subsidy, called Medigroup HMO of Pennsylvania, Inc., in southeastern Pennsylvania. The HMO will market insurance to southern New Jersey businesses that have employees commuting from five Pennsylvania counties—an estimated 76,000 people. [*Philadelphia Inquirer*]

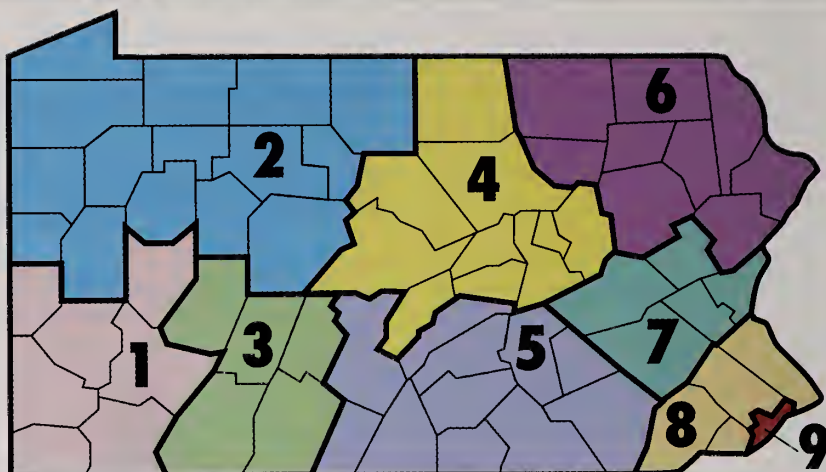
Statewide

• Independence Blue Cross and Pennsylvania Blue Shield have unveiled their "mother's option" program that will give members of their PHO and HMO the option of a 24-hour hospital stay with three post-discharge home visits or a 48-hour hospital stay with no home visits. The 48-hour option was not previously available. [*BNA's Managed Care Reporter*]

Facts, Figures, Etc.

• Overall spending on health care in 1994 grew by six percent, the slowest rate in 30 years, according to the Congressional Budget Office (CBO). For 1995, spending is projected to grow by seven percent, reaching 14 percent of gross domestic product, almost \$1 trillion. The CBO attributes the slowdown to managed care and price competition, but cautions that it may not last. [*AMA Electronic Network*]

• HMO premiums across the country are expected to increase an



average of 0.8 percent in 1996. [*Wall Street Journal*]

- A Group Health Association of American survey of 58 group- and staff-model HMOs found that about two-thirds had nurse practitioners (NPs) and physicians assistants (PAs) on staff. Although 70 percent use NPs and/or PAs as primary care providers, only half of those market the options by placing NPs or PAs on provider lists. [*Hospitals and Health Networks*][†]



Managed care moves, state by state

- California Advantage, Inc., the California Medical Association-sponsored managed care organization, has surpassed its target of enrolling 3,000 physicians by July. Almost 3,500 physicians have paid the \$1,000 to join. California Advantage plans to offer a PPO in January. [*Hospitals and Health Networks*][†]

- The Department of Justice has settled antitrust enforcement actions against a Connecticut and a Missouri PHO. Both PHOs are in one-hospital towns; the department alleged that both attempted to insulate themselves from competition by maneuvers such as establishing fee schedules for physician services without sharing risk and referring all potential managed care business to the PHO. The consent decrees restrict the PHOs' anti-competitive activities, but permit them to use a "messenger model" contracting system. The decrees also allow the entities to meet the definition of "qualified managed care plan" if they are non-exclusive, share financial risk, and comprise no more than 30 percent of the physicians in the market. [*BNA's Health Law Reporter; Modern Healthcare*][†]

- Value Health, Inc., announced in September that it planned to cut about 500 jobs, or up to 15 percent of its workforce, and take a charge of about \$80 million to offset pressure on profit margins and slower revenue growth. The Connecticut-based company, which operates specialty managed health care plans, said a shift to lower-margin government business in its managed mental health unit was hurting results. [*New York Times*]

- Sacramento-based Sutter Health and San Francisco-based California Health Systems have announced that they are merging into an integrated system that will include 22 not-for-profit hospitals, over 1,600 affiliated physicians, and numerous outpatient specialty clinics, making it the second largest integrated system in California, trailing only Kaiser Permanente. [*BNA's Managed Care Reporter; Hospitals and Health Networks*][†]

- Texas Children's Hospital, the largest pediatric hospital in the country, plans to launch a pediatrics-only HMO in early 1996. [*BNA's Managed Care Reporter*][†]

- A coalition of New Jersey consumer groups is asking the State Board of Medical Examiners to investigate the legal and ethical implications of managed care contracts that reward physicians for lowering costs. The group is particularly concerned with practices of Blue Cross and Blue Shield of New Jersey, which will administer a new point-of-service plan for state employees. [*BNA's Managed Care Reporter*][†]

[†] Excerpted from "AMA Market Trends"

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Taming the CAT Fund: Two Decades of Challenges

Kenneth B. Jones, Esq.

The CAT Fund on September 30 announced a 68 percent emergency surcharge to settle approximately \$108 million in unpaid claims. Physicians across the state are asking how—and why—this happened. The Society's general counsel takes an historical look at the fund and offers a realistic solution to curtail similar "surprises" in the future.

The Medical Professional Catastrophe Loss Fund (CAT Fund) and the Pennsylvania Medical Society have had an uneasy history. The Society has sued the fund twice—once over the mandatory fund participation requirements, and once over the calculation of the surcharge. The Society has also supported legislative initiatives that will seriously limit the fund's operations. At the same time, the Society has declined to participate in two other legal challenges to the CAT Fund and has opposed legislative proposals to eliminate the fund entirely.

Creation from crisis

The Pennsylvania legislature created the CAT Fund in response to the professional liability crisis of the early 1970s.

At that time, a leading malpractice underwriter in Pennsylvania was the Argonaut Insurance Company. In the three-year period prior to 1974, Argonaut sought and obtained premium increases of approximately 200 percent. Argonaut subsequently decided to cease writing professional liability insurance in Pennsylvania; that decision precipitated a crisis.

Argonaut and others pointed to two factors that made insuring professional liability difficult. The first was the length of time between collection of the premium and payment of the claim. For example, under a typical occurrence policy, the insurance company would collect a premium in 1970 to cover occurrences or incidents of malpractice in 1970. On average, these occurrences or incidents would mature into claims and ultimately settlements or awards some six to eight years later. That made the calculation of a premium in 1970 difficult, because actuaries had to deter-

mine what the pay-outs would be eight years or more in the future.

While the statute of limitations is two years for malpractice actions, the two years begins to run only on the *discovery* of the injury and the cause thereof. The statute of limitations is met when a complaint is filed. The court process itself can be lengthy. While six to eight years may be the average, 18 to 20 years may pass before all claims are settled.

The second factor was the possibility of a series of catastrophic claims against one of Pennsylvania's comparatively small insurance carriers. Although the possibility was remote, the concern was that such an occurrence could render a company insolvent.

Act 111 of 1975, which created the CAT Fund, responded to those issues.¹ It addressed the long tail between the occurrence of the incident and the ultimate payment in Section 605 by providing that claims filed more than four years after the incident would be handled by the fund.

The fund also eliminated the actuarial calculation from the equation by providing a "pay-as-you-go" system. Traditionally, an insurance company issues a policy, collects a premium, and provides coverage for that year. The money would be placed in reserves and paid out perhaps eight years later.

The CAT Fund operates on a "pay-as-you-go" system by collecting an amount equal to its costs—claims paid and administrative expenses from the previous year—plus a \$15 million buffer at the beginning of each year. If the amount collected was not enough to pay that year's claims, the fund may assess an emergency surcharge. If the amount collected was more than needed to pay claims, the excess goes to reduce the surcharge for the next year.

Act 111 also addressed the possibility of a series of catastrophic losses by limiting the basic insurance carriers' exposure to the first \$200,000 of coverage. The CAT Fund provides the next million dollars in coverage, thus spreading the risk of a catastrophic verdict among all the carriers.

Shortly after the passage of Act 111, the State Society challenged the mandatory insurance requirement in the Commonwealth Court. That court upheld the mandatory insurance requirement,² and

Mr. Jones is the Society's general counsel.

the Pennsylvania Supreme Court declined to hear an appeal.

The 1987 House of Delegates debate

The 1987 House of Delegates considered a resolution calling for a legal challenge to mandatory participation in the CAT Fund. The House rejected the resolution, in part because the likelihood of a successful challenge was remote, and because success would require paying off the fund's unfunded liability. The legal challenge was brought in the federal courts by physicians not associated with the Society and was unsuccessful.³

Society challenges 1988 calculation

The Society had long interpreted Act 111 as requiring that any surplus remaining at the end of each year would be applied to reduce the surcharge for the next year. In calculating the 1988 surcharge, the CAT Fund, supported at the time by the state insurance commissioner, declined to make the reduction despite Society protests.

The Society brought suit near the end of October 1987 when the surcharge was formally announced, and by Christmas had received a favorable Commonwealth Court decision. That decision required the surcharge to be determined according to a mathematical formula based on previous years' costs and foreclosed the fund's attempts to increase the surcharge beyond the amount statutorily allowed. Since that time, the Society has met annually with CAT Fund representatives to review the surcharge and assure the calculation is made according to statute.

A resolution before the 1994 House of Delegates requested Society support for litigation challenging CAT Fund surcharges subsequent to the Society's 1988 challenge. Essentially, that litigation agrees that the Society correctly challenged the 1988 surcharge, but that the Society should have challenged on the same basis in subsequent years. The House referred the resolution to the Board of Trustees, which recommended to the 1995 House that the Society not participate.

The 1994 and 1995 crisis

In 1994 and 1995, it became clear that the CAT Fund faced a funding shortfall. The problem arose in part because of: 1) the "day-backward" program in Philadelphia which, in an attempt to clear its backlog, compressed what would have been several years of verdicts and settlements into a single year; and 2) premium discounting by the basic carriers, which left the fund with less money than anticipated.

The fund proposed increasing the basic limits from \$200,000 to \$400,000. The Society opposed the increase on the grounds that it would increase costs by 25 percent, but not provide additional coverage or solve the funding problem. The Hospital Association of Pennsylvania (HAP) proposed abolishing the fund entirely, believing that the fund—fearing an emergency surcharge—was not settling cases as quickly as it should, resulting in unnecessary litigation stress, increased costs, and bad publicity.

The State Society opposed abolishing the fund because it would cost at least \$1.9 billion to retire the unfunded liability. Instead the Society proposed:

- 1) a twice-a-year surcharge based on average, filed, approved premiums, so the fund will have adequate money; and
- 2) basic carriers handling all stages of the claims.

HAP was supportive and drafted initial language. The trial lawyers offered no objection. A bill was drafted and introduced as Senate Bill 1122, but the Senate adjourned for the summer without taking action.

On July 1, a new CAT Fund administrator, John H. Reed, JD, was appointed, who attempted to address the criticism of fund claims handling. On September 30, he announced a 1995 emergency surcharge of 68 percent. The 1996 surcharge is anticipated to be roughly 164 percent.

A realistic solution

Tort reform is the only realistic solution to increasing CAT Fund surcharges. A tort reform bill sponsored by Representative J. Scot Chadwick (R-Bradford) and supported by the Society:

- prevents a claimant from collecting duplicate benefits,
- places reasonable limits on punitive damages,
- protects physicians against personal liability for excess verdicts,
- empowers the courts to sanction attorneys who file frivolous lawsuits,
- requires awards that exceed \$200,000 to be paid in periodic installments, and
- requires "expert" witnesses to be actively engaged in direct patient care in the same medical subject area.

At press time, the Society and Representative Chadwick were busy planning a "rally" to unveil the important legislation. Look for coverage on page 4, in the *Executive Report* insert, and next month in PENNSYLVANIA MEDICINE. Also, for commentary on tort reform and the CAT Fund, see pages 6 and 8. ☺

**CAT Fund
Surcharge History**

Year	%
1976	10
1977	10
1978	0
1979	0
1980	10
1981	22
1982	38
1983	41
1984	52
1985	70
1986	87
1987	87
1988	61
1989	59.5
1990	50
1991	68
1992	90
1993	91
1994	93
1995	102

Compiled from CAT Fund Bulletins

References

1. The legislation creating the fund also contained tort reform provisions, including arbitration panels. The Pennsylvania Supreme Court found the arbitration panels unconstitutional since they unduly delayed access to a jury trial, *Mattos v. Thompson*, 421 A 2d 190 (Pa. 1980). In a subsequent case, the Supreme Court struck down all arbitration procedures—collateral source rule, limitations on attorneys' fees, etc.—as simply part of the unconstitutional arbitration system, *Heller v. Frankston*, 475 A 2d 1291 (Pa. 1984).
2. *McCoy v. Com., Bd. of Medical Ed. and Licensure*, 391 A 2d 723 (Pa. Cmwlth 1978).
3. *Meier v. Anderson*, 692 F. Supp. 546, aff'd 869 F 2d (1988).

MEDICARE Q&A

SEPARATE PAYMENT FOR CARE PLAN OVERSIGHT

Effective January 1, 1995, the Health Care Financing Administration (HCFA) allows separate payment to physicians for providing Medicare care plan oversight services if *all* of the following conditions are met:

- The services are furnished to beneficiaries receiving Medicare-covered home health and hospice services.
- The physician has furnished a service requiring face-to-face encounter with the patient in the six months before the first billing for the service.
- The physician does not have a significant financial relationship with the home health agency, is not the medical director or employee of the hospice, and does not provide services under an arrangement with the hospice.

Based on these conditions being satisfied, HCFA has instructed Medicare carriers to allow payment:

- 1) to one physician per month for recurrent physician oversight supervision of therapy involving 30 or more minutes of the physician's time per month;
- 2) for care plan oversight to a physician providing post-surgical care during the post-operative period, only if the care plan oversight is documented to be unrelated to the surgery;
- 3) during the 30 days following discharge, provided the other conditions for payment are met; and
- 4) under CPT code 99375 in accordance with the above rules. For Medicare purposes, CPT code 99375 refers only to the services furnished to beneficiaries receiving Medicare-covered home health and hospice services requiring 30 or more minutes per month. Medicare will not make additional payment for services beyond 60 minutes and will consider CPT code 99376 bundled for Medicare purposes.

The State Society has received numerous telephone calls from members with questions regarding the billing for these services. As now structured, the guidelines will not permit a physician to bill Medicare for care plan oversight services in many instances. To assist physicians in correctly determining these situations, Xact Medicare Services,

Pennsylvania's Medicare carrier, published an article in the September 1995 issue of "Medicare Report," containing the most frequently asked questions they have received. This is an excerpt of that article.

Q: Can a physician other than the physician who signed the plan of care (i.e., attending physician) bill for care plan oversight?

A: The physician who bills for care plan oversight must be the same physician who signs the plan of care.

Q: Under what conditions can the medical director of a home health agency sign the plan of care for a Medicare beneficiary?

A: Physicians may sign the plan of care for a home health agency if they do not have significant ownership in or a significant financial relationship with the home health agency.

Significant ownership is defined as having direct or indirect ownership interest of five percent or more in the capital, stock, or profit of the home health agency; and having an ownership interest of five percent or more in any mortgage, deed of trust, note, or other obligation that is secured by the agency, if that interest equals five percent or more of the agency's assets.

Significant financial or contractual relationship is defined as receiving any compensation as an officer or director (i.e., board of directors) of the home health agency; and having direct or indirect business transactions with the home health agency that, in any year, amount to more than \$25,000 or five percent of the agency's total operating expenses, agreements, purchase orders, or leases to obtain services, supplies, equipment, and space.

Q: Can a volunteer medical director of a hospice bill for care plan oversight?

A: No. According to Section 418.3 of the Code of Federal Regulations (CFR), a volunteer within a hospice is considered an employee of the hospice. Payments to the hospice already include payment for services of the *hospice physicians* in establishing and overseeing the plans of care. Separate Part B payments are limited to physicians who are not affiliated with the hospice (see CFR 418.304). Thus, the volunteer medical director is considered an employee of

the hospice and cannot bill separately for care plan oversight under the physician fee schedule.

Q: Can a carrier determine care plan oversight not medically necessary although the Regional Home Health Intermediary (RHHI) has approved payment for either home health or hospice care?

A: Although the RHHI has approved payment for either home health or hospice care, this does not automatically mean that payment for care plan oversight is warranted. As for all services paid for by Medicare, the care plan oversight services must be medically necessary. Further, for those care plan oversight services for which Medicare will recognize separate payment, the patient must require complex or multi-disciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, or review of related laboratory and/or other studies. Participation of a beneficiary in covered home health or hospice care does not alone qualify the beneficiary's physician for separate payment for care plan oversight.

Q: If a group of physicians are members of a group practice in which one of the members has either significant ownership or financial interest in a home health agency, can the other physicians in the group practice sign the plan of care and bill for care plan oversight?

A: Yes. If the group itself has no ownership interest in the home health agency, the other members of the group can sign the plan of care and be paid for care plan oversight services.

Q: Will the carrier pay for care plan oversight for a hospice patient who resides in a skilled nursing facility (SNF)?

A: Under normal circumstances, Medicare does not pay for both SNF care and hospice care. However, if the hospice beneficiary is in the SNF receiving respite or general inpatient care under the hospice benefit, or is a duly entitled beneficiary, or is a private paying resident, Medicare will pay for care plan oversight related to the *hospice* services if all other conditions for payment are met. The

attending physician cannot be an employee of the hospice. Care plan oversight is included in the prospective rate of the hospice if the physician is an employee of the hospice. Medicare will pay for care plan oversight services if the attending physician is not an employee of the hospice, the care plan oversight services are documented to be related to the hospice plan of care, and the duration of time spent by the attending physician overseeing the hospice plan of care during the month is 30 minutes or more.

Q: Can a home health agency's records serve as documentation of the physician's care plan oversight activities?

A: No. Medicare requires that the physician who furnishes the services document which services were furnished, and the date and length of time associated with those services.

Q: Can care plan oversight be reported and paid when furnished by nurse practitioners and physician assistants?

A: No. Section 1861(m) of the act provides coverage of home health services where those services are furnished under a plan of care established and periodically reviewed by a physician. Further, sections 1814(a)(2)(c) and 1835(a)(2)(A) of the act require physicians to certify the need for home health services. Thus, physicians are required by current law to perform certain functions (such as signing the plan of care) and, therefore, only physicians may be paid for care plan oversight.

Q: Can the attending physician's time spent discussing, with his/her nurse, conversations his/her nurse had with the home health agency count toward the 30-minute requirement?

A: No. Such time spent with his/her nurse does not count toward the 30-minute threshold. However, the time spent by the physician working on the care plan, after the nurse has conveyed the pertinent information to the physician, is countable toward the 30 minutes.

Q: Can the time another physician spends working on the patient's care with the attending physician who actually signed the care plan

be counted toward the 30-minute requirement?

A: No. Only the time the attending physician spends on care plan oversight is countable. The time spent by other physicians is not countable toward the 30-minute requirement. Payment for care plan oversight is for the time spent by one physician (i.e., the physician providing the service).

Also do not count: physician and staff time spent getting or filing charts, or calling patients, their family members, home health agencies, or pharmacists for prescriptions; travel time; time spent preparing claims; low-intensity services included as part of other evaluation and management services; and informal consults with health professionals not involved in the patient's care.

Q: Why does HCFA require the physician billing for care plan oversight services to have seen the patient at least once in the six months prior to the first billing for care plan oversight?

A: HCFA believes that the medical management of patients with complex health care needs should be linked with a face-to-face evaluation of the patient. HCFA does not believe it is unreasonable to specify that a physician be required to see a patient within the six months prior to the initial billing for care plan oversight.

Q: Do physicians need to see their patient every six months to bill for care plan oversight?

A: No. Physicians are *not required* to see beneficiaries at regular six-month intervals after the initial encounter six months prior to the first billing of care plan oversight.

Q: Will HCFA permit payment for care plan oversight services during the same month that a physician bills for hospital discharge day management?

A: Yes. Payment will be allowed for care plan oversight services for patients receiving covered home health and hospice services during the month following hospital discharge, if the other conditions for payment are met.

Q: What site of service should be indicated on the claim form for care plan oversight?

A: The physician should indicate the location where the majority of the

services were furnished. Since care plan oversight is not necessarily a face-to-face service, and the physician is likely to perform countable activities in the office setting, the site of service is likely to be the physician's office. However, if the majority of time spent on care plan oversight activities is at a site other than the physician's office, that other site of service should be identified.

Q: Does the physician need to send in his/her documentation requirements when submitting billing for care plan oversight?

A: No. The documentation requirements are to be kept by the physician unless requested by the Medicare carrier.

Q: Can rural health clinic (RHC) physicians receive a separate payment for care plan oversight services?

A: No. Rural health clinic physicians do not receive separate payments for services provided to RHC patients at the rural health clinic or other medical facilities. Medicare pays the clinic for RHC services provided to Medicare patients.

RHC services include physicians' services, and the clinic is paid only on a per-visit basis for the face-to-face encounters the physician may have with the Medicare patient. If the RHC incurs any additional costs as a result of the physician providing this service (in addition to the compensation paid by the RHC to the physician), the clinic may include the cost in its cost report to determine its all-inclusive payment rate.

Q: Will Medicare pay for overseeing the care of a patient who is not receiving Medicare-covered home health or hospice benefits?

A: No. Medicare will pay separately for care plan oversight services only for patients who receive Medicare-covered home health or hospice benefits.

Q: If Medicare will not pay for overseeing the care of a patient who does not receive Medicare-covered home health or hospice benefits, can the physician charge the beneficiary for those services?

A: No. This service is covered, and payment is bundled into the payment for other visits and procedures.

UNDERSTANDING, TREATING CRYPTOSPORIDIOSIS

The Pennsylvania Department of Health has provided this series of questions and answers on Cryptosporidiosis for health care providers' information.

Q: What is Cryptosporidiosis?

A: Cryptosporidiosis is a disease caused by a single-celled intestinal protozoan and is spread by the consumption of oocysts. Each oocyst is an encapsulated zygote. Although infection is usually asymptomatic, it may cause diarrhea, nausea, vomiting, fever, abdominal cramps, and severe weight loss.

Q: How do you become infected?

A: A person is infected by consuming viable *Cryptosporidia* oocysts. Animal or human feces are the principle sources of oocysts. Oocysts can be spread either directly on contaminated objects, or indirectly via contaminated food or water. According to two national studies, oocysts were present in 55 percent of raw (untreated) surface water sources and in 27 percent of finished (treated) community drinking water samples taken. Nationally, the vast majority of reported cases have been linked to waterborne outbreaks.

Q: Who is at risk of becoming ill with Cryptosporidiosis?

A: Cryptosporidiosis can be a cause of mild disease in healthy adults, serious disease in the elderly, very severe disease in infants, and fatal disease in immunocompromised (HIV/AIDS) or immunosuppressed (cancer chemotherapy or organ transplant) patients. Immunocompromised and immunosuppressed patients are at greater risk of becoming chronically ill if exposed to infective *Cryptosporidia* oocysts.

Q: How infective is Cryptosporidiosis?

A: Even though the minimum number of oocysts necessary to infect a human is unknown, at-risk citizens should exercise great care since animal studies have shown one oocyst can be infective. One recent human study demonstrated that consumption of 30 oocysts caused disease in 50 percent of the healthy volunteers. This result, when coupled to the apparent absence of clinical disease in healthy persons who have recently seroconverted, seems to suggest that

citizens are naturally exposed to much smaller infective doses.

Q: Can Cryptosporidiosis be successfully treated?

A: Healthy adults who become infected usually recover in 48 hours to a few weeks without treatment. Infants tend to have more severe illness. They may need to be hospitalized and have rehydration therapy. Immunocompromised or immunosuppressed patients may not be able to recover from the disease. They may experience dramatic cholera-like symptoms which last for months and can result in death. Medications used to combat the disease have had only limited success.

Q: When was Cryptosporidiosis identified by federal agencies as a public health problem?

A: Federal agencies became concerned in the spring of 1993 when approximately 400,000 residents of Milwaukee, Wisconsin, became ill due to waterborne *Cryptosporidiosis*. Approximately 100 people died.

A combination of circumstances contributed to the Milwaukee outbreak. At one of Milwaukee's two water treatment plants, the routine method of water treatment was changed, and a different coagulant (a chemical added to remove small particulate) was used. Operators at the plant were less familiar with this coagulant and had difficulty obtaining proper treatment. Further, unusually heavy rains in the area had fallen on frozen ground and carried large numbers of *Cryptosporidia* oocysts into Lake Michigan.

It is significant that before and during this outbreak, all federal drinking water quality standards were met. This fact has led to a reevaluation of federal standards for water treatment plants.

Q: Has a large Cryptosporidiosis outbreak ever been identified in Pennsylvania?

A: In August 1991, 1,987 persons attended picnics at a recreational area located in Berks County. Of those, 551 (28 percent) admitted to some gastrointestinal illness within nine days of attending the picnics. Investigation suggested a common source of exposure. All submitted stool specimens were negative for bacterial pathogens and giardia; however, six were found to be positive for *Cryptosporidia* oocysts.

Oocysts were also identified in the recreational area's well water. The contaminated well was abandoned.

Q: What does the Department of Health (DOH) recommend?

A: Because a vast majority of reported *Cryptosporidiosis* cases have been epidemiologically linked to waterborne outbreaks, and because oocyst contamination in drinking water is very difficult to assess and manage, DOH recommends that all immunocompromised or immunosuppressed patients who wish to further reduce their risk of *Cryptosporidiosis* infection do the following:

- Boil all drinking water. Water should be brought to a vigorous, rolling boil for one minute.
- Boil all water intended for washing food (fruits and vegetables), brushing teeth, making ice cubes, and diluting fruit juice.
- Only use "point-of-use" filters or water treatment devices which remove *Cryptosporidium* oocysts, e.g., certified for "cyst reduction" or capable of removing particles down to one micron in size. Individuals may request a list of certified water treatment devices by calling National Sanitation Foundation International at (800) NSF-8010.
- Avoid drinking all tap water, including fountain drinks and beverages in restaurants and other public facilities. Ice cubes made from tap water should also be avoided.
- Ensure that all dishes, silverware, pots, and pans washed with tap water are dry before they are used for food preparation and/or consumption. Complete drying removes potentially contaminated water.
- Avoid swallowing water from lakes, pools, and rivers while swimming.

DOH further advises that any sexual practice that brings a person into oral contact with feces is a high-risk factor for exposure to infective oocysts and should be discontinued.

Lastly, DOH recommends that all citizens practice good personal hygiene, since proper hand washing—after using the toilet, handling animals, changing diapers, or other feces contamination, and before food preparation and consumption—remains the most effective means for prevention of numerous bacterial, parasitic, and viral diseases that can cause serious and possibly fatal disease.

Hahnemann University Hospital

Department of Medicine Grand Rounds

Wednesdays 8:30 to 9:30 a.m.

Classroom C (Alumni Hall), 2nd Floor, New College Building, Hahnemann University, 15th & Vine Streets (15th Street Entrance), Philadelphia
For more information, contact the Office of Continuing Education at 215-762-8263.

NOVEMBER 1995

November 1st

Prostatic Disorders: BPH, Prostatitis, Cancer
Steven Kaplan, M.D.

Department of Urology
Columbia-Presbyterian Medical Center
New York, NY

November 8th

Endocrine Abnormalities of HIV: Pituitary, Thyroid, Adrenal and Gonadal Deficiencies
Adrian S. Dobs, M.D., M.P.H.

Associate Professor of Medicine
Director, Endocrinology and Metabolism
Clinical Studies Unit, Johns Hopkins University
School of Medicine, Baltimore, MD

November 15th

The Fibromyalgia Patient: A Problem for All Physicians

Robert Bennett, M.D.
Professor of Medicine
Director, Division of Arthritis and Rheumatic Diseases
Oregon Health Sciences University
School of Medicine, Portland, OR

November 22nd

Thanksgiving Holiday—No Grand Rounds

November 29th

Urban Asthma: The Importance of Indoor Allergens

Thomas Platts-Mills, M.D.
Professor of Medicine
University of Virginia School of Medicine
Head, Division of Allergy and Clinical Immunology
University of Virginia Medical Center
Charlottesville, VA

DECEMBER 1995

December 6th

Cardiac Auscultation

Leonard S. Dreifus, M.D.
Professor of Medicine, Medical College of Pennsylvania and Hahnemann University
Division of Cardiovascular Diseases
Hahnemann University Hospital

December 13th

Women's Health Issues: Gender-Based Differences in Disease Progression and Pharmacodynamics

Jean Hamilton, M.D., M.P.H.
Betty A. Cohen, Chair of Women's Health
Director, Institute for Women's Health
Medical College of Pennsylvania and Hahnemann University

JANUARY 1996

January 3rd

To be announced

January 10th

Advances in the Treatment of NIDDM

Alan J. Garber, M.D., Ph.D.
Professor of Medicine,
Biochemistry and Cell Biology
Baylor College of Medicine
Houston, TX

January 17th

Addiction Medicine

David Smith, M.D.
President of the American Society of Addiction Medicine
University of California/San Francisco (UCSF) School of Medicine
San Francisco, CA

January 24th

Antibiotic-Associated Diarrhea

Sherwood L. Gorbach, M.D.
Professor of Medicine and Community Health
Tufts University School of Medicine
Boston, MA

January 31st

Unrelated Donor Bone Marrow Transplantation

David Marks, M.D.
Assistant Professor of Medicine
Medical College of Pennsylvania and Hahnemann University
Division of Hematology/Oncology
Hahnemann University Hospital

Phyllis Sabol, M.D.

Hematology/Oncology Fellow
Medical College of Pennsylvania and Hahnemann University
Hematology/Oncology
Hahnemann University Hospital

FEBRUARY 1996

February 7th

Salt Retention and Diuretic Resistance in Congestive Heart Failure

Wadi Suki, M.D.
Professor of Medicine and Molecular Physiology and Biophysics
Baylor College of Medicine
Chief, Renal Section
Methodist Hospital
Houston, TX

February 14th

Aspirin and Warfarin Therapy

Alexander Graham Turpie, M.D.
Professor of Medicine
McMaster University
Hamilton General Hospital
Hamilton, Ontario, Canada

Abnormalities of Thrombosis in Cardiovascular Disease

Barry S. Collier, M.D.
Murray M. Rosenberg Professor of Medicine
Mount Sinai School of Medicine
Chair, Department of Medicine
Mount Sinai Hospital
New York, NY

February 21st

To be announced

February 28th

To be announced

Wednesday Medical Seminar Series—8:30 a.m. to 3:30 p.m.

NOVEMBER 29, 1995

Advances in Allergy/Immunology
Course Director: David M. Lang, M.D.
Visiting Professor: Thomas Platts-Mills, M.D.

DECEMBER 6, 1995

Cardiac Auscultation
Course Directors: Leonard S. Dreifus, M.D., Daniel Mason, M.D., Gerald Scharf, D.O., John J. Ross, RCPT

JANUARY 10, 1996

Diabetes
Course Directors: Leslie I. Rose, M.D., Allan B. Schwartz, M.D.
Lecturers: Alan J. Garber, M.D., Ph.D., Harry Gottlieb, M.D.

FEBRUARY 14, 1996

Abnormalities of Thrombosis
Course Directors: Marc Cohen, M.D.
Lecturers: Alexander Graham Turpie, M.D., Barry S. Collier, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor and Vice Chair, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

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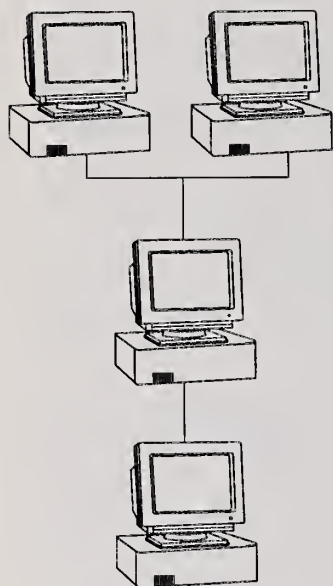
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This program is eligible for 1.0 credit hour for each hour of attendance in Category 2A of the American Osteopathic Association.

"Fam-Med": An Internet List for Small Practices

Fred D. Baldwin

A small-town family physician, fearing that colleagues in solo and small practices might be ignored by organizations developing new computer applications in medicine, created Fam-Med, an Internet computer information clearinghouse for doctors who practice family medicine. This installment of our series on computers and medicine describes Fam-Med and how to reach it.



Paul Kleeberg, MD, recalls, "I was using my Macintosh one day when a puff of black smoke came out the back and the screen went blank. My heart sank. As soon as you take it any place, they say, 'Ah, you need a new motherboard.' I envisioned them replacing the entire guts, costing me several hundred dollars."

Using another modem-equipped computer, Dr. Kleeberg consulted a Macintosh user group on the Internet. "In my best resident form, I presented the case, saying the patient was in its usual state of health until, all of a sudden, the screen had lines going this way, and that it made this kind of sound, and so on. Within a matter of hours, several people had replied, telling me the part that had failed, an 800 number I could call to get it Federal Expressed to me the next day for \$60, and the tools and the steps I'd need to replace it. I did it, and it worked."

"For me," Dr. Kleeberg concludes, "that was one of the proofs that the Net has tremendous power to help people. And that was over six years ago, before the Internet became widely known. As we get a critical mass of physicians on board, I think we're going to see very similar things happen in health care."

During the past five years, Dr. Kleeberg has done quite a bit to bring that critical mass together. He's the developer of Fam-Med, an Internet e-mail discussion list that focuses on uses of computer and telecommunication technology in the teaching and practice of family medicine. Fam-Med is maintained on the computer

system of Gustavus Adolphus College, St. Peter, Minnesota, but Dr. Kleeberg is not an academician. He's part of a nine-member, largely rural, family practice with clinics in St. Peter (population 9,000) and Le Center (population 1,300).

He bought his first computer, the Macintosh already mentioned, soon after he entered medical school at Stanford University in 1984. Later, he became active in the American Academy of Family Physicians and urged that group to establish an Internet list—unsuccessfully, since the academy had already experienced some false starts of that kind. So, he did it himself.

"I wanted to create a mechanism for physicians working with computers to communicate about what they were doing," he says, "to build a virtual community of individuals trying to automate their offices. One of the driving forces for me was that if family physicians didn't do it, large medical centers and large universities were likely to do it for us. The systems that we would then be required to use might fill the needs of the multispecialty or referral center, but not the needs of the rural physician."

Fam-Med went online in November 1990. Like any Internet "list," Fam-Med provides a forum for message exchange that requires no more technical resources than the ability to send e-mail. You can get Fam-Med postings in either of two formats: an unmoderated (all messages as soon as they are received) list and a moderated digest, which collects in one batch messages on the full list, minus irrelevant notes.

To join the unmoderated list, send an e-mail message to listproc@GAC.edu with the body of the text reading: *subscribe fam-med [your name, but without these brackets]*. For the digest, which usually appears twice a week, send your e-mail message to listproc@apollo.GAC.edu, reading: *subscribe fam-med-digest [your name without brackets]*. To get off a list, replace "subscribe" with "unsubscribe." Alternatively, simply contact Dr. Kleeberg at Paul@GAC.edu.

Mr. Baldwin, a regular contributor from Carlisle, is coauthor of *Infomedicine: A Consumer's Guide to the Latest Medical Research*, scheduled for publication by Little, Brown & Co. in March 1996.



Executive Report®

NOVEMBER 1995

Pennsylvania Medical Society
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820

STATE SOCIETY'S FIGHT FOR MEDICAL LIABILITY TORT REFORM HEATS UP

Pennsylvania physicians are writing letters and contacting their legislators to urge support of the State Society's recently introduced medical liability tort reform bill.

News of the huge CAT Fund emergency surcharge on September 30 widened the window of opportunity for the State Society's tort reform legislation, House Bill 2122, introduced October 18 by Rep. J. Scot Chadwick (R-Bradford).

Pennsylvania physicians have intensified the pressure on their legislators; media across the state are publicizing physicians' cries for attention to the state's glaring problems and inequities in medical liability; and the public is witnessing physicians' frustrations and unrest.

Tell your legislators that:

- ✓ Under the current system, it can take eight years and more for patients to receive their awards.
- ✓ Our current system hands 53 cents out of every liability dollar to lawyers and administrators—less than half goes to patients.
- ✓ Pennsylvania physicians—already pressed by the 1995 premium at 102 percent of primary coverage—now face a 68 percent emergency surcharge due by year's end. And, most doctors will pay it all over again in January 1996!
- ✓ Unless this commonwealth takes steps to pass meaningful medical malpractice tort reform, the problem will only become worse—for all patients, as well as all physicians.
- ✓ Your legislator should support HB 2122, introduced by Rep. Chadwick.

PRESS CONFERENCE SPOTLIGHTS URGENT NEED FOR TORT REFORM

Pennsylvania physicians demanded comprehensive medical liability tort reform on October 26, during a press conference at the Capitol sponsored by the State Society. "Our hope...is to document the need for liability reform and to demonstrate a solidarity within the medical community in seeking such reform," State Society President John H. Hobart, MD, told specialty, county, and other physician leaders in a letter inviting them to join in the press conference.

The Society's reform proposal, as contained in the bill sponsored by Rep. Chadwick, (HB 2122) includes the following key elements:

- ✱ *Informed consent*—requires physicians to obtain informed consent prior to a "major invasive procedure" except in emergency situations or where the court deems appropriate.
- ✱ *Collateral sources*—court could deduct any public or group benefits received or to be received by the claimant, unless certain circumstances apply.
- ✱ *Punitive damages*—places reasonable limits—not more than 200 percent of compensatory damages—on punitive awards and protects physicians' confidentiality with respect to assets.
- ✱ *Statute of limitations*—claims must be filed within two years of discovery or four years from the act which caused the injury, whichever is earlier.

In this issue...

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Society's CAT
Fund Bill — 2*

*Interactive
Survey — 3*

*Legislative
Update — 4*

NEW LOOKS IN WORKS

As we work toward re-designing the Society's publications and information systems in the next few months, you'll see changes in the way you receive *Executive Report*.

Until our new publication debuts in spring 1996, *Executive Report* will be merged with *PENNSYLVANIA MEDICINE*, as it is this month.

Readership studies are still underway—although you may not have been asked to complete a survey, we want to know your thoughts on how/when/what information you need from your State Society. Write to the editors, *PENNSYLVANIA MEDICINE*, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

- ✱ *Periodic payment of future damages*—future damages which exceed \$200,000 would be paid in periodic or installment payments.
- ✱ *Frivolous lawsuits*—empowers courts to sanction attorneys who file frivolous lawsuits.
- ✱ *Pre-treatment agreement to arbitrate*—sets up safeguards to assure that patients are not coerced to sign such agreements and allows them to reconsider after receiving treatment.
- ✱ *Expansion of coverage*—redefines professional liability insurance coverage and other changes.
- ✱ *Risk management*—mandates that insurers develop approved risk management programs.

1995 Medical Liability/Tort Reform

Prime Sponsor House Bill 2122

Representative J. Scot Chadwick (R, Bradford County)

Co-Sponsor	Party	County	Co-Sponsor	Party	County
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Write to Your Legislators

For complete names, addresses, and information about your legislators, contact the State Society's Division of Legislative Affairs. Phone 1-800-228-7823; Fax 558-7841.

PUBLIC HEALTH PROGRAM ATTACKS FAMILY VIOLENCE

The Society's Educational and Scientific Trust, through its Keystones of Public Health, hosted more than 50 people on October 5 at Society headquarters in Harrisburg to plan a collaborative effort to prevent family violence.

The one-day symposium featured presentations by Abram M. Hostetter, MD, a psychiatrist and chairman of the board of the Trust; Jane Tucker, RN, a board member of ACCESS York; Nancy Durborow, health projects coordinator for the

Continued on page 4

PENNSYLVANIA MEDICAL SOCIETY

Interactive Survey



Tell us how you feel about membership in the Pennsylvania Medical Society.
We'd like to maintain an open dialog with you on many issues.
To start, tell us what you value most about your membership in the Society.
We'll report back to you in an upcoming issue of PENNSYLVANIA MEDICINE.

1. What is the main reason you joined the Society?

2. Tort reform legislation is a top Society priority. What else should be high on our legislative list? (select one)

- ☐ Medicaid reform
☐ Allied health practitioner's scope of practice
☐ Workers' comp reform
☐ Other _____

3. What Society-offered service would best meet your needs?

4. How can the Society best help you deal effectively with the growing managed care market?

5. How would you most like to receive information from the Society? (select one)

- ☐ Newsletter
☐ Magazine
☐ Letters from the President
☐ Online electronic bulletin boards
☐ Fax
☐ Other _____

6. What is the one thing the Society could do in the coming year to increase the value of your membership?

We welcome your involvement. Please fill out the following:

How do you prefer to be contacted? ☐ Fax ☐ Mail ☐ Phone ☐ E-mail

Which of the following describes your practice:

- ☐ Solo Practice ☐ Partnership/Group Owner ☐ Group Employee ☐ Hospital-Based
☐ Two-Physician Practice ☐ Faculty-Based ☐ Other _____

Your Name _____

Address _____

City _____

State _____

Zip _____

Pick the easiest way to make your opinions known to us:



717-558-7840



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stat@pamedsoc.org

Macintosh II

PPHP EXTENDS DEADLINE FOR STOCK OFFERING

The board of directors of the Pennsylvania Physician Healthcare Plan, Inc. (PPHP) has announced that, due to the level of physician interest in the stock offering, the deadline for subscriptions has been extended to November 30, 1995.

"Pennsylvania physicians are demonstrating their commitment to their patients and to quality medicine through their response to the offering," said Gary Brown, MD, chairman and president of PPHP. "We are very encouraged and don't want to see any interested physicians get left behind." The announcement was made formally through a mailing to all practicing Pennsylvania physicians on October 19.

At its March meeting, the State Society Board of Trustees issued a statement that the Society "fully supports and endorses the goals" of PPHP. The board further states that, "Any investment decision is a matter to be decided by physicians individually, with the advice of their consultants, upon a careful review of a prospectus. We believe that participation in PPHP should be considered by our membership."

The Pennsylvania Medical Society Liability Insurance Company (PMSLIC), through its subsidiary, Infinity Management Services, has provided administrative and other services during PPHP's capitalization phase. For more information about investing in PPHP, or for additional copies of the stock offering materials, contact PPHP at (800) 556-8390.

Pennsylvania Coalition Against Domestic Violence; and other local leaders of programs attacking violence.

Keystones of Public Health is the Trust's broad-based coalition—including businesses, nonprofit organizations, and government—interested in improving the public health of Pennsylvanians.

STATE SOCIETY MEMBERS CAN RECEIVE DISCOUNT ON DISABILITY POLICY

Members now eligible for 15 percent discount.

The State Society recently endorsed Paul Revere Life Insurance Company as the carrier for the Society's non-cancelable disability program. Society members are now eligible for a 15 percent premium discount on the policy.

Paul Revere has an A (excellent) rating with AM Best and is considered one of the top insurance companies for quality disability products, and the leading writer of non-cancelable disability insurance in the country. The "non-cancelable" provision means that the insurance company can never change the benefits or raise the premium of the policy and is considered the "top of the line" of all disability plans.

The policy is marketed exclusively through Colburn-Bertholon-Rowland (CBR), the endorsed broker for the Pennsylvania Medical Society. For more information, contact CBR's Vice President of Corporate Planning, Douglas W. Kreitzberg at (800) COLBURN (265-2876).

Legislative Update

HOUSE BILL 462: SELF REFERRAL

This bill is now in the House Appropriations Committee, where the cost of enforcing the proposal is being studied. Earlier this year, the House Professional Licensure Committee approved the bill, limiting self referrals with an amendment requested by the State Society. The Society amendment brings the bill into conformity with AMA and Society positions by providing exemptions for underserved areas with a documented need and making other needed revisions.

HOUSE BILL 335: CON ROUNDTABLE MEETINGS

Following public hearings and a roundtable discussion on this proposal to repeal the state's Certificate of Need (CON) law, the Society provided written suggestions for amendments. The Society supports passage of House Bill 335 and the new bill sponsored by Senator Greenleaf (R-Montgomery), Senate Bill 1195, to terminate the CON process. The Society's amendments suggest that services provided through a physician's office or ambulatory surgical facility be exempted from the CON process.

HOUSE BILL 1578: HEPATITIS B PREVENTION ACT

The House passed this bill directing the Department of Health to establish a statewide program for the prevention of Hepatitis B through immunization of children. The immunization would be required for entry into school. Senate consideration is pending this fall.

Currently, Fam-Med has over 750 subscribers, more than half of whom subscribe to the unmoderated list. The majority are either physicians in family practice or those who teach family medicine. The list includes some people with related interests, such as medical software developers.

Dr. Kleeberg says that he has maintained a low profile for Fam-Med except among physicians. The member directory available online includes the names of only about 115 subscribers who have agreed to be listed; Dr. Kleeberg preserves the anonymity of the other 600-plus members to protect them from "spamming" (Internet jargon for "canned" messages—i.e., electronic junk mail).

If you have Internet access, you can explore and download groups of older messages, organized by keywords by use of anonymous FTP (for "file transfer protocol," an Internet tool for exploring and retrieving files). You can also connect to Fam-Med using a gopher server (a tool for digging through electronic tables of contents) or the World Wide Web (a tool that links widely scattered files via hypertext, which you might think of as a cross-index on steroids). You get the necessary addresses and instructions for making these connections when you subscribe to Fam-Med.

A review of Fam-Med postings suggests that its participants use it mainly as a clearinghouse for notes on specialized sources of information—both computer related and clinical. For example, there are discussions of the merits of software, guidance to locating business-oriented sites on the Internet, and comments on databases containing information on drug side effects.

Dr. Kleeberg emphasizes that Fam-Med itself offers almost nothing by way of clinical information, although it does provide an electronic gateway to a few of the more comprehensive Internet resources that do. One is the Black Bag, maintained by Edward Del Grosso, MD, a Pennsylvania physician. (See "Opening Dr. Del Grosso's 'Black Bag,'" March 1995.)

Although Dr. Kleeberg wants to make use of computers easier, he's hardly a red-hot techno-evangelist. "Participating in discussion groups takes time," he says. "It's still easier for me to pick up the phone and call a consultant and say, 'What do you think?' than it is for me to enter the patient's entire chart in the computer. But as our records become automated, it will be easy for me to copy pieces of the record and send it. When the problem is some-

"The kind of practice we need most in this country is the physician who is able to operate independently with state-of-the-art data."

—Paul Kleeberg, MD

thing rare, we'll find that method of communication used more often."

As recently as three years back, Dr. Kleeberg gave a speech to the effect that there were hardly any compelling reasons for most physicians to spend the time and money necessary to become telecomputer literate. Few doctors, he suggested, had changed the treatment of a patient based on something read on an Internet discussion list. Today he modifies that judgment.

"When I wrote that," he says, "there wasn't a critical mass of physicians able to discuss unusual cases. Now, there is a growing number of physicians using electronic communications. There is, for example, an ob/gyn group that has very powerful discussions. As that critical mass increases, we'll see the true value of this network."

That's a plausible vision since it's almost axiomatic among communications specialists that the value of a network increases exponentially with the number of people potentially reachable. A telephone system with one subscriber is useless; one with a few, only a bit better; one with millions, invaluable. (The downside is that being part of a network also means more unwanted calls.)

Dr. Kleeberg thinks the growth of managed care will lead to greater reliance on family physicians. "We can cover more things in one visit because we're not so specialized, and as long as we're practicing according to generally accepted standards, we'll be providing good care. Managed care institutions will want to make sure that we have the best information at our fingertips because it'll reduce the cost of care, reduce liability, and improve the outcomes to patients."

"The kind of practice we need most in this country is the physician who is able to operate independently with state-of-the-art data. In rural America—and it could be in inner cities—physicians operating alone can benefit from information technology to help them give good care." He adds, "They need it to become more efficient, to provide just-in-time learning, and to provide more current information than that found in the dusty old textbooks we all have left over from medical school." ◊



Becoming an Advocate for the Elderly

Maureen Hoepfer

The Pennsylvania Department of Aging reports that as many as one in 20 older adults may be victims of abuse. In this article, John M. Prendergast, MD, MPH, medical director of the Center for Aging at Mercy Hospital, Pittsburgh, discusses what he considers to be the most prevalent form of abuse—passive neglect. He considers it a problem about which all physicians should be better educated.

In recent years, elder abuse has been the target of several public and professional education campaigns. These campaigns, sponsored by the Pennsylvania Department of Aging, the American Association of Retired Persons, The Educational and Scientific Trust of the State Society, and other interested groups, have sought to increase awareness of the different types of abuse—physical, psychological, sexual, and financial—inflicted on older adults, how to recognize abuse, and how to report it. John M. Prendergast, MD, MPH, says that increasing awareness of the problem is necessary, but he emphasizes that people need to understand that much of the abuse inflicted on older adults is unintentional.

"I probably see more cases of passive abuse than active abuse. It happens in the best of families and the worst of families," Dr. Prendergast says. "What we are seeing is a very, very busy generation, with multiple responsibilities, who are trying to juggle work responsibilities, raising young children, and caring for aging parents. This scenario lends itself to producing harried adults who are trying to be all things to all people. Of course, this isn't possible, and it's the older parent who often suffers."

Passive abuse

By passive abuse, Dr. Prendergast means that many caregivers do not understand the aging process and thus neglect to fulfill some of the older adult's needs. For example, the older adult may not be fed adequately, resulting in dehydration or malnutrition. Or, the older adult will re-

main in bed all day without any movement and may develop decubitus ulcers which cost thousands of dollars to treat.

"Passive abuse essentially means not understanding that you cannot go out and leave a demented, incontinent, and confused person alone for three or four hours a day, or alone in an apartment overnight, without significant consequences. Often, I use the analogy that you would not leave your preschooler home alone while you went shopping or ran errands, but you would leave your mother whose mental capacity may be comparable to a four-year-old."

According to the geriatrician, lack of understanding about aging is often coupled with inadequate community resources. In most communities, he says, there is dire need for more adult day care programs, transportation services, health professionals who work with and understand the social problems presented by aging, and respite services for caregivers.

"I'm particularly concerned about the paucity of community resources for older adults across the state. Then I hear, for example, that the legislators want to cut \$270 billion out of the Medicare budget. This worries me even more because I see first hand the dilemmas we are already facing with our aging population. How will we cope with even bigger cuts?" he asks.

A rude awakening

Dr. Prendergast became interested in the problems of caring for the elderly when chief resident in the mid-'70s at St. Vincent's Hospital, Worcester, Massachusetts. He and several colleagues were asked to set up a geriatric clinic in a neighborhood community center. "I had been taught all the principles of physiology and pharmacology, and believed you could solve all problems when you had access to the many resources of a modern acute care hospital. I received a rude awakening," he says.

"Now I was in the community, and I found that my prescription pad was not as potent as it had been in the hospital. There

Ms. Hoepfer is a marketing associate for the Society's Educational and Scientific Trust. This article is one of a series, begun in January 1993 and ongoing through 1995, sponsored by Keystones of Public Health, the Trust's endeavor to address public health needs.

were no prescriptions for loneliness. I had no prescription for helping individuals get groceries during the cold Massachusetts winters. There were no prescriptions that would cure the horrible community-based geriatric health care system we were facing, despite the fact that our hospital offered an excellent system of acute inpatient care. That was 20 years ago, and unfortunately, we still see vestiges of the same problem."

After his residency, Dr. Prendergast spent two years in private practice in Vermont before moving to Missouri, where he became a staff geriatrician at St. Louis University Hospital. While there, he earned his master's degree in public health and had the opportunity through a Veterans' Administration (VA) program to visit England and Scotland for six months to study geriatric programming.

According to Dr. Prendergast, the English have set up efficient, community-based programs for the elderly. For example, communities offered day hospital programs. Older persons would be transported every morning to a local hospital where they would be cared for during the day and then returned home at night. These programs would cater to each individual's needs by offering physical therapy, occupational therapy, exercise programs, or other medical care. "So if you were a frail, elderly person, you could remain in your home and still take advantage of programs geared to keep you healthy, functional, and independent. Every community had a day hospital program," he says.

Back in St. Louis, Dr. Prendergast was determined to use some of his newly acquired knowledge to improve conditions at the local VA hospital, where he was also on staff. He developed both inpatient and outpatient geriatric evaluation and treatment programs.

Through the nursing home, he and his colleagues incorporated the campus swimming pool and began an exercise program for veterans and amputees. "When I got to the point where I wanted to implement a day hospital program, I ran into a roadblock," the geriatrician explains. "My superiors told me that every dollar we put into community-based programs means less money for the acute care system. This is a real dilemma we have to face—the pie is fixed. Resource reallocation will require evaluation, planning, and compromise."

The Center for Aging

In 1987, Dr. Prendergast came to Pittsburgh as the medical director of Mercy Hospital's Center for Aging. The center has become a valuable asset to physicians and the community as it cares for Allegheny County's large senior population. Eighteen percent of the county's residents are elderly. Next to Dade County in Florida, Allegheny County has the largest percentage population of elderly in the country.

Some of the innovative services offered by the Center for Aging are:

Geriatric Consultation Teams—Dr. Prendergast says that the center is the major source of referral for area physicians. In managing its patient load, the center uses geriatric consultation teams consisting of a nurse, a social worker, and a physician who provide comprehensive patient evaluations at the center or in patients' homes. This assessment includes an evaluation of functional ability, a psycho-social evaluation, and a medical examination.

The center then offers recommendations to help elderly persons remain as functional as possible. In addition, the center assists the Department of Aging's protective services staff in completing assessments of reported elder abuse cases. Several times a year, Dr. Prendergast travels to Harrisburg to train the department's protective services

personnel on how to recognize elder abuse.

Elderfit—This program, run by Connie Bayles, PhD, an exercise physiologist, promotes physical fitness to older adults at 10 sites in western Pennsylvania. "We have 97- and 98-year-olds lifting weights and riding exercise bikes. We have found that older adults can and do want to keep fit and will exercise three, four, five times a week in groups. The program has been very helpful in keeping them independent, out of hospitals, and out of expensive long-term care facilities," Dr. Prendergast says.

Eldercare—In this program, the Center for Aging contracts with companies in the Pittsburgh area to assist employees who are caring for aging parents. Dr. Prendergast says companies are finding that caring for elderly parents creates significant problems which in turn affect an employee's ability to work. The center provides evaluations, answers questions about caring for an older relative, puts the employee in contact with needed resources and support

Something to Send For

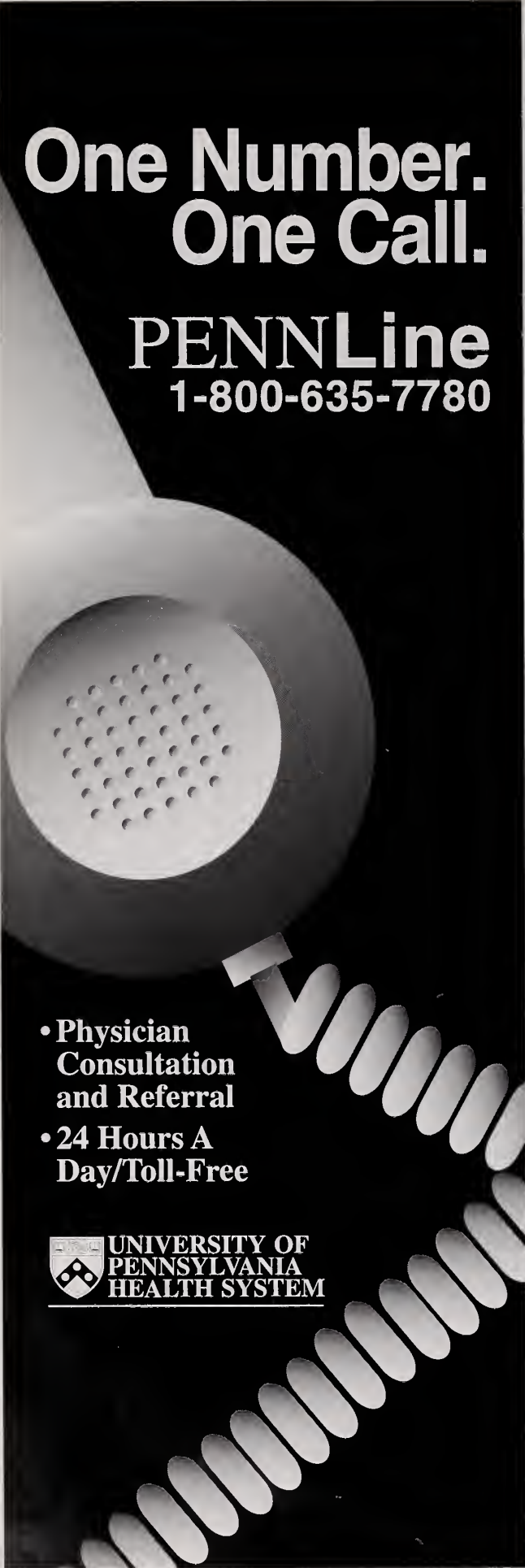
The Pennsylvania Department of Aging's *Benefits and Rights for Older Adults* is an invaluable resource for physicians who treat older adults. The booklet, updated annually, includes descriptions of programs and services available to older Pennsylvanians, and provides lists of government and private agencies and local, state, and national organizations which can offer additional help in locating services your older patients may need.

Topics covered in the book include:

- Social Security benefits,
- Medicare and Medical Assistance,
- the state's pharmaceutical assistance program (PACE),
- legal services,
- transportation,
- long-term care and alternative living arrangements, and
- mental health.

To order a free copy, write to the Pennsylvania Department of Aging Press Office, 400 Market Street, Sixth Floor, Harrisburg, PA 17101-2301. Physicians can also order multiple copies of the book at no charge for distribution to patients.

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evaluation,
planning, and
compromise."**



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groups in the community, and provides educational information on aging-related topics.

FallsFree—Using a grant from the Scaife Family Foundation, the center is studying ways to decrease the number of falls experienced by older adults. Working with the nursing staffs at two long-term care facilities, the center is examining methods to reduce patient falls.

According to Dr. Prendergast, falls can be extremely debilitating for an older patient and costly to treat. Hip fractures alone cost the United States \$2 billion a year. The study compares simple, fundamental programs, such as encouraging nursing aides to walk patients daily, with more aggressive programs of exercise (e.g., Elderfit, Tai Chi). Patients who volunteer for the program are randomly placed in one of three groups and will be followed for 18 months.

What physicians can do

Dr. Prendergast says that most physicians are aware of the problems facing older adults and their families. Many see cases of elder abuse and do their best under the trying conditions. "I think physicians are under a tremendous amount of stress these days," he explains. "Managed care has entered the marketplace, and they [managed care organizations] are continuously cutting physician reimbursement rates. In order to survive and pay the bills, you have to increase the number of patients you see each day. Few physicians have the luxury I have to spend time with elderly patients and their families to discuss and work out solutions to problems."

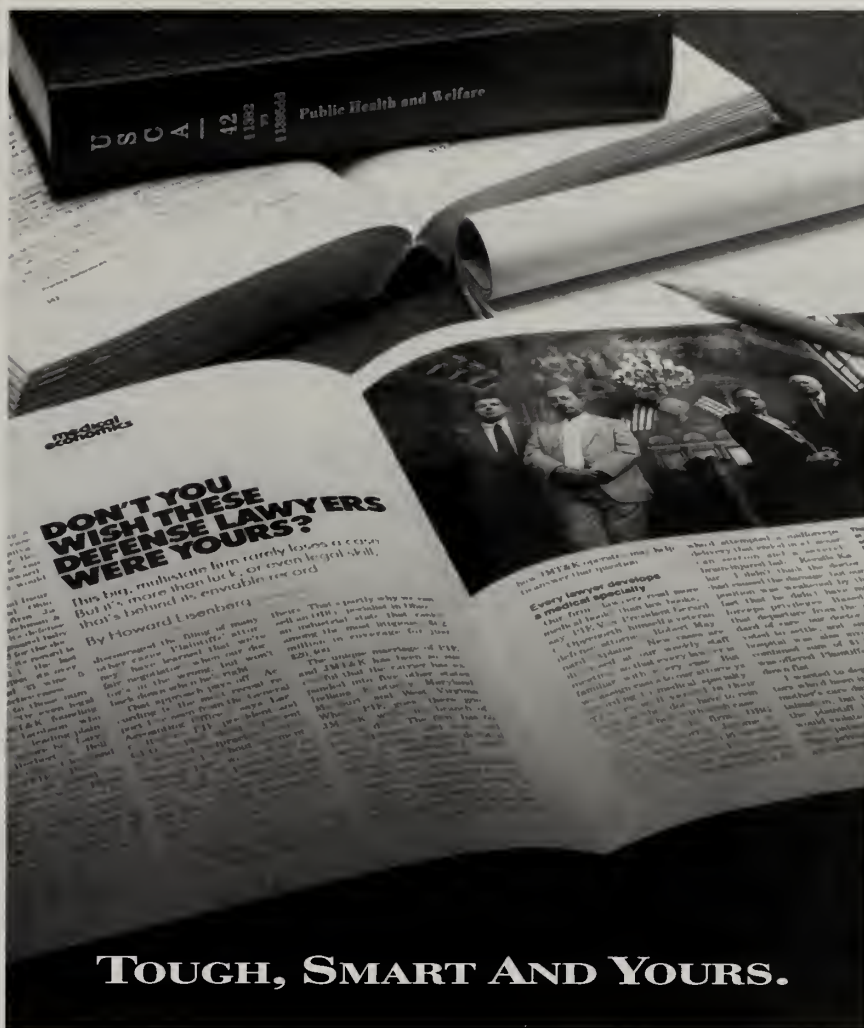
However, Dr. Prendergast says there are a few simple things physicians can do to help prevent potential cases of elder abuse:

- *Identify the magnitude of the problem.* Physicians need to survey their elderly patient population and identify those who could potentially experience either passive or active abuse. Pay particular attention to patients who are frail and dependent on a caregiver for all or most of his or her care.

- *Talk to the caregiver.* When talking to an older patient, direct a question or two to the caregiver. "Sometimes the caregiver just needs someone to say, 'How are you doing? Can I help you?'" Dr. Prendergast says.

- *Identify community resources.* Have someone in your office find out what resources are available to help in caring for the elderly. Dr. Prendergast says there are both formal and informal programs available which offer adult day care, caregiver respite, transportation services, and other social services. He suggests contacting area churches, nursing homes, senior centers, and the local Area Agency on Aging when developing this list of community resources.

"Physicians, especially those in primary care, need to know what resources are available in the community to care for the elderly," Dr. Prendergast says. "And, if there aren't enough out there to meet the need, we need to become advocates for our patients and work to get the services that are lacking." ◊



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KePRO Prepares for New National Cooperative Project

Donald E. Harrop, MD

During the past year, we've covered a variety of topics related to the Health Care Quality Improvement Program (HCQIP), which is the new direction of the peer review organization (PRO) program. These included local cooperative projects in general; the Platelet Utilization Project (PUP), which was one of the Keystone Peer Review Organization's (KePRO's) local projects; national cooperative projects; and the Clinical Data Abstraction Centers (CDACs). This month, we'll attempt to blend a few of these items to describe the first actual national cooperative project.

The cooperative cardiovascular project (CCP) will study care provided for Medicare patients admitted to all hospitals in the nation for acute myocardial infarctions (AMIs). It will require the cooperation of organized medicine, individual physicians, and hospitals, with the Health Care Financing Administration (HCFA) and the PROs. The CCP has two major objectives—measuring and improving the quality of care.

The CCP sample includes medical records of 100 percent of AMI discharges, estimated at approximately 200,000 cases, which occurred during a specified eight-month period. These records are currently being requested and abstracted by the two CDACs. Data are collected using the Medicare Quality Indicator System (MQIS), which consists of disease-specific quality indicators that will be used to profile hospitals' patterns of care.

HCFA has worked with the American Medical Association, medical specialty societies, and other health care organizations to develop the CCP, and has adopted the guidelines for treatment of AMI patients

prepared by the American College of Cardiology and the American Heart Association. The quality indicators for this project can be arranged into five topic areas:

- 1) use and timing of reperfusion;
- 2) use of beta blockers;
- 3) use of aspirin;
- 4) management of patients with poor left ventricular (LV) function, measuring the use of ACE inhibitors, and avoidance of calcium channel blockers; and
- 5) risk-factor modification (smoking-cessation counseling).

In March 1995, Pennsylvania hospitals began submitting medical records to the CDAC for collection of information related to the indicators. After abstraction and data entry, the CDAC then transmits the data to HCFA which, in turn, provides state and national data to the PROs.

KePRO will analyze these data and provide Pennsylvania hospitals with their individual hospital-specific data, as well as state and national data. Regional and hospital-specific visits are currently under way for the purpose of disseminating this information. The dialogue which occurs at these visits—which are expected

to continue into mid-1996—will include methods for improvement. When hospitals recognize opportunity for improvement from these visits and from the data, they can make the necessary changes and cooperate with the PRO to measure the effects of the changes.

I think you can now understand why my columns over the past two years have expressed excitement about the great potential for HCQIP. We know our local cooperative projects are helping to improve the quality of medical care, and it won't be long before we will be able to see the results of a national project. ☺

***"We know
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cooperative
projects are
helping to
improve the
quality of
medical
care."***

Dr. Harrop, president of the Keystone Peer Review Organization (KePRO), offers KePRO news and views in this column each month.



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The topic of this medical seminar workshop was chosen to emphasize the importance of office practice in the diagnosis and management of heart disease. The role of the primary care physician will be highlighted.



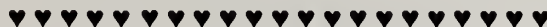
Wednesday, December 6, 1995

8:30 AM to 3:30 PM

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Each participant will use an electronic stethophone headset to complement the clinical case presentations and state-of-the-art lectures on cardiac auscultation coordinated with demonstrations of echocardiography and color flow doppler.

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Course Co-Directors: Leonard S. Dreifus, M.D., Gerald Scharf, D.O.
Daniel Mason, M.D., John J. Ross, R.C.P.T.



These programs are being funded by an educational grant from:
THE EDNA G. KYNETT MEMORIAL FOUNDATION
specifically for the purpose of supporting Continuing Medical Education programs
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This support is gratefully acknowledged.

Location: Classroom C (Alumni Hall), 2nd Floor College Bldg., 15th & Vine, between Race & Vine, Philadelphia, PA

Full Disclosure Statement: All faculty participating in continuing medical education programs sponsored by Medical College of Pennsylvania and Hahnemann University are expected to disclose to the audience any real or apparent conflict(s) of interest related to the content of their presentation.

Accreditation: The Medical College of Pennsylvania and Hahnemann University is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education programs for physicians. MCPHU designates each hour of attendance at these activities for 1 credit hour of Category 1 of the Physician's Recognition Award of the American Medical Association.

For course information call: 215-762-8695

IT'S THAT TIME OF YEAR: FLU SHOT DOSAGES

Have your patients received their influenza vaccine yet? Optimally, patients at risk should receive the vaccine by late October or during November. Who does that include?

- people 65 years of age and older;
- residents of long-term care facilities;
- immunocompromised patients;
- any adult or child with a serious long-term health problem (heart, lung, or kidney disease, asthma, anemia, or diabetes);
- children between six months and 18 years of age on long-term aspirin treatment (Reyes Syndrome can develop); and
- pregnant women and anyone who has close contact with any of the aforementioned.

The dose for patients three years and older is 0.5 ml. For children between six and 35 months, the dose is 0.25 ml. Children 13 years and younger should receive the split virus. Vaccine protection occurs within seven to 14 days upon administration and may last up to one year. Children less than nine years old may require one additional shot after one month of therapy.

For adults and older children, it is best to give the vaccine intramuscularly in the deltoid muscle; however, the preferential site in younger children is the anterolateral aspect of the thigh. The viruses contained in the vaccine this year are:

- A/Texas/36/91 (H1N1),
- A/Johannesburg/33/94 (H3N2), and
- B/Harbin/07/94.

Contraindications to this vaccine include patients who have a history of egg or egg product allergy and/or hypersensitivity to any component. Treatment should be deferred in those patients with acute respiratory disease or other active infection or acute febrile illness. Precautions should be taken with concurrent vaccine administration, febrile reactions, GBS (Guillain-Barre syndrome), and patients sensitive to sulfites.

The most common adverse reaction is soreness at the injection site and may last up to two days. Fever, malaise, and myalgia occur moreso with children six to 12 hours after the injection and may also last up to two days. Flare and wheal and various respiratory symptoms are indicative

of an allergic reaction, and usually occur immediately.

For a free copy of the CDC's *Fact Sheet on Influenza Vaccine*, call the Center at (800) 228-7823 or (717) 558-7750.

Sources: 1) CDC Fact Sheet on Influenza Vaccine, 1995-96 edition, Department of Health and Human Services. 2) Facts and Comparisons, September 1995, pages 465-465c.

MEDICATION UPDATE

NEW INDICATIONS

Foscavir® (foscarnet)—Approved for treatment of acyclovir-resistant herpes simplex virus (HSV) in immunocompromised patients.

Prilosec® (omeprazole)—Newly indicated for maintenance therapy in erosive esophagitis.

Zantac® (ranitidine)—Updated from short-term treatment of benign gastric ulcer to include active ulcer and maintenance therapy, as well as for treatment of erosive esophagitis.

Zocor® (simvastatin)—Indicated to reduce the risk of total mortality by reducing coronary death, nonfatal myocardial infarction (MI), and revascularization procedures in coronary heart disease (CHD) in patients with hypercholesterolemia.

Zofran® (ondansetron)—Now also indicated for the prevention of postoperative nausea and vomiting, and prevention of nausea and vomiting associated with radio therapy.

NEW DRUGS

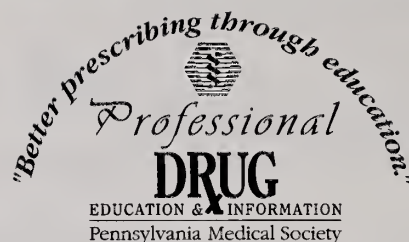
Caverject® (alprostadil)—New injectable agent for the treatment of impotence.

Prevacid® (lansoprazole)—Proton pump inhibitor for erosive esophagitis and active duodenal ulcer.

Valtrex® (valacyclovir HCl)—For treatment of herpes zoster (shingles) in the immunocompromised adult patient.

ON THE HORIZON

Look for **Zantac 75®**, for the treatment of heartburn, and the



NSAID **Orudis® (ketoprofen)**, for the treatment of pain and fever, to join the family of RX to OTC medications.

Fosamax® (alendronate), a biphosphonate similar to **Didronel® (etidronate)**, indicated for the treatment of osteoporosis in women, should have approval from the FDA by the end of the year. It can be used as single-agent therapy or in combination with estrogens. Look for a joint marketing venture from Merck and Wyeth for combination therapy of **Fosamax®** and **Premarin®**.

Q&A: DRUG UTILIZATION

The State Society's Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug interactions, side effects, and other drug utilization issues. In an effort to share this information, the Center selects a question of general interest to appear in this column each month. The response, prepared by our clinical pharmacist, Anita Fabert, RPh, is based on an abstract of the latest scientific literature that has been developed with input and knowledge of experienced clinicians. If you have a question that you think would be of general interest, please contact the Center at (800) 228-7823 or (717) 558-7750.

Q: What are the most common drug-drug interactions for antihistamines and decongestants?

A: Atarax®, Benadryl®, Chlor-Trimeton®, Claritin®, Hismanal®, Seldane®, and Tavist® are the most frequently prescribed or recommended antihistamines. The most common drug interactions are with those medications that cause additive CNS depressant effects such as barbiturates, benzodiazepines, tricyclic antidepressants, other H₁ blockers, and ethanol. Additive anticholinergic effects are also common and seen when agents such

as atropine, benztropine, phenothiazines, and tricyclic antidepressants are given concomitantly.

The most serious interaction, however, occurs when the prescriptive antihistamines (Claritin®, Hismanal®, and Seldane®) are concurrently given with macrolide antibiotics (i.e. erythromycin) and antifungal agents (i.e. ketoconazole, itraconazole). Cardiac toxicity—in which serious arrhythmias as well as death have

occurred—is possible in patients given this combination. Therefore, the co-prescribing of these agents is contraindicated. Seldane® has been associated with torsade de pointes, thus contraindicating its use in patients on antiarrhythmics, antipsychotics, and tricyclic antidepressants.

Phenylephrine, phenylpropanolamine, and pseudoephedrine are the most common decongestants in use, both for prescription and over-the-counter

medications. The most common and serious interaction is that these agents can decrease the effect(s) of antihypertensive medications. Therefore, decongestants should be avoided in those patients. Patients on MAOI (monoamine oxidase inhibitors) therapy should not be given decongestants because of the possibility of a hypertensive crisis.

To receive a more detailed listing of the above interactions, please call the Center at (800) 228-7823 or (717) 558-7750.

BITUARIES

Harold H. Chadwick, MD, Wysox

New York Medical College, 1964; age 67, died August 17, 1995. Dr. Chadwick was a family practitioner. •

Thomas C. Dees, MD, Wynnewood

Medical College of Georgia School of Medicine, 1945; age 74, died August 27, 1995. Dr. Dees was an anesthesiologist. •

Herbert Frankenstein, MD, Van Nuys, CA

University of Pittsburgh School of Medicine, 1922; age 97, died September 17, 1995. Dr. Frankenstein was a general surgeon. •

George L. Gleeson, MD, Camp Hill

University of Pittsburgh School of Medicine, 1936; age 81, died July 24, 1995. Dr. Gleeson was a gynecologist. •

Paul A. Hinchberger, MD, Jensen Beach, FL

University of Pittsburgh School of Medicine, 1937; age 83, died July 27, 1995. Dr. Hinchberger was a family practitioner. •

Samuel A. Kirkpatrick, MD, Hanover

University of Pennsylvania School of Medicine, 1942; age 78, died August 19, 1995. Dr. Kirkpatrick was an obstetrician/gynecologist. •

Ismail Nabati, MD, Bethlehem

Tehran Medical School, Iran, 1965; age 58, died August 30, 1995. Dr. Nabati was a general surgeon. •

Horace Pettit, MD, Gladwyne

Age 92, died September 11, 1995. Dr. Pettit was an anesthesiologist. •

Daniel H. Rosen, MD, Titusville

University at Stony Brook School of Medicine Health Sciences Center, New York, 1975; age 48, died August 25, 1995. Dr. Rosen was an otolaryngologist. •

Norbert F. Alberstadt, MD, Erie

Jefferson Medical College of Thomas Jefferson University, 1944; age 77, died August 14, 1995. Dr. Alberstadt was an ophthalmologist. •

Robert W. Hanisch, MD, Beaver

Medical School of Santiago, Dominican Republic, 1985; age 45, died September 9, 1995. Dr. Hanisch was an internist. •

Joseph J. Prorok, MD, Allentown

Jefferson Medical College of Thomas Jefferson University, 1963; age 58, died July 2, 1995. Dr. Prorok was a general surgeon. •

Paul R. Sieber Jr., MD, Pittsburgh

University of Pittsburgh School of Medicine, 1940; age 72, died May 13, 1995. Dr. Sieber was a general surgeon. •

Curtis W. Vickers, MD, Stillwater

George Washington University School of Medicine and Health Sciences, Washington, DC, 1977; age 42, died June 6, 1995. Dr. Vickers was an obstetrician/gynecologist. •

Kent E. Weiss, DO, Lancaster

Philadelphia College of Osteopathic Medicine, 1979; age 45, died July 22, 1995. Dr. Weiss was a general practitioner. •

• Denotes membership in the Pennsylvania Medical Society at the time of death.

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For free literature on estate planning or to arrange your planned gift, call Bob Lamb at 1-800-228-7823.

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Telemedicine and the Payment System

George Ross Fisher III, MD

Free medical phone service has become a professional courtesy, but recent changes in the practice environment should prompt a reexamination of this free service as perhaps an anachronism which is getting in the way of progress.

Practicing medicine over the telephone is not new: The first description of it in the medical literature appeared in the British journal *Lancet* in 1879.¹ Somehow, the unexplained tradition grew up that physicians do not charge for telephone consultations—even though lawyers and computer technicians do so regularly—but pressures are building to make charging for phone calls more common.

For one thing, doctors working on salary or on retainers ("capitation") have a method for being reimbursed for their time without itemizing it. They also have an incentive to promote the substitution of a phone call for an office visit, a practice the public has been educated to expect from HMOs.

People have become accustomed to substituting the fax machine—and other telecommunications such as e-mail—for face-to-face encounters, so why not in medical encounters? The conventional medical office is getting out of date, and the reimbursement system is keeping it that way.

A few free calls

James Studdiford, MD, who switched from practicing family medicine to teaching the subject at Jefferson Medical College of Thomas Jefferson University, estimates that he averaged 10 phone calls a day during his 19 years in practice—a total of 56,000 phone calls. He makes the telling calculation that his gross income was reduced by \$75,000 a year—times 19

makes \$1,425,000—assuming each free call might instead have been a paid office visit. That's 25 percent of his patient contacts, at a probably underestimated average time of 34 minutes a day, not counting time to retrieve and update office records.

My own experience is that to return four phone calls, an hour is gone. Add to this the grating irritation of being interrupted while a paying patient is made to wait, the caller's sometimes shamelessly obvious motive of obtaining service without paying for it, and the disruption of an orderly schedule. There are times when every physician considers charging for the interruption, and charging plenty high to discourage any more of it.

Records at Jefferson Family Practice Clinic show that calls result in the need for an urgent visit 10 percent of the time when an internist is called, but 20 percent of the time when a family practitioner is called (due to a high number of pregnant women). Forty-seven percent of calls concerned a symptom, 20 percent involved a prescription renewal, and 11 percent concerned anxiety to hear the results of laboratory or x-ray studies. Eighty percent of calls concerned trauma, pregnancy, or colds.

Making it difficult for patients to reach the doctor is no solution: Surveys of patients in the British medical system show the leading source of patient dissatisfaction is inability to reach a physician by phone. The public, in other words, strongly desires to be able to telephone a doctor. Inevitably, the public must then acknowledge the need to pay for its wishes, now that the pressure on physician reimbursement makes for heightened unwillingness to subsidize it.

Calling all insurers

Insurance companies have been fiercely resistant to paying for telephone calls for the obvious reason that it is difficult to monitor, and also because the medical directors of insurance companies are typically doctors who have retired from practice. Recollecting their own experi-

Dr. Fisher, a Philadelphia endocrinologist, is the Society's First District trustee.

ence of treating phone calls as a courtesy, they feel smug now that they are on salary with fringes.

But insurance companies may well be doing themselves in by holding to that no-pay policy. One controlled two-year study of a primary care clinic asked the clinicians to double the interval to the next visit and substitute three intervening phone calls. The study then showed 19 percent fewer visits, which would be expected, but also the more dramatic effects of 26 percent fewer hospital days, 41 percent fewer days of intensive care unit usage, and 28 percent less overall expenditure.²

All of this was accomplished with no discernible difference in health outcome measures. If anything even remotely resembling this result would be generally true, insurance companies would be mad not to conduct campaigns to persuade doctors to "make more phone calls, and please accept the enclosed reimbursement."

Is it likely that Blue Shield and Medicare Part B would willingly deplete their premium reserves to save money for other organizations? More likely, insurers would call for protracted study. If the public wants insurance companies to pay doctors for phone consultations, the public had better start making a fuss about it, because the proposal confounds the reimbursement industry.

The sympathetic physician

There remains the curiosity that most physicians would to some degree regret an evolution toward charging for telephone consultations. Aside from who pays the phone bill, the issue tends to revolve around impediments to organizing a system of physician-initiated calls—the most effective sort. Doctors simply have no training in effective use of physician-initiated calls.

Finally, precipitate a new hospital-trained physician into his or her own office at the end of training, and watch the doctor struggle for a year or more to organize his or her system in an efficient way. With no one to teach the doctor, and certainly no one offering to pay him or her, phone calls are quickly seen as a disruptive nuisance.

Who calls whom

We've assumed so far that the patient initiated the call, but the patient may or may not be willing to pay for it. All a doctor has to sell is advice. People pay for advice, but whether or not they accept the advice is their own decision. True, in extreme instances of patient wrong-headedness, the

conscientious doctor does feel an obligation to remonstrate, appeal to more sensible members of the patient's family, or repeat the advice in much stronger language. But everyone has a right to do what he or she pleases, even if what he or she pleases is self-destructive, counterproductive, or stupid.

When we get into physician-initiated calls, however, an entirely new dynamic jumbles the discussion. Suppose a patient has not followed advice to have a certain test. Is it the responsibility of the physician to notice the lapse, to call, and to badger compliance? It seems "good medicine" to do so, but who can blame the insurance company for reluctance to pay for a non-requested service? Is the physician obliged to send letters advising annual flu shots, mammograms, or pap tests—or is that solicitation of trade?

Let's go a step further: One hospital reported it worthwhile to call every emergency room patient and ask if they were taking their medicine or were unclear about any instructions. Many people proved to have been all mixed up and were grateful for the gracious assistance. Presumably, however, others were annoyed at being bothered and suspected somebody of trying to drum up unrequested business. These gratuitous follow-up calls cost money, and quite obviously, they go well beyond the doctor simply charging for advice.

An insurance company might well say that since no one requested the calls, write them off as promotional expense. But of greatest significance is the evolving societal attitude that the doctor has a paternalistic obligation to make the patient do what is best, whether the patient feels like doing it or not.

Many malpractice suits have grown out of the ambiguity of this type of encounter, using the concept of physician "abandonment." In the eyes of the plaintiff bar, a physician is guilty of negligence if his or her patients are permitted to be reckless with their own health, unless, of course, the physician has documents exonerating him or her from responsibility. You can be sure that some people will shrug off all manner of advice and exhortation, only to start a lawsuit claiming physician negligence for failure to be convincing.

And once again, the insurance company can say: Fine, protect yourself against lawsuit by doing anything you please, but don't ask us to pay for it. That's open-ended, with too much potential for abusive over-utilization under the cloak of solicitude.

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"Aside from who pays the phone bill, the issue tends to revolve around impediments to organizing a system of physician-initiated calls—the most effective sort."

"The possibilities which exist with present communications technology would take pages to describe, without any mention of communication technology as yet unimagined."

Finding a direction

This seems to lead to reexamination of the basic contract between patient and physician, to make it clear from the outset just what everyone is contracting for. A radiologist, seeing cancer in a breast, is the only physician who knows about it at that moment. His or her duty is to be sure some other physician is aware of his or her findings and will accept responsibility for doing something about it.

The radiologist probably should not be expected to keep watch on the pathology reports, to make certain a biopsy was performed. Therefore, the insurance reimbursement for interpreting breast x-rays should reasonably include financial recognition that a certain number of referring doctors are going to be hard to find and costly to locate.

If the radiologist notices a merely suspicious lesion and advises follow-up in six months, it is probably reasonable for the insurance company to pay for the second x-ray, plus the cost of chasing a certain percentage of hard-to-find patients. Possibly, the duty of urging the second x-ray should belong to the referring or attending physician; some way to pay for his or her trouble must be found. Examples of similar non-reimbursed "good medical care" are multiplying daily and were never considered in Dr. Tsao's famous study of relative values of medical procedures.

In this morass of uncertainty, it is tempting to make a distinction between specialists and primary care physicians, and to apply a retainer or capitation system of reimbursement to the primary care physicians. As illustrated by the radiologist and the breast cancer, the problems of specialists are more definable because a specialist is almost always dealing with specific illness, treatment, or complaint.

All of the quirks of the follow-ups in those conditions have not been worked out, but they could be. In the case of primary care physicians, however, the variables are mostly the accidents and anxieties of population groups. An average

could be worked out, and the physicians paid a yearly retainer to develop and maintain an effective system of communication with the practice. Let the physician decide whether it is better to write or to call, whether to call personally, or hire someone to do the calling. Let it be a matter of negotiation whether to charge extra for a hypochondriac or bury the extra cost in the averages.

The contract would lie between the insurance company and the physician to absorb the costs for a given patient, who must choose one physician for a year, but whom the physician can drop at the end of a year. The retainer fee might or might not include the service of acting as a gatekeeper authorizing specialist referrals. Specialists might not like the concept of gatekeeping, but accepting it might be the price of retaining a fee-for-service system for themselves.

Notice that the primary care physician need not be paid for other medical services on a retainer basis; only the gatekeeping and paternalism really need a more global sort of reimbursement. Notice particularly that the necessary discussions have not been held, with all of their what-ifs.

Discussing the narrow issue of reimbursing for physician-initiated calls merely opens the door to what lies ahead. Would it not be desirable to have diabetics, now that they have learned to perform home blood sugars on themselves, fax the results to the physician for his return fax, adjusting insulin doses? Or to have nurses, social workers, interns, and residents join together on a conference call? E-mail? To discuss cooperative management of the patient?

X-ray images are now being sent from remote locations to a specialist hundreds of miles away; why couldn't a patient with a rash hold it in front of a camera for a dermatologist to see?

The possibilities which exist with present communications technology would take pages to describe, without any mention of communication technology as yet unimagined. Whether such ideas would make care cheaper or more expensive is debatable, but it's easy to describe ways it would make health care better.

Is it possible that what stands in the road of such things is not a conservative medical profession, but an unimaginative reimbursement industry? ☐

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Pennsylvanians for Merit Selection

Lynn A. Marks
Ellen Mattleman Kaplan

Would you prefer to spend 24 hours on call or 24 seconds in a courtroom? For most doctors, the former is infinitely desirable. Yet, sometimes doctors do wind up in court. That is precisely why the medical community must pay attention to how we select the judges whose review of trial court and jury decisions—in cases ranging from medical malpractice to health insurance—can have an irrevocable and dramatic impact on careers and personal lives.

This month, Pennsylvanians will choose four statewide judges—two on the Supreme Court and one each on the Superior and Commonwealth Courts—and local trial court judges. While you may be familiar with the local candidates, how well did you know the candidates for statewide office?

Chances are you didn't know them at all, which puts you in good company with the vast majority of voters. According to a statewide poll taken this September by Millersville University, 84 percent of the respondents knew only a little or nothing at all about the appellate court candidates.

This shouldn't be true in 1995. In the last two years, the appellate courts have made headline news unlike ever before. The first Supreme Court Justice in Pennsylvania's history was convicted of conspiracy and impeached by the Senate. Legislators have responded by proposing an unprecedented number of initiatives designed to restore the public's confidence in the courts. Even the high court itself felt the need to conduct a self-examination that led to new operating procedures.

Unfortunately, none of this yielded a better method for ensuring that only judges of the highest competence and integrity serve on those courts. Regrettably, statewide judgeships are still elected positions largely won by political connections, regional bias, money, and/or luck.

During this past primary season, luck favored appellate court candidates from Allegheny County where a hotly contested county commissioners' race boosted turnout. This allowed two Pittsburgh

contenders with well-known names to defeat their party-endorsed challengers.

Money was less important than luck, at least for this year's primary. Was this because lawyers—the major contributors to judicial candidates—decided en masse that it was unseemly to finance the campaigns of those before whom they may later have cases? Hardly. In the case of the plaintiff's bar, it's more likely that they have redirected their dollars to oppose tort reform in Washington.

Does it make any sense for judges to be chosen because of where they live, whether they have a recognizable name, or, in some years, how much money they are able to raise? A vastly preferable way to select statewide judges is through an appointive system based on merit. Merit selection creates a non-partisan nominating commission to conduct a comprehensive review of the *qualifications* of judicial applicants.

The commission would be composed of non-lawyers and lawyers, women and men, and would reflect the geographical, ethnic, and racial diversity of Pennsylvania. Members would be appointed by the governor and legislative leaders of both parties. After receipt of the commission's list of the most highly capable candidates, a nominee would be chosen by the governor, subject to Senate confirmation.

Merit selection takes chance out of the process of choosing statewide judges. It also removes the need for fundraising from attorneys or potential litigants, and therefore the possibility that you may find yourself in a courtroom facing an opponent (or his/her lawyer) who has contributed to the presiding judge's campaign.

Since most other states have adopted an appointment system for their appellate judges, it makes you wonder why the Pennsylvania Trial Lawyers Association and labor unions remain so vehemently opposed to this reform. Fortunately, a great many statewide and local organizations—including the Hospital Association of Pennsylvania, Pennsylvania Chamber of Business and Industry, and League of Women Voters of Pennsylvania—have joined the Pennsylvania Medical Society as supporters of merit selection. ☐

What It'll Take

Merit selection can only be enacted if approved by the electorate in a referendum vote. Before that happens, however, the General Assembly must pass a proposed merit selection constitutional amendment in two consecutive legislative sessions. Amendments that can get the ball rolling have been introduced this session in the state Senate and House.

Ms. Marks is executive director and Ms. Kaplan is associate director of Pennsylvanians for Merit Selection, a statewide, non-partisan organization working for reform of the state judicial selection system.

BOARD ACTIONS SUPPORT TECHNOLOGICAL ADVANCES

The Society's Board of Trustees in September approved several recommendations of the Physician Communications Technology Committee, created early this year to study potential uses for videoconferencing and computer bulletin board technologies. Among the approved recommendations:

- **Forward to the House of Delegates an information report entitled, "Strategy for Encouraging Physician Involvement in New Communications Technologies"**—Outlines the committee's priorities to: 1) expand use of fax technology; 2) develop member access to electronic bulletin boards; and 3) monitor developments in videoconferencing.

The Society has already moved on a recommendation to make the Society accessible by electronic mail (e-mail) at the address, stat@pamedsoc.org.

- **Direct all Society councils to place a high priority on identifying the kinds of information they collect or generate that would be of value to the Society's members, and on feeding that information into the Society's developing fax-on-demand and computer bulletin board services**—Supports the Society's efforts to be an information source for its members, and draws upon the council bodies' knowledge of physician interests and needs.

- **Become a member of the Pennsylvania Information Highway Consortium**—Allows the Society to participate for a minimal fee in statewide discussions on forming a workable technology infrastructure in the commonwealth, including telemedicine and community health information network (CHIN) programs under development.

- **Grant a one-year extension to the committee**—Continues physician input into the technological process and how to encourage member use of the technologies, as well as monitoring of developments in videoconferencing. A determination will be made next year whether or not the committee should continue for a third year.

For more on Society and committee efforts with new technologies, see "Society Communications Go High(er) Tech," on page 12.

MEDICAL SCHOOL NEWS

PCOM BOASTS LARGEST CLASS IN 97-YEAR HISTORY

In August, 251 new students matriculated as first-year students at Philadelphia College of Osteopathic Medicine (PCOM).

The class of 1999, the largest in the college's 97-year history, was selected from the largest-ever applicant pool. The class is 44 percent female, also representing the largest enrollment of women in PCOM's history. An overwhelming 90 percent of the freshman class indicated an interest in

pursuing primary care medicine as a career choice.

Leonard H. Finkelstein, DO, PCOM president and CEO, says, "The level of interest in primary care is especially encouraging. Primary care is at the very heart of the osteopathic medical philosophy, and PCOM's record of graduating primary care physicians is rapidly becoming a national educational benchmark."

PCOM, the oldest osteopathic medical school in the country, graduates more primary care physicians than any other medical school in the nation: More than 60 percent of the Class of 1995 chose primary care fields.

Earlier this year, the college was the recipient of a \$1.5 million state grant to increase the number of graduates who pursue careers in primary care.

Warning: Con Artists at Work

Con artists peddling office machine supplies are targeting you and your office staff. Here's how they operate:

- 1) An anonymous individual will call conducting a survey on the types and brands of office equipment used by your staff. Generally, they are most interested in copiers, printers, fax machines, and especially an employee's name.

- 2) In a week or so, someone else in your office will receive a call "confirming" shipment of three XYZ toner cartridges (amazingly, the brand you use). "Why, yes, I just spoke to <insert name here> about this last week," states the caller. A simple "yeah, whatever" is all the authorization they are looking for.

- 3) Within days, a package and invoice arrive. For many organizations, particularly larger ones, it is easier to pay the bill than try to figure out who ordered the supplies. Offices that attempt a return are surprised by the vendor's policy: a huge restocking fee, or better yet, threat of legal action if you do not pay the bill in full.

There are many variations on the scenario just described. The following types of calls hint of trouble:

- Anyone calling for details on office equipment brand names and model numbers.
- When identifying themselves, the caller will mumble the company name or speak rapidly so as not to be understood. Some will attempt to imply they are calling from your regular vendor. For example, "This is Jim calling from the service center...."
- Calls confirming a shipment or a shipping address.
- Offers of "free" toner or demonstration units.
- For that matter, any caller who mentions toner or office equipment.

Advising your staff of such activity up front can save you money and grief in the long run.

Shawn P. Harbaugh, the Society's information systems programmer, contributed to this article.

State Society Applauds Tobacco-Free Pharmacies

More than 400 pharmacies statewide that do not sell tobacco products were recognized by the State Society in November for their anti-smoking stance. The State Society, in cooperation with the Pennsylvania Pharmacy Association, has sponsored the pharmacy recognition program since 1991. For additional information about this program, call the Society's Division of Communications at (800) 228-7823 or (717) 558-7750.

ADAMS COUNTY

Adams & Cumberland Pharmacy, *Gardners*

ALLEGHENY COUNTY

The Medicine Shoppe, *Brentwood, Bridgeville, Ingomar, Oakmont, Pittsburgh*
Blackburn's Physicians Pharmacy, *Tarentum*
Shumaker Pharmacy, *Wexford*
Medi Pharmacy, *Allison Park*
Porter's Prescription Pharmacy, *Coraopolis*
Sherry's Drug Store, *Coraopolis*
Manns Drug Store, *White Oak*
Thomas Drug Company, *McKeesport*
Kay Drug Company, *Pittsburgh*
Choice Pharmacy, *Pittsburgh*
Medicap Pharmacy, *Pittsburgh*
The Medicine Shoppe of Penn Hills, *Penn Hills*
The Medicine Shoppe of North Hills, *Pittsburgh*

ARMSTRONG COUNTY

Wyble's Pharmacy, *Apollo*
Klingensmith's Drug Store, *Elderton*

BEAVER COUNTY

Ernie's Pharmacy, *Midland*
The Medicine Shoppe, *East Rochester*

BEDFORD COUNTY

Letrent's Pharmacy, *Bedford*
Fisher's Pharmacy, *Bedford*
Everett Pharmacy, *Everett*
Potomac Valley Pharmacy, *Hyndman*
McCahan's Pharmacy, *Saxton*

BERKS COUNTY

Adams & Bright, *Hamburg*
Union Prescription Center, *Reading*
The Medicine Shoppe, *Reading*
Colonial Pharmacy, *Reading*
Brunner's Pharmacy, *West Reading*

BLAIR COUNTY

The Medicine Shoppe, *Altoona*
Community Pharmacy, *Tyrone*
Med-Center Pharmacy, *Tyrone*

BRADFORD COUNTY

Plaza Pharmacy, *Wyalusing*

BUCKS COUNTY

Whitman Pharmacy, *Holicons*
Godshall Pharmacy, *Perkasie*
Script Shoppe Pharmacy, *Quakertown*
The Medicine Shoppe, *Souderton, Warminster*
Bowen's Pharmacy, *Holland*
AARP Pharmacy Service, *Warminster*
Clover Pharmacy #4, *Morrisville*

BUTLER COUNTY

Evans City Drug, *Evans City*
The Medicine Shoppe, *Zelienople*

CAMBRIA COUNTY

Watters Brothers Drug Store, *Barnesboro*
Union Prescription Center, *Johnstown*
The Medicine Shoppe, *Johnstown*
Rinehart's Pharmacy, *Nanty-Glo*
Forest Hills Pharmacy, *St. Michael*

CAMERON COUNTY

Lundberg Pharmacy, *Emporium*

CARBON COUNTY

Carrigan's Country Pharmacy, *Albrightsville*
Jim Thorpe Pharmacy, *Jim Thorpe*
Harleman's Pharmacy, *Lehighton*

Weatherly Area Community Pharmacy,
Weatherly

CENTRE COUNTY

Penn's Valley Pharmacy, *Spring Mills*
The Prescription Center, *State College*

CHESTER COUNTY

Thrift Rx, *Wayne*
Arrow Root Natural Pharmacy, *Paoli*
Village Apothecary, *Honey Brook*
Moore's Pharmacy, *Thorndale*
Southern Chester County Pharmacy,
West Grove

CLARION COUNTY

The Medicine Shoppe, *Clarion*
Caruso Drug Store, *New Bethlehem*

CLEARFIELD COUNTY

The Medicine Shoppe, *Clearfield, DuBois*
Critical Care Pharmacy, *Clearfield*
Clearfield Pharmacies, *Clearfield*

CLINTON COUNTY

Keller & Munro Pharmacy, *Lock Haven*

COLUMBIA COUNTY

Hospital's Apothecary, *Bloomsburg*
Colonial Pharmacy, *Millville*
The Medicine Shoppe, *Berwick*

CRAWFORD COUNTY

OptionCare, *Meadville*
E. K. Thompson & Son Pharmacy, *Titusville*

CUMBERLAND COUNTY

Cumberland Apothecary, *Camp Hill*
West Shore Pharmacy, *Camp Hill*
BMC Pharmacy, *Carlisle*
Carlisle Apothecary, *Carlisle*
The Medicine Shoppe, *Carlisle, New Cumberland*
Penrose Place Pharmacy, *Carlisle*
The Medicine Shoppe #952, *Mechanicsburg*
Emerald Drug Stores, *Mechanicsburg*
Holly Pharmacy, *Mt. Holly Springs*
MGM Pharmacy, *Newville*
Robert T. Henry Pharmacy, *Shippensburg*

DAUPHIN COUNTY

Deibler's Drug Store, *Elizabethville*
Grantville Pharmacy, *Grantville*
Hershey Pharmacy, *Hershey*
Independent Pease Pharmacy, *Harrisburg*
Emerald Drug Stores, *Harrisburg, Linglestown*
Medicap Pharmacy, *Harrisburg*
Coram Healthcare, *Harrisburg*

DELAWARE COUNTY

Rea's Pharmacy, *Chester*
Aston Pharmacy, *Aston*
Pharmacy Express, *Aston*
The Medicine Shoppe, *Brookhaven, Morton, Sharon Hill*
Public Drug of Darby, *Darby*
DELCO Apothecary, *Drexel Hill*
Murray Overhill Pharmacy, *Media*
Beckett Apothecary, *Sharon Hill*
Garrett Pharmacy, *Upper Darby*
Strafford Pharmacy, *Wayne*

ELK COUNTY

Cliffe's & The Prescription Center, *Ridgway*

ERIE COUNTY

The Medicine Shoppe, *Fairview, Erie*
Girard Pharmacy, *Girard*
Waterford Apothecary, *Waterford*
Hillside Apothecary, *Erie*
Hillside Apothecary Annex, *Erie*
Regional Cancer Center Pharmacy, *Erie*
Union Prescription Center, *Erie*

FAYETTE COUNTY

Jendral's Pharmacy, *Uniontown*
The Medicine Shoppe, *Uniontown, Brownsville, Connellsville*
Reed's Rexall Drugs, *Brownsville*
Fairchance Pharmacy, *Fairchance*
Health Center Pharmacy, *Farmington*
Smithfield Pharmacy, *Smithfield*

FOREST COUNTY

Forest County Medical Center Pharmacy,
Tionesta

FRANKLIN COUNTY

The Medicine Shoppe, *Chambersburg*
Park Avenue Pharmacy, *Chambersburg*
Carls Drug Store, *Greencastle*
Savage-Minnich's Pharmacy, *Waynesboro*
South Central PA Pharmacy Association,
Waynesboro

GREENE COUNTY

Dry Tavern Community Pharmacy,
Rices Landing
McCracken Pharmacy, *Waynesburg*

HUNTINGDON COUNTY

Orby Pharmacy, *Orbisonia*

INDIANA COUNTY

Diamond Drugs, *Indiana*
Gatti Pharmacy, *Indiana*

JEFFERSON COUNTY

The Medicine Shoppe, *Punxsutawney, Brookville*
Brockway Drug Company, *Brockway*
Means-Lauf Super Drug, *Brookville*

JUNIATA COUNTY

Keifer's Pharmacy, *McAlisterville*
Mifflintown Pharmacy, *Mifflintown*
Total Life Care Pharmacy, *Mifflintown*

LACKAWANNA COUNTY

The Medicine Shoppe, *Clarks Summit, Scranton*
Andrew Brown's Drug Store, *Scranton*
The Apothecary, *Scranton*

LANCASTER COUNTY

Sloan's E-Town Pharmacy, *Elizabethtown*
Royer Pharmacy, *Akron, Ephrata*
Kurtz Pharmacy, *Christiana*
Longenecker Pharmacy, *Gap*
McElroy Pharmacy, *Lititz*
Sloan's Manheim Pharmacy, *Manheim*
Sloan's Mountville Pharmacy, *Mountville*
Quarryville Drug Company, *Quarryville*
Willow Pharmacy, *Willow Street*
Neffsville Pharmacy, *Lancaster*
Lancaster Surgical Supply & Apothecary,
Lancaster
Red Rose Pharmacy, *Lancaster*



LAWRENCE COUNTY

The Medicine Shoppe, *New Castle*,
Ellwood City
 Your Prescription Center, *New Castle*

LEBANON COUNTY

Donough Pharmacy, *Lebanon*
 Saylor's Pharmacy, *Lebanon*
 Loehle Pharmacy, *Lebanon*
 MIKES Pharmacy, *Myerstown*
 True Care Pharmacy, *Myerstown*

LEHIGH COUNTY

Hartzell's Pharmacy, *Catasauqua*
 Bechtel's Pharmacy, *Slatington*
 S. H. Pharmacy, *Allentown*

LUZERNE COUNTY

Johnson's Pharmacy, *Hazleton*
 Waschko's Pharmacy, *Hazleton*
 The Medicine Shoppe, *Dallas, Nanticoke*,
Wilkes-Barre
 Spotanski's Pharmacy, *Nanticoke*
 Cross Roads Pharmacy, *Wilkes-Barre*
 Prescription Center @ CWB, *Wilkes-Barre*
 VITALine East, *Wilkes-Barre*

LYCOMING COUNTY

E. H. Bernstine Pharmacy, *Williamsport*
 Montgomery's Pharmacy, *Hughesville*,
Montgomery
 Lehman's Pharmacy, *Jersey Shore*
 PNS Pharmacy, *Muncy*
 Townville Pharmacy, *Muncy*
 Ben Franklin Store & Pharmacy, *Muncy*
 Harter's Drug Store, *Muncy*

MCKEAN COUNTY

The Medicine Shoppe, *Bradford*
 Temple Pharmacy, *Kane*
 DeMott's Pharmacy, *Port Allegany, Smethport*
 Buchanan Brothers' Pharmacy, *Smethport*

MERCER COUNTY

The Medicine Shoppe, *Greenville, Hermitage*
 Rhoades Medical Pharmacy, *Greenville*
 Mercer Apothecary Shoppe, *Mercer*

MIFFLIN COUNTY

Total Life Care Pharmacy, *Belleville, Lewistown*

MONROE COUNTY

Total Home Health Care, *Stroudsburg*
 Tannersville Pharmacy, *Tannersville*

MONTGOMERY COUNTY

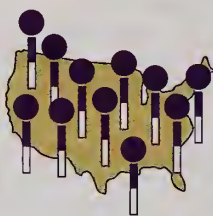
Brensinger's Pharmacy, *Pennsburg*
 Alliance Pharmacy, *Abington*
 Arrow Prescription Center, *Abington*
 Maplewood Pharmacy, *Abington*
 Broad Axe Pharmacy, *Ambler*
 J. B. Merrick Apothecary, *Ardmore*
 John F. Dettrey Pharmacy, *Wyndmoore*
 Joel Family Pharmacy, *Hatboro*
 Advantage Health Services, *Horsham*
 Prescription Delivery Systems, *Horsham*
 Drug Emporium #226, *Montgomery*
 CARE's Pharmacy, *Norristown*
 Suburban Apothecary, *Norristown*
 The Medicine Shoppe, *Jeffersonville*,
Pottstown
 Trooper Pharmacy, *Fairview Village*
 Professional Home Care Services, *Pottstown*
 Village Pharmacy at Springhouse, *Spring House*

MONTOUR COUNTY

Grandview Pharmacy, *Danville*

NORTHAMPTON COUNTY

Bath Drugs, *Bath*
 Family Prescription Center, *Bethlehem*
 Boerstler's Pharmacy, *Bethlehem*



STATS

This year, more than 450,000 Americans will die prematurely of diseases linked to smoking. In fact, cigarettes kill more Americans than AIDS, alcohol, car accidents, murders, suicides, drugs, and fires combined.

Source: American Medical Association

CRX #59, *Bethlehem*
 Smith's Pharmacy, *Easton*
 Nazareth Pharmacy, *Nazareth*
 Sandt's Pharmacy, *Pen Argyl*
 Bechtel's Pharmacy, *Walnutport*

NORTHUMBERLAND COUNTY

Dal-Hern Pharmacy, *Herndon*
 Uptown Pharmacy, *Mt. Carmel*
 Norry Pharmacy, *Northumberland*
 The Medicine Shoppe, *Shamokin*
 Tom Olcese Pharmacy, *Shamokin*

PERRY COUNTY

Emerald Drug Stores, *Duncannon*
 West Perry Pharmacy, *Loysville*
 Bloomfield Pharmacy, *New Bloomfield*
 Welfley Pharmacy, *Newport*

PHILADELPHIA COUNTY

Barclay Pharmacy, *Philadelphia*
 Bergman's Spruce Street Pharmacy,
Philadelphia
 Bergman's University City Pharmacy,
Philadelphia
 Squire Drugs, *Philadelphia*
 Pharmacy Plus, Ltd., *Philadelphia*
 Arrow Prescription Center, *Philadelphia*
 Palmer Apothecary, *Philadelphia*
 Battin & Linger Pharmacists, *Philadelphia*
 Medi-Save Pharmacy, *Philadelphia*
 Wyoming Avenue Apothecary, *Philadelphia*
 Cohen's Master Pharmacy, *Philadelphia*
 Mansion Pharmacy, *Philadelphia*
 North West Pharmacy, *Philadelphia*
 Haussmann's Pharmacy, *Philadelphia*
 City Avenue Apothecary, *Philadelphia*
 Cambria Pharmacies, *Philadelphia*
 Richmond Medical Pharmacy, *Philadelphia*
 Metro Pharmacy, *Philadelphia*
 Center Pharmacy of Erie Avenue, *Philadelphia*
 Park Prescriptions, *Philadelphia*
 Temple University Hospital Outpatient
 Pharmacy, *Philadelphia*
 Bank's RxD Pharmacy, *Philadelphia*
 Delco Pharmacy, *Philadelphia*
 Friendly Pharmacy, *Philadelphia*
 Leedom & Wissler Pharmacy, *Philadelphia*
 Nichol's Pharmacy, *Philadelphia*
 Rosica Pharmacy, *Philadelphia*
 Bergman's South Street Pharmacy,
Philadelphia
 HealthSpring, *Philadelphia*
 Clover Pharmacy #15, *Philadelphia*
 Lansdowne Pharmacy, *Philadelphia*

POTTER COUNTY

Galeton Pharmacy, *Galeton*

SCHUYLKILL COUNTY

Towne Drugs, *Pottsville*
 Bracey Pharmacy, *Ashland*
 Degutis Pharmacy, *Minersville*
 Siro Pharmacy, *Schuylkill Haven*
 Stine's Pharmacy, *Schuylkill Haven*
 Williams Valley Pharmacy, *Tower City*
 Tri-Valley Pharmacy, *Valley View*
 Standard Drug, *McAdoo*

Flamini Pharmacy, *Tamaqua*
 The Medicine Shoppe, *Tamaqua*
 Shafer's Pharmacy, *Tamaqua*

SNYDER COUNTY

Shade Mountain Pharmacy, *Mt. Pleasant Mills*

SOMERSET COUNTY

Findley's Pharmacy, *Somerset*
 Thomas Drug Store, *Myersdale*

SULLIVAN COUNTY

Dushore Pharmacy, *Dushore*

SUSQUEHANNA COUNTY

Red Cross Pharmacy, *Forest City*
 Lenox Pharmacy, *Kingsley*

TIOGA COUNTY

Price Pharmacy, *Wellsville*
 Lemon's Pharmacy, *Blossburg*

UNION COUNTY

Homecare Pharmacy, *Lewisburg*

VENANGO COUNTY

Glenview Apothecary, *Oil City*
 The Medicine Shoppe, *Franklin*

WARREN COUNTY

The Medicine Shoppe, *Warren*

WASHINGTON COUNTY

The Medicine Shoppe, *Canonsburg*,
Monongahela, Washington
 Kuzy's Drug Store, *Bentleyville*
 Redstone Pharmacy, *California*

WAYNE COUNTY

The Medicine Shoppe, *Honesdale*

WESTMORELAND COUNTY

The Medicine Shoppe, *New Kensington*,
Irwin, Jeannette, Latrobe
 Professional Pharmacy of Greensburg,
Greensburg
 Union Prescription Center, *Greensburg*
 Wellington Square Pharmacy, *Greensburg*
 Ranier's Pharmacy, *Jeannette*
 I. E. Med Systems, *Latrobe*
 Medicap Pharmacy, *Murrysville*
 Norvelt Pharmacy, *Norvelt*
 Scottdale Pharmacy, *Scottdale*
 Hayden's Pharmacy, *Youngwood*

WYOMING COUNTY

Lech's Pharmacy, *Nicholson, Meshoppen*
 Winola Pharmacy, *Lake Winola*
 Rural Health Corp. Pharmacy, *Noxen*

YORK COUNTY

Gruber's Pharmacy, *Dillsburg*
 Fairview Professional Pharmacy, *Etters*
 Broadway Pharmacy, *Hanover*
 Myers Drug & Medical Equipment Center,
Hanover
 The Medicine Shoppe, *Hanover*
 Brockie Pharmacy, *York*
 York Apothecaries, *York*

Robert H. Fitzgerald Jr., MD, was appointed professor and chairman, Department of Orthopedic Surgery, University of Pennsylvania Medical Center, Philadelphia.

Larry I. Barmat, MD, Department of Obstetrics and Gynecology, Albert Einstein Medical Center, Philadelphia, has received the S. Leon Israel Award for excellence in research.

Medical College of Pennsylvania and Hahnemann University, Philadelphia, has appointed **Trevor R.P. Price, MD**, chair, Department of Psychiatry.

Bijan Etemad, MD, was appointed chairman of the Department of Psychiatry, Graduate Hospital, Philadelphia. Dr. Etemad will also oversee a psychiatry liaison program which involves Graduate Health System Parkview and City Avenue Hospitals, as well as Graduate and Mt. Sinai hospitals.

Seth Koss, student at the University of Pennsylvania, Philadelphia, has been selected as a 1995 Pisacano Scholarship recipient. The scholarships, valued up to \$50,000 each, are awarded to students attending U.S. medical schools who demonstrate a strong commitment to the specialty of family practice.

William J. Provance, DO, a gastroenterologist and hepatologist, Latrobe Area Hospital, was appointed assistant professor of gastroenterology, Lake Erie College of Osteopathic Medicine, Erie.

J. Harris Joseph, DO, Bala Cynwyd, was appointed clinical associate professor of surgery, Jefferson Medical College of Thomas Jefferson University, Philadelphia.

Craig J. Ross, DO, was named medical director, Carpenter Technology Corporation, Reading.

Barbara T. Williams, DO, was recognized by the Student Osteopathic Medical Association of the Philadelphia College of Osteopathic Medicine for serving as a positive role model for student doctors.

B. David Horn, MD, and **G. Dean MacEwen, MD**, have joined the section of orthopedic surgery, St. Christopher's Hospital, Philadelphia,

and were appointed professors of orthopedic surgery and pediatrics, Medical College of Pennsylvania and Hahnemann University School of Medicine, Philadelphia.

Flaura K. Winston, MD, was awarded the 1995 Melville Medal from the American Society of Mechanical Engineers for her paper, "An Analysis of the Time-Dependent Changes in Intracellular Calcium Concentration in Endothelial Cells in Culture Induced by Mechanical Stimulation."

Penn State's Milton S. Hershey Medical Center has appointed **Diane E. Schuller, MD**, chief, Division of Allergy, Immunology, and Pulmonology, and professor of pediatrics.

Albert J. Stunkard, MD, emeritus professor of psychiatry, University of Pennsylvania Medical Center, Philadelphia, has received the Academy of Eating Disorder's Lifetime Achievement Award.

Robert L. Comis, MD, Ludwig A. Kind professor of medicine and director of clinical programs, Jefferson Medical College of Thomas Jefferson University, Philadelphia, was elected group chair of the Eastern Cooperative Oncology Group—a consortium of university medical centers and community-based programs working to improve outcomes for cancer patients nationwide.



Dr. Gross

George W. Gross, MD, director, pediatric radiology, Thomas Jefferson University Hospital, was appointed chairman, Department of Medical Imaging, Alfred I. duPont

Institute, Philadelphia.

John R. Ball, MD, was named executive vice president for clinical services, Pennsylvania Hospital, Philadelphia.

The Institute of Pennsylvania Hospital, Philadelphia, has elected the following officers of the medical staff: **Newell Fischer, MD**, president; **David Ellis, MD**, executive vice president; **Lewis**



Dr. and Mrs. Dominic A. DeLaurentis received the Good Samaritan Award from the Pennsylvania Hospital, Philadelphia, for their dedication to the hospital and their longstanding support of its programs.

Merklin, MD, administrative vice president executive/treasurer; and **Christie A. Huddleston, MD**, secretary.

Albert Einstein Medical Center, Philadelphia, has appointed **Earl J. Fleegler, MD**, director of the Hand Program.

University of Pittsburgh Medical Center has appointed **Howard Cohen, MD**, director of the newly formed Cardiac Laser Center.

Christine Laine, MD, assistant professor of medicine, Jefferson Medical College of Thomas Jefferson University, Philadelphia, was selected as a Picker/Commonwealth Scholar by the Commonwealth Fund, a New York City-based national philanthropy concerned with health and social issues. The award is a two-year grant of \$100,000 to support her research on patient knowledge following primary care visits.

Leonard S. Jacob, MD, Penn Valley, was honored by the Medical College of Pennsylvania and Hahnemann University School of Medicine for furthering the creation of the Edward Jekkal Muscular Dystrophy Association Fellowship.

Santiago J. Munoz, MD, was appointed director of the Center for Liver Disease, Albert Einstein Medical Center, Philadelphia.

Michael Glacken, MD, was appointed medical director of Horsham Health Systems, the integrated delivery services of The Horsham Clinic.

Azar Peter Dagher, MD, was appointed assistant professor, Division of Neuroradiology at Thomas Jefferson University Hospital, Philadelphia.

Patient Impatience Can Cost Your Practice Business

Keeping your patients happy is the key to keeping their business; making them wait for you will make them unhappy. In most cases, you can *avoid* making your patients wait for you. But if not, make their wait as comfortable as possible, and take steps to prevent the chaos that will develop from a derailed schedule.

Your patients value their time, just as you do. If you were asked to attend a meeting and waited 45 minutes or an hour for it to start, how would you feel? Now, think of the patients in your waiting room as people you invited to a meeting, and remember that many of them feel miserable at the start.

Patients who are sufficiently annoyed at you will leave your practice. Also remember that managed care organizations use patient satisfaction surveys to help decide which physicians to select for or deselect from their provider panels.

Avoid lateness

Most physicians are trained to be reactive; the patient presents and the physician acts. In business, being proactive brings greater success. Your medical practice is a business, so be proactive. Start by planning to avoid lateness. If you are unlikely to arrive at the office by 9:00 a.m. (for example, because your route from home to the office frequently is jammed), schedule appointments beginning at 9:30 a.m.

Scheduling adequate time between your hospital duty and patient visits will reduce both the length of time you keep patients waiting and the number of occurrences of lateness. If you are in a group, have one practice associate at the hospital cover for the other associates. This even works for some ob/gyn practices, as long as the expectant mother links your associate with you, and you visit to check on mother and baby as soon as possible after delivery.

Form a plan

Of course, problems happen, regardless. If you usually schedule

five patients an hour and arrive at your office an hour late, you will find at least five patients in the office, and five more will be on the way. Design a contingency plan to keep the number of patients in your office to five or six. This will prevent a backlog that is difficult to overcome, reduce patient dissatisfaction, and make your receptionist look and feel competent.

For example, if you call the office and say, "I'm running 30 (or 60) minutes late; go to Plan A," your staff can explain to your patients about how late you are running, apologize for the inconvenience, offer to reschedule appointments, and make your patients as comfortable as possible.

Then, your staff can contact the next five patients in the appointment book, inform them that you are running late, and ask to reschedule their appointments, perhaps offering more favorable time slots. Most non-emergency patients will understand and appreciate your call, preferring to reschedule rather than arrive at your office to learn there is an hour (or longer) wait.

Try to compensate already waiting patients for the delay. For example, informally reduce your fee or waive your copay, and offer to pay transportation or parking costs. Stay late to accommodate those patients who waited for you. Make sure you give each one of them ample time in your office. A patient who wastes an hour or more in your waiting room and who then is rushed out of your office may be angry enough to blame you for any adverse outcome, whether it was your fault or not.

Make waiting comfortable

To make waiting as comfortable as possible, consider the following:

- a television set and VCR, especially for educational tapes;
- a diverse selection of current magazines;
- storybooks, puzzles, coloring books, and crayons;
- daily newspapers;
- reading lamps on end tables;

- plenty of comfortable chairs;
- (crying) children's room/area;
- separate room for children with infectious diseases (especially for pediatrics practices);
- free telephone, for local calls, in the waiting room (patients may need to inform others of a delay—using your staff's phone is awkward and it ties up that phone);
- coffee, tea, water, juice, soft drinks;
- a rest room, with changing table, conveniently located off the waiting room; and
- an aquarium.

Other things you can do

Obtain free patient educational materials from pharmaceutical and device manufacturers, HMOs, and medical societies and organizations. For example, you can give a patient with low back pain a pamphlet on its causes and treatments to read while waiting. This not only makes for a more effective visit with you, but it also gives the patient something to take home and refer to as needed. A better informed patient is more likely to follow prescribed treatments and feel better sooner.

Observe fair queuing rules. If your patients schedule appointments days or weeks in advance, see them *at the appointed times*, and allow walk-ins to wait longer. Especially if yours is a primary care practice, consider establishing "open" hours for patients who must see you today, and call for short notice appointments.

If possible, arrange your office so that patients in the waiting room, not the examination/treatment rooms, have *windows*; at least waiting patients can watch the world pass by.

Remember: Anything that makes good business sense is good for your medical business. Avoid making your patients wait for you. If delay is unavoidable, have your staff explain the delay, apologize, make the wait as comfortable and interesting as possible, and reschedule as many patients as possible. And reinforce the goodwill your staff generates by *personally* apologizing to your patients.

The contributing author, Patrick M. Bernet, MBA, MS, is a consultant with The Health Care Group® and Health Care Law Associates, PC, based in Plymouth Meeting.

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PHYSICIANS WANTED

Western Pennsylvania—Board certified or prepared emergency physicians needed for staffing a community hospital emergency department near the Ohio/Pennsylvania border. Please send CV to P.O. Box 91666, Cleveland, OH 44101.

Pennsylvania—Physician group seeks full-time and part-time physicians for an emergency department of community hospitals in central and western Pennsylvania. Please send resume to P.O. Box 91666, Cleveland, OH 44101.

Pittsburgh, Pennsylvania—Penn Group Medical Association (PGMA), a 100-physician multi-specialty group practice affiliated with the largest HMO in Pittsburgh, is seeking BE/BC physicians in: family practice, internal medicine, pediatrics, ob/gyn, and psychiatry. We are formally affiliated with major teaching hospitals and leading community hospitals in Pittsburgh. PGMA serves eight ambulatory care centers, all conveniently located near cultural, educational, recreational, and corporate activities. Excellent salary and fringe benefits. For confidential consideration contact: Angela Lascola, HealthAmerica, 5 Gateway Center, Pittsburgh, PA 15222, or call collect (412) 553-7502.

Emergency Physicians—Emergency Physician Associates is seeking quality ED physicians for a variety of practice opportunities. Director and staff positions are available. EPA contracts with hospitals in NJ, PA, MD, and NC for the provision of emergency medicine, urgent care, and industrial/occupational health services. Our client hospitals are located in rural to urban areas with patient volumes ranging from 10,000 to 75,000. At EPA we offer physicians competitive compensation, flexible schedules and shifts, occurrence-based malpractice insurance, a variety of practice settings to choose from, cooperative working environments, and supportive medical directors and corporate staff. Interested candidates may contact EPA at (800) 848-EPA-1.

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nursing home practice, hospital newborn care. Please send curriculum vitae to: Box 410, PENNSYLVANIA MEDICINE, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

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Cardiologist—Non-invasive BC/BE, sought to join 12-member privately practicing cardiology group in Southcentral Pennsylvania. Personnel Director, Suite 3, 1000 North Front Street, Wormleysburg, PA 17043.

BC Family Practitioner wanted to join pleasant internal medicine practice in S.E. Pennsylvania. Minutes from Philadelphia. Competitive salary and benefits package. Send CV to Box 415, PENNSYLVANIA MEDICINE, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820. →

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The U.S. Quality Algorithms® (USQA®) Managed Care Fellowship, a unique collaboration between one of the country's foremost managed care companies and Jefferson Medical College, Philadelphia, is soliciting applications for its 1996-1997 program, to begin July 1996. The program's goal is to prepare physicians to assume leadership roles in contributing to the formation, conduct, and evaluation of health care-related policy in a variety of settings. It is aimed at physicians who seek additional training and experience relevant to the delivery of high-quality, cost-effective care. Typical candidates will have completed a residency in fields such as internal medicine, family practice, or pediatrics, though applicants with other backgrounds will be considered. **Dead-line for applications: December 15, 1995.**

For information, contact Susan Howell, Jefferson Medical College, 621 Curtis, 1015 Walnut St., Philadelphia, PA 19107, 215-955-9995.

Part-time Position available, day, evening, or weekends. Modern urgent care center, suburb of N.E. Philadelphia. Excellent opportunity for resident or practitioner seeking to supplement income. Contact Dr. Kravitz (215) 638-0666.

Family Medicine/Internal Medicine—Procedure-oriented comprehensive and stimulating multispecialty outpatient medical practice in attractive suburb of northeast Philadelphia, desires additional full-time staff physician. Ultramodern facility with full on-site diagnostic and therapeutic support. Attractive salary, full benefits package, and long-term security potential make this an opportunity that is most desirable for the stable, career-oriented applicant. Contact Dr. Kravitz (215) 638-0666.

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want more information, contact: Stanley Lang, MD, Agape Family Health Center, PC, 216 Liberty Blvd., DuBois, PA 15801 (voice (814) 375-1222, fax (814) 375-9366).

Physician—MD or DO—BE/BC, experienced in General Internal Medicine/Family Medicine/Physical Medicine or willing to learn same to join multi-office group. Salary and benefits negotiable. Physicians Financial Planning, Suite 102, 225 City Line Avenue, Cynwyd, PA 19004, (610) 668-3666.

Pittsburgh, PA—IM/FP. An outstanding group, consisting of seven internists, is seeking a BE/BC internist or family practitioner to join their well-established and growing practice. This group, which has been together for more than 11 years, admits patients to a major tertiary care teaching facility (containing an internal medicine residency program). An opportunity exists for the new associate to practice in the northern or eastern sections of Pittsburgh. Enjoy living and working in a city which provides professional sports teams, a world-renowned symphony, excellent school systems and quality, affordable housing. For information, please contact Kristin Ferguson at: Daniel Stern & Associates, The Medical Center East, 211 N. Whitfield Street, Pittsburgh, PA 15206, Call (800) 438-2476 or fax (800) 892-2781.

Pittsburgh, PA—Internal Medicine/Family Practice. Excellent opportunity for BE/BC internist or family practitioner to join a well-es-

tablished, busy practice. Enjoy two beautiful, modern offices located within very close proximity to the admitting hospitals, join the staff of a major tertiary care teaching institution which has a highly respected internal medicine residency program. Live and work in a major metropolitan city which provides quality, affordable housing, top-rated school systems, and a great variety of recreational activities. Competitive compensation leading to partnership. For more information, please forward curriculum vitae to: Daniel Stern & Associates, The Medical Center East, 211 N. Whitfield Street, Pittsburgh, PA 15206, Call (800) 438-2476 or Fax (800) 892-2781.

MD/DO needed for a well-established and busy multi-doctor chiropractic, nutrition and rehabilitation facility, located in S.W. Pennsylvania. We offer a competitive salary plus full benefit package. Send confidential resumes to Personnel Manager, P.O. Box 455, Greensburg, PA 15601.

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IM AND FP—Pittsburgh area: Secure, well-established group, four locations—suburban or semi-rural, good call groups, excellent

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For additional information, contact Christine Mackey-Ross, R.N., at **314-862-1370** or fax C.V. with cover letter to **314-727-5662**.

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For additional information, or the confidential recommendation of a colleague, please contact:

Christine Mackey-Ross at **314-862-1370**
or fax C.V. with cover letter to **314-727-5662**,
or write to: Witt/Kieffer, Ford, Hadelman, & Lloyd,
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Academic Geriatrician—Third full-time geriatrician sought for expanding division in teaching hospital. Major responsibilities include inpatient and outpatient services, education, and research. Salary and benefits are competitive and commensurate with qualifications. Candidates should be board certified in internal medicine, and be eligible or have passed the qualifying examination in geriatric medicine. Respond with CV to: John Brungo, MD, Chairman, Department of Medicine, Mercy Hospital, 1400 Locust Street, Pittsburgh, PA 15219-5166.

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Physician Wanted: Southcentral Pennsylvania hospital seeking board certified or board eligible general surgeon. Please send CV to Physician Recruiter, Fulton County Medical Center, 216 South First Street, McConnellsburg, PA 17233.

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I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

Why Are We Here?

James D. Balshi, MD

"The punishment of wise men who choose not to participate in government is that they must live under a government of unwise men."

—Benjamin Franklin

Dr. Balshi, a vascular surgeon, is immediate past president of the Northampton County Medical Society. This article is excerpted with permission from the county society's Bulletin. It originated last year as his inaugural speech.

When the Northampton County Medical Society was formed in 1849, medicine was much different. The vast majority of care was delivered in the doctor's office with only a small number of patients requiring hospitalization. Primary care was frequently the *only* care either necessary or available. The county society served an important role for the [region's] medical community—it *was* the medical community. It provided physicians with a forum for interaction and a place to share in education, transfer ideas and information, and mingle with our peers privately. And it provided the community at large with a sense of confidence that high ethical standards were enforced within our profession.

Enter the Technological Revolution. Over the last 70 years, medicine has rapidly found itself "armed to the teeth" with scientific advances capable of curing diseases for the first time.

The office clinic slowly gave way to the intensive support systems provided by the hospitals as our new battleground for the fight against disease. As the venue shifted, a different "medical community" emerged—the hospital medical staff. Here in our "Houses of Mercy," the new, the exciting, the "headline" medicine was happening. Physicians spent more and more of their time in the hospitals interacting with their colleagues.

In time, this led to a sense of allegiance to the hospitals and their medical staffs that slowly replaced the sense of community in the county-wide practice of medicine. The notion of responsibility as a group was emerging in the hospital medical staffs, and this crystallized in the 1960s when a malpractice decision held a hospital and its medical staff liable for negligent care.

Suddenly these organizations took on great importance, and an explosion of committees and subcommittees quickly swallowed up the spare time of hard-working doctors. The monitoring of professional conduct and performance, high ethical standards, and peer review has largely been assumed by the well-organized hospital medical staff.

More recently, managed care and all its siblings scream at us in unison to redesign and redefine the way we practice

medicine. Feeling the need to fight this "new" fire with a "new" fire, we've formed physician organizations in Easton and Bethlehem. Physicians in these medical communities are working together, representing our financial interests and constructing more efficient and cost-effective health care payment systems.

It seems, then, that many of the concerns and needs of physicians are being met by these new "medical communities." Why, then, are we here? Has the county society outlived its usefulness? Has it become another Jurassic Park—vainly trying to preserve the past? I think not.

During this current assault on our profession, we are most vulnerable to rapid change foisted upon us from the outside. We spend so much of our time focused on the "small picture" of the patient before us that it is difficult, if not impossible, to see the "big picture" occurring around us. But it is critical nonetheless.

Whether we agree or disagree with our organized medicine, it all starts with our "grassroots" voice. This society will continue to support our interest politically and offers you the chance to participate.

Also, while we are fractured into many groups and given so many responsibilities—from committee chair to administrative chief to HMO medical director—we cannot lose sight of what our colleagues are doing. The forum where doctors from hospital-based practices, competing office-based practices, and industry-owned clinics can sit down together, communicate, and share a sense of common purpose, must be preserved.

Easton and Bethlehem were once widely separated. Now, "selective contracting" by industry is moving our patients across the valley. We need to know our colleagues in both communities, on and off the playing field. In our unity, there is strength. In our strength, there is better care for our patients.

Finally, we are here (and I hope will continue to be here) to preserve the dignity of medicine. We are not hospitals or PPOs or PHOs or HMOs. We are *not* health care providers. We are doctors. Often alone in a room with our patient, or with an x-ray film or a microscope slide, it is our medical judgment that shapes and directs the lives of our patients. It is not a job—it's an honor. And this society will work to preserve it. ☉

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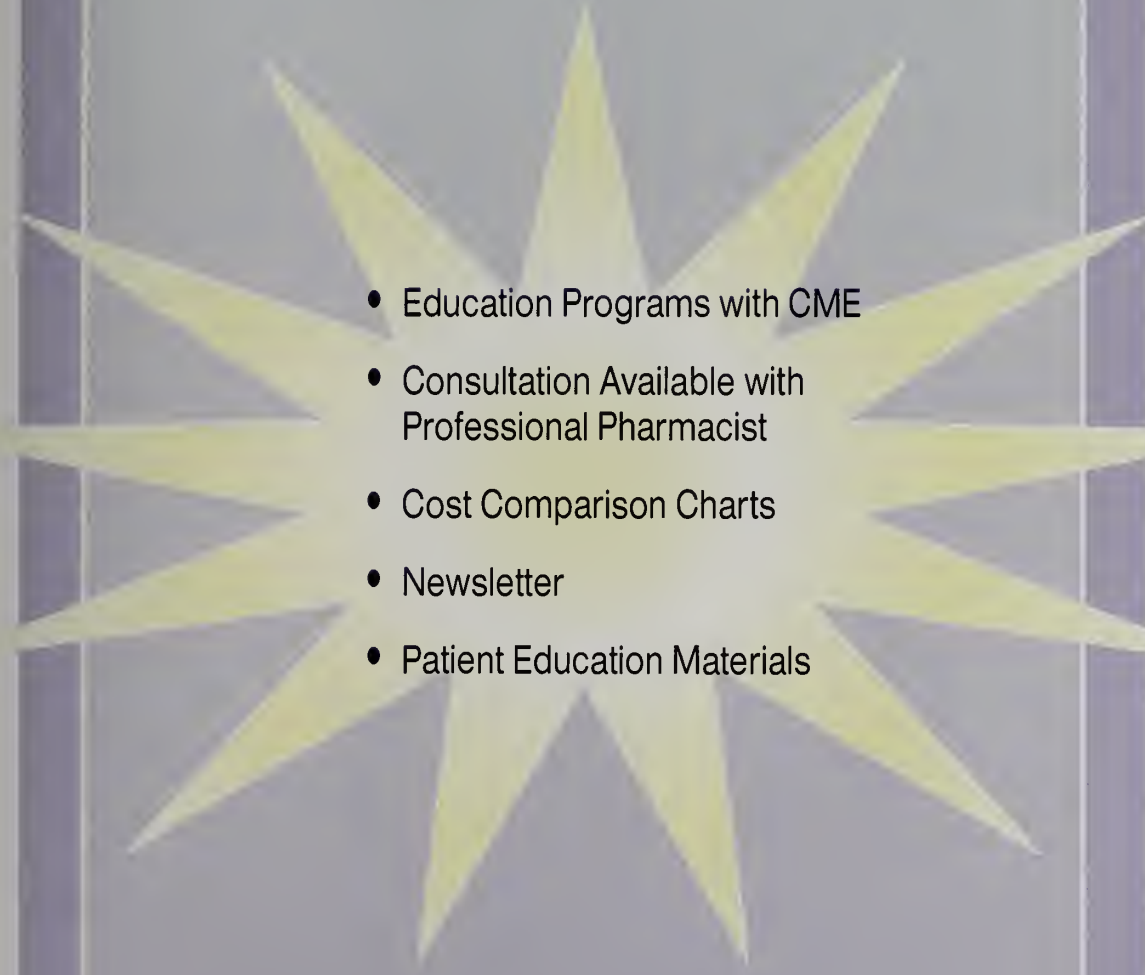


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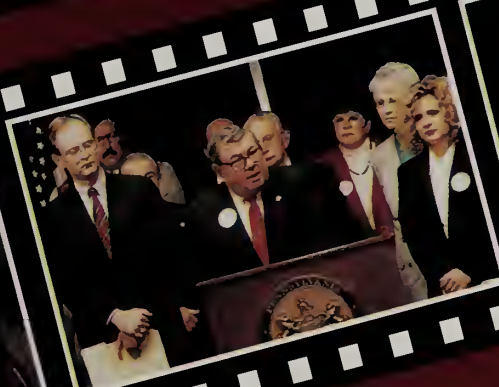
YOUR STATE SOCIETY IN ACTION:

Strategies from the House
of Delegates—pages 10-19

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Big Push Is on for Tort Reform

Rally Information—see special insert

Press Conference Coverage—page 20

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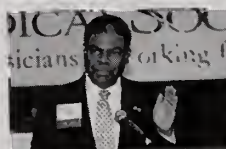
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10 House Actions Expand Physician Choices

Pennsylvania physicians will have more support in the managed care arena and more choices in their professional affiliations as a result of actions at the Society's annual meeting in October.



Related articles:

- 15 *Leaders Urge Action on Challenges to Medicine*
- 17 *Resolutions Before the 1995 House of Delegates*
- 44 *New Structure Offers New Flexibility and New Focus*

Photos by Carl S. Socolow, Camp Hill

20 State Society Vows: "Tort Reform Now!"

**Tort Reform
Now!
HB 2122**

As Pennsylvania physicians heralded the Society's alarm this fall in support of tort reform, Society-sponsored legislation was already being introduced. Here's a look at House Bill 2122 and the Society's tort reform strategy.

22 Society Victory Nets in Excess of \$54 Million for Providers

\$54,000,000

You've heard about this Society win: The state must now pay full coinsurance and deductibles for low-income elderly eligible for both Medicare and Medicaid. But how do you ensure payment? Society counsel offers advice.

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- 6. Representative J. Scot Chadwick (R-Bradford)

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“OK, Tom was right.

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liability coverage. Not all of us were in favor of the policy from the discount carrier. Especially Tom. He felt the risks of our profession were already high enough, and we couldn't trust just anyone to protect our practice and our reputation. But Liz and I wanted to lower monthly expenses. We honestly thought we'd get the same peer review on claims that PMSLIC offers its policyholders.

Boy, were we misinformed. After Liz was sued, we found ourselves defending her actions to the very people we were paying to defend us. I mean, they're supposed to be on our side, right? I still can't believe how much time we've already spent trying to get our practice back on track. If we had gone with PMSLIC, we wouldn't be in this mess. I wish we had made the right move from the start. I wish we had listened to Tom. ”



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PPHP ACHIEVES CAPITALIZATION GOAL: The Pennsylvania Physician Healthcare Plan, Inc. (PPHP) has surpassed the break-escrow point of \$16.5 million required to capitalize the organization. PPHP is now moving forward into the next phase of the company's development—the licensure process. The stock offering remains open to permit participation from physicians who have not yet invested, as well as for additional investment from current subscribers. For more information about investing in PPHP—the only physician-owned HMO start-up in Pennsylvania—or for additional copies of the stock offering materials, call (800) 671-7747.

PHYSICIAN GROUPS SUPPORT "PRUDENT LAYPERSON" BILL: The State Society and the Pennsylvania Chapter of the American College of Emergency Physicians (PaACEP) are urging Pennsylvania legislators to protect patients' access to emergency medical care by passing House Bill 1415, known as the "prudent layperson" bill. Representative John Lawless (R-Montgomery) is the bill's chief sponsor. Opposed strongly by insurance interests, House Bill 1415 is now on the House calendar. For additional information, call PaACEP at (800) 228-7823 or (717) 558-7750.

WESTERN BLUE CROSS AND PA BLUE SHIELD AGREE TO CONSOLIDATE: The 300-person corporate membership of Pennsylvania Blue Shield on November 28 voted 163-55 to approve consolidation with Blue Cross of Western Pennsylvania. The boards of directors of both companies gave their approvals earlier in the month. According to a news release issued jointly by both organizations, formal filing for regulatory review was planned for early this month, with the intention of starting to consolidate operations in early 1996. The Society's House voiced several concerns about the merger at its October meeting. For background, see page 11.

SOCIETY DUE CREDIT IN YET ANOTHER MEDICARE VICTORY: The State Society can take at least partial credit for convincing METRAHEALTH of Nanticoke, the Medicare Durable Medical Equipment Regional Carrier (DMERC) for Pennsylvania, to eliminate two newly proposed paperwork requirements. The new forms—the Physician Information Sheet and the Written Confirmation of Physician's Order—were to be implemented on January 1, 1996.

SOCIETY DROPS KEYSTONE FROM MEMBER HEALTH PLAN: The Society will no longer offer Keystone Health Plan Central HMO as part of its member health plan because of Keystone's exclusive agreement with The Reading Hospital and Medical Center. The exclusive agreement forces a number of physicians in the Reading area to either stop seeing Keystone patients or join the medical center's medical staff. The Society offers several other health plan options to members in the Capital Blue Cross region. For additional information, call the Society's Marketing Department at (800) 228-7823 or (717) 558-7750, extension 1497.

PENNSYLVANIA MEDICINE WINS TWO REGIONAL AWARDS:

PENNSYLVANIA MEDICINE won two awards from the Harrisburg Chapter of the International Association for Business Communicators, including a silver award for the writing of "Living the Oath" [December 1994] and a bronze award for overall content and design. This is the third year in a row the magazine was recognized for excellence by the association.



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Finding Good in a Year of Concerns

John W. Mills, MD
Medical Editor

With only four years left in this century, the 1995 holiday season should give us cause for a different type of celebration—one of reflection and of thanksgiving.

We have much to be thankful for, not only as individuals, but as physicians, as members of a medical society, and as citizens.

While we know that our medical care is the finest in the world, we've also come to realize that much of our system needs fixed. Congress is trying to address some of the faults, with changes in Medicare and block grants for Medicaid. Doomsayers predict chaos; others predict fiscal strengthening of Medicare and an end to the escalating Medicaid "dole out." No matter our stance, as professionals we should simply be thankful that our government is finally biting the bullet to try to deal with these serious problems in a fiscally responsible manner.

As Pennsylvania Medical Society members, we should be thankful that the House of Delegates did not "let Humpty Dumpty fall off the wall," but chose to loosen the shackles of mandatory AMA membership, and to free PMSLIC to pursue other insurance business in Pennsylvania and other states. No matter how you judge those decisions, know that much soul-searching went into them. We on the Board of Trustees, and I as an individual, look for renewed State Society strength from these actions, a reversal of the membership slide, and increasing success in our "membership driven process."

World peace seems a bit closer as we end this year; for that we are truly thankful. There are still many trouble spots on our globe, but we can be grateful that our leaders are serious in trying to help mediate the issues in these areas.

As individuals, our thankfulness, as well as our problems, are unique to each. I am thankful for my reelection as Ninth District trustee and that the Board of Trustees saw fit to continue my tenure as medical editor for another year—a year of even more changes for our publications. PENNSYLVANIA MEDICINE and *Executive Report* will be amalgamated into a new publication, in an

effort to free up more of our budget for electronic communications with you—our members. We look forward to the continuing challenge of providing you with a current, readable, informative, and compelling publication.

For the lives that have touched mine—patients, office staff, family, colleagues, friends, and special confidants—and for the fulfilling experiences in my life—professional and personal—I am truly thankful.

Some of you know that my life-long wish has been to become certified as a steam locomotive engineer. Just as the art of medicine can't be learned from a book, the art of firing and running a steam locomotive is learned by experience, after becoming thoroughly familiar with the rules and mechanics in the texts.

As I mentioned last month, I did spend a few days in August learning how to fire Engine 2353 of the San Diego Museum in Campo, California. This engine, like many western engines, is an oil burner, used in place of coal burners in an effort to reduce fires along the railroad right of way caused by hot ashes, sparks, and glowing embers. Initially the oil is atomized by compressed air and ignited by a flaming ball of cotton waste (soaked in kerosene) and placed in the fire box. The draft is fully open and, as more oil is added, the fire gradually assumes a roaring, rhythmic beat as it swirls further from the burner and envelopes the whole fire box.

Watching the color of the smoke at the stack is your indication of what the fire is doing—black, too rich; white, too lean. It's a fine-tuning process as the steam pressure builds. The boiler water level must be checked frequently to keep the level between two notches on the "glass." It's much like adjusting insulin in a diabetic or monitoring a complex labor in a pre-eclamptic patient. My greatest thrill to date was signaling with the steam whistle cord—for 2353 has yet to run under its own power and needs many tests yet to be run.

For excellent health which allowed me 43 years of medical practice, and now, in retirement, the opportunity to be steam locomotive certified...I am very thankful. ☉

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Tax Amnesty

Policy Needed on Managed Care Referrals

The Lehigh County Medical Society Board of Trustees would ask the Society's Council on Education and Science to please consider issuing a policy statement regarding "Long-Term Postoperative Care of a Patient Between the Primary Physician and the Specialist with Regard to the Managed Care System."

It has been brought to our attention that more and more, the primary physicians are not referring the patient back to the specialist for long-term patient review, even though the primary physician has been advised by the specialist that they must see the patient on a six-month or annual basis.

This referral, if not made, puts the patient and physicians in a very awkward position. If the patient happens to develop a problem two, three, or more years down the road, is the primary physician held responsible or the specialist because they did not see the patient for routine checkups and perform the proper testing? If the primary physician is advised by the patient's insurer that they will not allow the referral to the specialists, are the insurers responsible?

We look forward to your response as this is a growing issue that we must be able to address appropriately.

*Paul H. Schenck, MD, President
Lehigh County Medical Society*

Response:

The letter from the Lehigh County Medical Society about neglected referrals of managed care patients raises not only a legal question, but an ethical question as well: Do physicians' responsibilities to personal remuneration and insurance companies take priority over their obligations to patients?

In the past it has always been a given that physicians would use their medical skills, knowledge, and competence in the best interests of their patients. Currently, however, managed care programs use financial

incentives and disincentives to influence physicians to postpone expensive tests or, as in the Lehigh Valley letter, to avoid consultations in the name of cost containment. Keep in mind that managed care is a system of care designed to shape clinical decisions on the basis of cost containment, not on the basis of patient needs.

The problem started when physicians agreed to being called health care providers. Patients then became consumers or, at best, clients. As a result, medicine became a commodity, open to market forces. The doctor-patient relationship, the soul of medicine, was thereby seriously distorted because physician self-interest was deftly promoted by the insurance industry.

Managed care, however, not only promotes, but legitimizes physician self-interest over obligations to patients' needs. This undermines the quintessential feature of the medical profession: acting in the best interest of the patient and effacing self-interest when it conflicts with patient needs. A physician must not be a double agent, pretending to act in the best interest of patients, while actually acting in the best economic interests of self and the managed care company.

When harm comes to a patient as a result of such duplicity, it must be understood that the physician is inescapably a moral accomplice to the injury. Pennsylvania Medical Society general counsel has said that the gatekeeper-physician is legally responsible if harm comes to the patient. I would add that the gatekeeper physician is also ethically responsible.

The provision of necessary and effective care to the sick is the only gatekeeping role that is not only ethical, but is also obligatory. Cost-containment gatekeeping must be viewed very carefully from the aspect of its impact on patients.

The medical profession has a moral responsibility to stress the primacy of patient needs when discussing cost containment. When any of us reviews

a managed care contract or policy proposal, we should subject it, in its details, to an analysis of what it does to our obligation to patients. We must refrain from limiting access to care, as in not referring to the specialist mentioned in the Lehigh County letter because of economics, ignoring the good of the patient.

Does this mean that physicians have no role at all in cost containment? Of course not! As clinicians, our major contribution to cost containment is the practice of effective and competent medicine. Justice, as well as beneficence, demand that we avoid unnecessary testing, consulting, and treatment.

Justice and beneficence also demand, however, that physicians provide effective, beneficial, and necessary care. This is our sacred duty. If we opt for being responsible to the managed care company rather than to our patients, we will need to confess that we are no longer members of a profession, but rather merely members of a trade association. Are we ready to do that?

*George D. Hanzel, MD
Member, Former Council on
Education and Science*

Editor's note: Members of the former Council on Education and Science agree that this issue is important and anticipate that the newly restructured Council on Health Policy and Advocacy (see page 44) will revisit the issue.

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DECEMBER 1995

December 6th

Cardiac Auscultation

Leonard S. Dreifus, M.D.

Professor of Medicine, Medical College of Pennsylvania and Hahnemann University
Division of Cardiovascular Diseases
Hahnemann University Hospital

December 13th

Women's Health Issues: Gender-Based Differences in Disease Progression and Pharmacodynamics

Jean Hamilton, M.D., M.P.H.

Betty A. Cohen, Chair of Women's Health
Director, Institute for Women's Health
Medical College of Pennsylvania and Hahnemann University

December 20th and 27th

Holiday—No Grand Rounds

JANUARY 1996

January 3rd

Tuberculosis-1996

Jeffrey Glassroth, M.D.

Thomas J. Vischer Professor and
Chair of Medicine
Medical College of Pennsylvania
and Hahnemann University

January 10th

Advances in the Treatment of NIDDM

Alan J. Garber, M.D., Ph.D.

Professor of Medicine,
Biochemistry and Cell Biology
Baylor College of Medicine
Houston, TX

January 17th

Addiction Medicine

David Smith, M.D.

President of the American Society
of Addiction Medicine
University of California/San Francisco
(UCSF) School of Medicine
San Francisco, CA

January 24th

Antibiotic-Associated Diarrhea

Sherwood L. Gorbach, M.D.

Professor of Medicine and Community Health
Tufts University School of Medicine
Boston, MA

January 31st

Unrelated Donor Bone Marrow

Transplantation

David Marks, M.D.

Assistant Professor of Medicine
Medical College of Pennsylvania and
Hahnemann University
Division of Hematology/Oncology
Hahnemann University Hospital

Phyllis Sabol, M.D.

Hematology/Oncology Fellow
Medical College of Pennsylvania and
Hahnemann University
Hematology/Oncology
Hahnemann University Hospital

FEBRUARY 1996

February 7th

Salt Retention and Diuretic Resistance in Congestive Heart Failure

Wadi Suki, M.D.

Professor of Medicine and Molecular
Physiology and Biophysics
Baylor College of Medicine
Chief, Renal Section
Methodist Hospital
Houston, TX

February 14th

Aspirin and Warfarin Therapy

Alexander Graham Turpie, M.D.

Professor of Medicine
McMaster University
Hamilton General Hospital
Hamilton, Ontario, Canada

Abnormalities of Thrombosis in Cardiovascular Disease

Barry S. Collier, M.D.

Murray M. Rosenberg Professor of Medicine
Mount Sinai School of Medicine
Chair, Department of Medicine
Mount Sinai Hospital
New York, NY

February 21st

Advances in Magnetic Resonance Imaging for the Internist

Robert MacMillan, M.D.

Professor of Medicine
Associate Professor of Radiology
Medical College of Pennsylvania
and Hahnemann University
Director, Cardiac MRI, Division of
Cardiovascular Diseases
Hahnemann University Hospital

Paula Touloupoulos, M.D.

Assistant Professor of Radiology
Medical College of Pennsylvania
and Hahnemann University
Department of Radiology
Hahnemann University Hospital

February 28th

Pathogenesis and Treatment of Reflux Esophagitis

Roy C. Orlando, M.D.

Professor of Medicine and Physiology
Tulane University School of Medicine
Chief, Section of
Gastroenterology and Hepatology
Tulane University Medical Center
New Orleans, LA

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DECEMBER 6, 1995

Cardiac Auscultation

Course Directors: *Leonard S. Dreifus, M.D., Daniel Mason, M.D., Gerald Scharf, D.O., John J. Ross, RCPT*

JANUARY 10, 1996

Diabetes

Course Directors: *Leslie I. Rose, M.D., Allan B. Schwartz, M.D.*
Lecturers:
Alan J. Garber, M.D., Ph.D., Harry Gottlieb, M.D.

JANUARY 17, 1996

Addiction Medicine

Course Director:
Vincent Zarro, M.D., Ph.D.
Lecturer:
David E. Smith, M.D.

FEBRUARY 14, 1996

Abnormalities of Thrombosis

Course Director:
Marc Cohen, M.D.
Lecturers:
Alexander Graham, Turpie, M.D., Barry S. Collier, M.D.

Seminar Director: Allan B. Schwartz, M.D., Professor of Medicine, Chief of Service, Director of Continuing Medical Education for the Department of Medicine

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House Actions Expand Physician Choices

Compiled by Maria T. Montesano
Assistant Managing Editor

Pennsylvania physicians will have more support in the managed care arena and more choices in their professional affiliations as a result of actions of the State Society's 1995 House of Delegates. At the annual meeting, held October 27-29 in Hershey, the delegates voted to:

- eliminate the AMA membership requirement;
- allow the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) to write insurance for all physicians in Pennsylvania; and
- change the name of the Hospital Medical Staff Section to the Organized Medical Staff Section, and expand its scope.

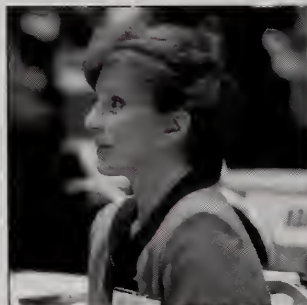
The more than 265 delegates also took action to help physicians deal with the proposed Blues' merger, managed care and HMO strategies, and other insurance matters, as well as to improve patients' health.

AMA membership

The vote to change the bylaws to eliminate the mandatory AMA membership requirement came early in the afternoon on October 28, with limited debate on the floor of the House.

In 1989, the House instituted the membership requirement primarily as a means of assuring a strong national organization to increase effective physician representation at the national level. The Society reaped several immediate benefits from that move, including additional delegates to the AMA House, financial reimbursement for lost membership, assistance in membership recruitment and retention efforts, and a stronger voice for Pennsylvania physicians at the national level.

Recent survey results prompted the Society's Board of Trustees to reconsider the 1989 action again this year. In a poll conducted for the Society's Membership Driven Process Review Panel, 71 percent of respondents stated that national and county membership should not be mandated. When asked what it would



The Society's House considered 126 reports and resolutions this year at its annual meeting. Among issues debated on the floor of the House: a proposed Blues merger, managed care strategies, and new Society structures. Pictured participating in the House (clockwise, from top left) are: Wilmo C. Light, MD, Westmoreland County, former chair of the Society's Council on Membership; Rhondo S. Renninger, York County executive secretary; William Y. Rioli, MD, Delaware County; and Charles Cutler, MD, Montgomery County.



take to encourage potential members to join the Society, 33 percent said freedom to choose membership with the AMA.

The compelling force of such sentiment was reflected by the strength of the overwhelming House vote.

Following the House vote, a Philadelphia County resolution encouraging the Society to urge physicians to join the AMA on a voluntary basis was passed. The State Society's board also acted to encourage voluntary AMA membership.

PMSLIC market expansion

When PMSLIC was created in 1976, the House of Delegates directed that "Pennsylvania Medical Society membership be stipulated for participation in the company." That requirement was revoked this year when the House voted to eliminate the membership requirement for PMSLIC insurance, allowing the

company to market insurance to all physicians in Pennsylvania.

PMSLIC requested reconsideration of the requirement earlier this year, based on the growing trend in Pennsylvania of physicians forming large groups, often made up of both members and nonmembers. The membership requirement made it difficult for PMSLIC to write insurance for such groups and placed it at a disadvantage to competitors who had no such limitations.

"By allowing PMSLIC to write policies for nonmembers, the insurance company formed and run by physicians will remain viable and strong," says David S. Masland, MD, PMSLIC chair from 1976-1989.

PMSLIC President and chief operating officer Sarah Lawhorne, JD, adds, "This...brings with it an intense challenge. We now are free to provide full liability services to all physicians and other health care professionals in Pennsylvania. The

challenge is to do so in an effective and financially prudent way." PMSLIC remains a wholly owned subsidiary of the Society, and PMSLIC Chair Betty L. Cottle, MD, assures members that PMSLIC will continue to support the goals of the State Society and the value of membership in organized medicine.

In other action, the House voted to allow PMSLIC to offer malpractice insurance coverage to physicians in other states. Resolution 606 was introduced by Philadelphia County in response to the increasing trend of physician networks to extend across state boundaries.

OMSS changes

Following the lead of the AMA House in June, State Society delegates unanimously approved bylaws language to change the name of the Hospital Medical Staff Section (HMSS) to the Organized Medical Staff Section (OMSS).

The action expands the section's representation to include organized medical staffs of other health facilities and emerging delivery systems, such as physician hospital organizations (PHOs), managed care organizations (MCOs), independent practice associations (IPAs), physician organizations (POs), staff model HMOs, and preferred provider organizations (PPOs).

New structures

In other policy moves, the House approved a new council and committee structure for the State Society (see chart and explanation, page 44); and referred for further study recommendations of the Ad Hoc Committee on House Representation that would expand section, specialty, and group practice representation in the House. Debate on the latter focused on whether added delegates would solve the representation problem, and, if so, what number of added delegates would be fair.



CAT Fund Director John H. Reed, JD, talked to delegates at the first session of the House about the 1995 emergency surcharge. Reed, new to the fund this year, says though the fund did not change in the past to meet tort system increases, "it still is the cheapest insurance mechanism for doctors and hospitals in Pennsylvania and the U.S."

Blues' merger

On November 28, the 300 corporate members of Pennsylvania Blue Shield were to consider whether to merge with Blue Cross of Western Pennsylvania.

Of major concern to physicians is the potential for such an entity to decrease competition in Pennsylvania, and the diminished role that physicians and other health care providers will play in the governance of the proposed organization.

The State Society has long advocated competition in the marketplace as being better for physicians and their patients. As for the governance issue: Currently, Blue Shield's board comprises 50 percent providers; the proposed board of the new entity is 25 percent representation—12.5 percent from Western Pennsylvania, and 12.5 percent from Central and Eastern Pennsylvania.

The House of Delegates approved three immediate State Society actions to address these and other concerns about the proposed merger:

1) send letters to the members of Blue Shield Corporation outlining our major concerns;

2) ensure that the proposed merger conforms to the requirements of the PBS Enabling Act and other pertinent legislation; and

3) seek 50-percent provider representation on the board, that the chair of the board be a physician, and that at least 50 percent of the corporate membership be elected by general ballot of participating physicians in Pennsylvania as is current Blue Shield policy.

Letters outlining our concerns were mailed on November 9. For an update of the November 28 action, see "late news at press time" on page 4.

Managed care strategies

Ever apparent in medicine is the growing trend toward managed care as more and more physicians "sign on" in an effort to survive in the changing marketplace. As reported last month in PENNSYLVANIA MEDICINE, the need to maintain physician control of medicine becomes more apparent as well. To address HMO problems that continue to arise for physicians, the House directed the Society to:

- encourage continued and increased use of uniform credentialing, and to work with PMSCO to offer credentialing assistance to members;
- support AMA efforts to modify ERISA (Employee Retirement Income Security Act) provisions regarding negligent utilization review decisions, retroactive changes to health care benefits, and lack of preventive services;
- assure that physicians cannot lose hospital privileges for not participating in a hospital's PHO;
- adopt policy to ensure that selective contracting decisions made by any health delivery or financing system are based on multiple criteria related to professional competency, quality of care, and the appropriateness of medical services provided;
- oppose HMOs assigning physicians to new products without written consent of the physicians;
- ask the AMA to petition Congress to consider a rule allowing portability from state to state of medical savings accounts;
- adopt AMA policy seeking to prohibit third-party payers from →

Society Dues Unchanged in '96

The House of Delegates voted not to increase State Society dues in 1996, making it the sixth year in a row dues are set at \$430 for the full-dues membership category. Young Physicians Section graduated dues and dues for other categories of membership remain unchanged as well. As in the past, \$10 of the assessment will be given to the Society's Educational and Scientific Trust.

paying a global fee to hospitals, which include physician fees;

- seek state and federal legislation mandating the payment of medical education funds to be "passed through" to teaching facilities, and urge a corresponding change in federal Medicare and Medicaid guidelines; and

- work with the Department of Aging to resolve the problem of nursing home patient access to physician care due to inadequate physician compensation by managed care organizations.

In other insurance matters, the Society will:

- work to prohibit Pennsylvania Blue Shield from requiring physicians who participate in Blue Shield's Par Doctor Network, but not in other Blue Shield networks, to accept the par doctor reimbursement as payment in full for treating patients in the other networks;

- ask the AMA CPT Department of Coding and Nomenclature to develop additional guidelines to address specific "unusual" situations that develop when using the evaluation and management codes; and

- request that the Department of Public Welfare include payment for services with the Explanation of Medical Benefits.

Patients' health

Patient advocacy remains a strong priority for physicians. This was manifested at the annual meeting in discussion concerning HMO restrictions on maternity hospital stays.

The Society's House voted to support the policy that discharge of mothers and babies be on the advice of their physicians and consistent with the policies of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, which currently allow for coverage up to 48 hours following vaginal delivery and 96 hours for cesarean section delivery. Compensation by third-party payers should also be consistent with the length of stay, according to the House.

This vote follows the lead of the AMA House, which in June received national headlines for similar action. The State Society House also directed the Society to seek state legislation to insure these rights and pursue implementation of the policy through

the state Departments of Health and Insurance.

The delegates further discussed what steps to take to eradicate smoking in Pennsylvania. They decided first to develop model legislation that would ban the use of tobacco in restaurants and lobby for passage of such legislation. Many delegates testified that the Society must take a leadership position on the issue because of the recognized danger of second-hand smoke. They were encouraged that similar legislation was signed into law in New York state earlier this year.

The delegates also directed the Society to write two letters: 1) to President Clinton, supporting his efforts to address the problem of increased tobacco use among young people; and 2) to Congressional leaders, asking them to support the administration's efforts.

Other patient health-related resolutions adopted by the House call for the Society to:

- advocate needle exchanges as a means of AIDS and hepatitis control, and
- write federal legislative leaders to ask that current clean air and water legislation be maintained *at least* at its present level "to preserve the good health of our citizens."

Other action

In other action, the House directed the Society to: 1) submit a resolution to the AMA urging federal action to lift the financial burden from physicians of providing sign language interpreters for deaf patients, as directed by the American with Disabilities Act; and 2) write to the AMA Council on Ethical and Judicial Affairs requesting that the restriction prohibiting physicians from accepting medication samples from

pharmaceutical companies for their immediate families or themselves be lifted for cases where the medication is prescribed by another physician, and that such sample acceptance be considered a matter of professional courtesy.

For a complete list of resolutions and corresponding House actions, turn to page 17.

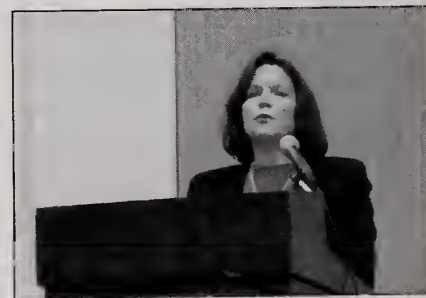
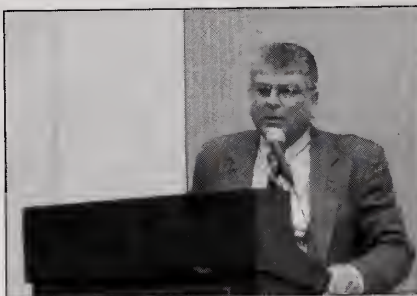
Robert J. Lilley, the Society's associate director of professional relations, contributed to this article.

FORUM EASES ANXIETY OF CHANGING TRENDS

Daily in the practice of medicine, and monthly in this publication, physicians are reminded of the changing trends of health care and the move toward managed care. But these trends are not necessarily bad, according to Roger F. Mecum, the Society's executive vice president.

"Managed care is an evolutionary process...It is not a destination, but an enduring process of defining how health care will be delivered," he told physicians at a special forum, "Localizing Health Care—Managed Care Anxiety Is Treatable," held in conjunction with the annual business meeting. And he reminded the physicians that "with this trend comes the opportunity to take the lead and bring added value to the managed care equation."

Joining Mecum as presenters were Sarah Lawhorne, JD, president and chief operating officer of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC), and Michael P. Lance, chief executive officer of the PennMed Member Services Company (PMSCO). Lawhorne discussed the creation of Infinity Management



The State Society and its subsidiaries are taking steps to ease the anxiety of medicine's changing trends, as evidenced at a special forum held during the 1995 annual meeting. Fielding questions were Michael P. Lance (left), chief executive officer of the Society's newest subsidiary, PMSCO, and Sarah Lawhorne, JD (right), president and chief operating officer of PMSLIC.

Services, a subsidiary of PMSLIC created to develop new risk management products and services, to help the company stay competitive in this changing environment. Lance explained that PMSCO's main goal is to help physicians "transition" into the managed care environment.

A question-and-answer session, moderated by PMSCO Chairman of the Board Michael J. Prendergast, MD, concluded the program. Among audience concerns: antitrust issues and survival in the ever-changing market.

MANAGED CARE, TECHNOLOGY DISCUSSED BY SECTIONS

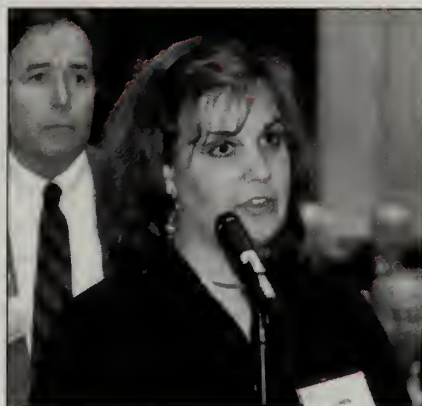
Sixty Organized Medical Staff Section (OMSS) representatives attended the section's annual meeting on October 26 to discuss such issues as the appropriate response time to ICU/CCU admissions for rural hospitals, the oversupply of specialists, mandatory managed care for the elderly, re-engineering of the medical staff, and verbal orders. Attendees also heard a presentation on CME and managed care.

The assembly considered five resolutions: Three were adopted by the section and submitted to the AMA-OMSS this month; two were referred to the section's Governing Council. The meeting concluded with a four-hour seminar, "Improving Your Practice Efficiency with Electronic Technology."

Elected officers and members of the OMSS Governing Council include: John A. Malcolm Jr., MD, secretary; Wilma C. Light, MD, delegate; George R. Green, MD, alternate delegate; and Robert S. Pyatt Jr., MD, member-at-large. Jitendra M. Desai, MD, was elected organized medical staff trustee.

Young Physicians Section

The Society's Young Physicians Section (YPS) also met during the Society's annual meeting. Thirty-five young physicians attended the Ninth Assembly of the YPS on October 26.



Jill B. Cohen, DO, Philadelphia County, was one of seven delegates speaking on behalf of Pennsylvania resident physicians at this year's annual meeting. She was newly elected secretary of the Society's Resident Physician Section at its October 27 meeting.

The day-long assembly began with a business meeting, where young physician members agreed to support the elimination of the membership requirement to purchase liability insurance from PMSLIC. Several resolutions considered dealt with managed care issues, and the section sent nine resolutions on to the House of Delegates.

The afternoon educational session, also devoted to managed care, featured a panel of five managed care experts who discussed various aspects of the current marketplace. Among the panelists: Michael P. Lance, CEO of the PennMed Member Services Company; Anthony Ardire, MD, MPH, of U.S. Healthcare; Dwaine Hartline of Hershey Foods Corporation; and Anthony Coletta, MD, and Howard Peterson of Founders Health Care, Inc.

Elected officers of the YPS Governing Council are: William J. West Jr., MD, chair; Martin D. Trichtinger, MD, vice chair; Michael S. Heinle, MD, secretary; and Robert M. McNamara, MD, trustee representative.

Also serving the section are: Mark P. Downey, MD, Stuart Gitlow, MD, Chad D. Killas, MD, and Marlon T. Maus, MD, delegates; and Carol A.

Bilinski, MD, Todd H. Goldberg, MD, Lorrie Loreman, DO, and Charles Zaleski, MD, alternate delegates.

Resident Physician Section

Marvin Gozum, MD, director of the Center for Research in Medicine and Health Care, and Patricia Hoffmeir of Gilbert Tweed Health Search, led the educational portion of the Resident Physician Section (RPS) meeting, held on October 27. The focus was the future of practice/emerging careers of medicine.

Newly elected officers are: Eric J. Gertner, MD, chair; Jerome S. Schroeder, MD, vice chair; and Jill B. Cohen, DO, secretary. Robert R. Corrato, MD, was newly elected resident trustee, and Stuart Gitlow, MD, MPH is past chair.

Also serving the section are: Jennifer E. Trottman, MD, Jonathan M. Kroser, MD, Patricia A. Graham, MD, Stephen Parker, MD, Alison J. Alexander, MD, Steven C. Thornquist, MD, John D. Paletta, MD, and Joyann A. Kroser, MD, delegates; and Maria E. Simbra, MD, Srinivas R. Nalamachu, MD, Elizabeth H. Sinz, MD, and Bradley D. Stein, MD, alternate delegates. Dr. Parker also serves the board of the Pennsylvania Medical Political Action Committee (PAMPAC).

Medical Student Section

Forty medical students attended the Medical Student Section assembly, held on October 21 at Hahnemann University in Philadelphia. Sharon Orłowski, the Society's director of managed care business strategies and special projects, spoke at the educational program, which focused on current trends in the medical marketplace.

Glen J. Barbee was elected chair of the section, and Kenneth S. Kurtz was elected student trustee. Kenneth W. Anderson is past chair. Also serving the section are: Amy K. Imro, alternate delegate; and Heather L. Orman, Christina T. DeAngelis, James R. Baer, Jean-Jacques Rajter, James T. McCormick, Aditva Arora, and Albert Peng, members-at-large.

In other business, the students established a new committee structure and assigned committee members to begin working on specific issues. For more information, contact the section at (800) 228-7823 or (717) 558-7750. →

ANNUAL MEETING STATS

The following county medical societies reported 100 percent attendance at the Society's annual meeting: Beaver, Berks, Blair, Bucks, Cambria, Chester, Clinton, Columbia, Cumberland, Delaware, Erie, Franklin, Indiana, Lackawanna, Lancaster, Lawrence, Lehigh, Montgomery, Northumberland, Philadelphia, Schuylkill, Somerset, Union, Venango, and York.

ACTIONS OF THE BOARD OF TRUSTEES

STAFFS ENCOURAGED TO USE EXCLUSIVITY LANGUAGE

With the growing trend toward managed care, more and more hospitals may be trying to sign exclusive contracts with physicians. The Society's board at its October meeting agreed to encourage medical staffs to amend their bylaws to incorporate model language developed by the Society regarding exclusive contracts.

This language ensures medical staff involvement in the hospital's decision to engage in an exclusive contract and protects the rights of physicians whose clinical privileges would be impacted by the contract. Following is the Society's model language:

Exclusivity Policy

(a) An exclusivity policy adopted by the board, including one adopted in anticipation of or pursuant to an exclusive contract, which is otherwise lawful, may limit designated clinical privileges or access to hospital resources to individuals granted exclusivity in the policy, provided the following conditions are met:

(1) The policy is reasonably necessary to ensure quality care and is the least restrictive alternative, (2) prior to adoption of the policy, there was meaningful consultation with the medical staff as to the reasons for and less restrictive alternatives to the exclusive arrangement and as to the effect of the arrangement on present and future members, and

(3) any individual whose existing clinical privileges would be affected by the adoption of the policy was given a fair and reasonable opportunity to be included in those individuals granted exclusivity.

(b) The board may implement an exclusivity policy permitted by paragraph (a) of this subsection by revoking or imposing access restrictions on the existing clinical privileges of a practitioner.

Medical necessity

The board also agreed to support the definition of "medical necessity" proposed by the Pennsylvania Academy of Family Physicians, as well as legislation that uses that definition as the basis for utilization and peer review decisions made by third-party payers.

According to the academy, "medical necessity" means, "diagnostic or therapeutic care, services, or treatment reasonably expected to improve, restore, or prevent the worsening of any illness, injury, disease, disability, defect, condition, or the functioning of any body member." The definition also qualifies who provides the treatment and how.

Other business

In other business, the board:

- approved a recommendation that the Society support legislation creating a modified formula for PACE (Pharmaceutical Assistance Contract for the Elderly), providing that formula is designed by a body in which the Society actively participates, and further directed that the process provide for exceptions to allow override of therapeutic substitution elements of the formula; and
- endorsed the recommendation of the Centers for Disease Control and

Prevention (CDC) and Pennsylvania Department of Health that HIV testing be encouraged for all pregnant women, so those testing positive can receive AZT to reduce the chances of HIV transmission to infants. The Society is preparing a statement on the issue.

Reorganization

At a reorganizational meeting following the adjournment of the 1995 House of Delegates on October 29, the board re-elected John W. Lawrence, MD, chair, and James R. Regan, MD, vice chair. Dr. Lawrence, Second District, returns as chair for his fourth term; Dr. Regan, Interspecialty Section, returns as vice chair for his second term. Also, Robert L. Lasher, MD, Eighth District, was newly elected secretary of the board, replacing Ferdinand L. Soisson Jr., MD, Eleventh District, who served in the position for six terms.

Election Results

The State Society House of Delegates elected the following new officers and delegates during its October 1995 meeting:

President: Jonathan E. Rhoads Jr., MD, York County

President Elect: Victor F. Greco, MD, Luzerne County

Vice President: Lee H. McCormick, MD, Allegheny County

Speaker of the House: Howard A. Richter, MD, Delaware County

Vice Speaker of the House: Donald H. Smith, MD, Northampton County

New Trustees:

Jitendra M. Desai, MD, Organized Medical Staff Section
Robert R. Corrado, MD, Resident Physician Section
Kenneth S. Kurtz, Medical Student Section

Delegates to the AMA:

Donald C. Brown, MD, Westmoreland
Ronald J. Clearfield, MD, Westmoreland
James L. Cristol, MD, Philadelphia
Donald G. Ferguson, MD, Allegheny
George R. Fisher III, MD, Philadelphia
Robert L. Lasher, MD, Erie
William H. Mahood, MD, Montgomery

Robert N. Moyers, MD, Crawford
Michael J. Predergast, MD, York
Robert D. Reinecke, MD, Philadelphia
Jonathan E. Rhoads Jr., MD, York

Alternate Delegates to the AMA:

Richard T. Bell, MD, Berks
David L. Cohen, MD, York
Charles Cutler, MD, Montgomery
William S. Frankl, MD, Philadelphia
Jay L. Funkhouser, MD, Beaver
Mary J. Hudak, MD, York
William W. Lander, MD, Montgomery
Lewis T. Patterson, MD, Dauphin
James G. Pitcavage, MD, Allegheny
Carol E. Rose, MD, Allegheny
Stephen L. Schwartz, MD, Philadelphia

Alternate Delegate, Resident:

Jennifer E. Trotman, MD, Montgomery

Alternate Delegate, Student:

Amy K. Imro, Philadelphia

Committee to Nominate Delegates and Alternates to the AMA:

Arthur V. Stein, MD, Lehigh

Judicial Council:

Betty L. Cottle, MD, Blair
Harry V. Armitage, MD, Delaware

Leaders Urge Action on Challenges to Medicine

Each year during the first session of the House of Delegates annual business meeting, the president and president elect offer their views on the state of medicine. In excerpts of this year's speeches, outgoing President John H. Hobart, MD, and incoming President Jonathan E. Rhoads Jr., MD, urged the Society and Pennsylvania physicians to take actions that challenge the status quo.

In his speech to the House, outgoing President John H. Hobart, MD, gave his support to elimination of mandatory AMA membership and to removal of the membership requirement for PMSLIC insurance. Both actions were passed by the House (see page 10).

But he focused on the challenges for tort reform and CAT Fund control. All Pennsylvania physicians should strongly urge passage of House Bill 2122, the Society-endorsed major tort reform measure introduced by Representative J. Scot Chadwick (R-Bradford) in October. Dr. Hobart said:

"You will have, in the weeks and months ahead, the opportunity to put your shoulder to the wheel and get tort reform moving in Pennsylvania. I urge you to respond quickly to calls from our legislative council and staff."

But first, and more importantly, go home and cultivate your state legislators like a bunch of delicate roses—and urge your colleagues to do the same. The groundwork you lay, and your future commitment to legislative action, will determine our success or failure."

He noted that:

- Forty-three cents out of every dollar spent on the health liability system goes to injured patients.
- Eighty-three percent of all Americans believe that the present liability system has problems and should be improved.

Dr. Hobart further outlined steps unanimously agreed upon by the board—to request a meeting with the governor, and publically relay our concerns about CAT Fund emergency and 1996 surcharges—and summarized the Society's stance regarding the CAT Fund and tort reform.

He said, *"When the House of Delegates meets again in 1996, I sincerely hope it will be to celebrate a*

victory for tort reform in Pennsylvania."

Provisions of the House Bill 2122 are outlined on page 20. Contact the Society's Department of Governmental Affairs at (800) 228-7823 or (717) 558-7750 for information about how to get involved.

Dr. Hobart pointed to the Society's efforts in the area of managed care as another important focus of resources.

Recommendations of the president

Incoming President Jonathan E. Rhoads Jr., MD, made several recommendations as part of his inaugural address at the annual meeting of the House of Delegates:

1) *That AMA Policy 435.968 be included in the Society's tort reform proposals—The policy states that "failure to perform a marginally useful diagnostic test in the interest of cost containment shall constitute a valid defense against suit for not performing the test." Including it in Society efforts would help eliminate the expenses of defensive medicine, according to Dr. Rhoads. He says proposed reforms are not strong enough to stop defensive medicine.*

2) *That the Society provide the members of the House with "cue cards" detailing the Society's successes and its value to members—Society membership has been essentially flat for several years, and Dr. Rhoads says, "It is incumbent upon each of us to recruit new members."*

3) *That the Pennsylvania Medical Society plan to have a modest dues increase for the 1997 year—"Dues have not been raised for six years. Sooner or later, a dues increase will be necessary," Dr. Rhoads says. He advocates small, regular dues increases to keep up with inflation, instead of large, catch-up dues increases.*

4) *That it be the position of the State Society that in a merged Blue Cross/*

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"As we confront external forces which attempt to change how medicine is practiced, it is obvious that physicians must stand together and very badly need organizations with clout that can represent us. In Pennsylvania, that organization is the Pennsylvania Medical Society. At the national level, it is the American Medical Association."

At the same time, it is imperative that physicians set aside our petty differences and focus on the greater benefits which will accrue from achieving our common goals. Unity in the profession is of paramount importance. It is very clear that medical care in our country can currently do more for the sick and injured than ever before, but it is ironic that the hassles for physicians to do our best work are continually growing, and the emoluments for physicians are being eroded in the interest of cost containment."

—Jonathan E. Rhoads Jr., MD,



"Perhaps we sometimes take medicine for granted," according to President John H. Hobart, MD (right), receiving a presidential award from Board Chair John W. Lawrence, MD. "I think there is some value for all of us to take just a moment to acknowledge what a wonderful profession it is."

Blue Shield health insurance company, the board of directors be 50 percent providers, the corporate board be 50 percent providers, and the chairman of the board be a physician—Blue Shield is in active merger negotiation with Blue Cross of Western Pennsylvania, and the proposal calls for 25 percent providers on the board and corporate board. This is a looming change from Blue Shield's current board, made up of 50 percent providers, with a physician chairman (see page 11).

5) That the Society develop a definition of peer review which may be used in state laws and regulations affecting medicine, and that the Society work to have the costs of reconsideration of appeals paid for by parties other than physicians—The workers' compensation law continues to be a problem for a number of physicians. Dr. Rhoads says, "One orthopedic practice in my community currently has 1,000 appeals out against workers' compensation carriers regarding their utilization review and reimbursement decisions. [These physicians] find the definition of peer review in the law to be inadequate."

6) That the Commission on Continuing Medical Education study the value of stating educational objectives and of evaluations of speakers who have a single period of education in a program such as a lecture, and seek ways to reduce the paperwork required to sponsor Category 1 accredited programs—The application of guidelines has led to increasing requirements for paperwork for Category 1 continuing

education programs which are becoming burdensome, according to Dr. Rhoads.

7) That the Society ask the AMA to petition HCFA to reimburse home health agencies on the RBRVS, similar to the way physicians are reimbursed—"I am informed that payments for home care by home health agencies are large compared to payments for house calls by physicians," Dr. Rhoads says.

8) That the bylaws be amended so that appointees be nominated 60 days prior to the House of Delegates—Designed to resolve recurring timing problems. [Editor's note: The House amended and approved this recommendation that appointees be nominated 30 days prior to the House of Delegates.]



"Think of us as running interference for you, so you have the freedom and authority to make the kinds of decisions that are best for you, your practice, and your patients."

—John H. Hobart, MD

"Now is the time for physicians to seek meaningful medical tort reform with vigor and energy. It will require an extensive grassroots activity on the part of many physicians to accomplish it. The representatives and the senators must be lobbied by individual physicians, as well as by our professional lobbyists."

It will be incumbent upon every member of this [Society] not only to be in touch with their representatives and senators, but to encourage their colleagues to do so as well. Without a strong grassroots effort at tort reform, we cannot expect any relief."

—Jonathan E. Rhoads Jr., MD, in his House speech. As follow-up, he reminds physicians that communication with legislators should be professional and dispassionate—ask for help and support during this difficult time in medicine.

Resolutions Before the 1995 House of Delegates

This is an overview of actions from the October 27-29 annual meeting in Hershey.

Bylaws

- 95-101: Deunification from the AMA.** Calls for elimination of AMA membership requirement, and encourages physicians to join on a voluntary basis. *Adopted.*
- 95-102: AMA Bylaws Prohibiting Discrimination on the Basis of Sexual Orientation for Membership in the AMA or Any of its Constituent Associations.** Calls for bylaws amendment to prohibit discrimination on the basis of sexual orientation, bringing the Society in line with the AMA and other societies which already have such amendments. *Referred to the board.*

Education and Science

- 95-201: Physician Appeals Mechanism for Denial of Academic Appointment.** Calls for an appeals process to be created and stipulated in medical school or university bylaws for physicians who have lost academic appointments that serve as a prerequisite for hospital medical staff privileges. *Not adopted.*
- 95-202: AMA Policy Regarding Medication Samples for Physicians.** Would allow acceptance of samples for self and family when medication is prescribed by another physician. *Substitute resolution adopted as amended.*
- 95-203: Interpretation of the Americans with Disabilities Act.** Calls for the Society to seek clarification of requirements of the law. *Substitute resolution adopted.*
- 95-204: Financial Incentives for Autopsies.** Calls for Society to affirm importance of autopsies, and opposes the use of any financial incentives for physicians who acquire autopsy clearance. *Adopted.*
- 95-205: Physicians' Health Programs.** Calls for continued support of the PHP, especially support of the PHP committee's decision to take all necessary steps to preserve the confidentiality of the program, and to oppose efforts by the Bureau of Professional and Occupational Affairs to require disclosure of names or records of present or past participants, or any data which could result in identification of a specific participant. *Adopted.*
- 95-206: Inappropriate Functioning and Treatment of Non-Physician Providers.** Calls for public education campaign, advocacy with third-party payers, and legislation regarding nurses functioning as physicians. *Not adopted as business of the House.*

Managed Care

- 95-301: Hospital Economic Credentialing.** Supports Society's current policy. *Not adopted.*
- 95-302: Medicare/Medicaid HMO.** Calls for the AMA to study the Family Care Network and similar managed care programs, with regard to physicians receiving a fee for functioning as "gatekeepers" absent involvement of an insurer, and to oppose Congressional efforts to change Medicare and Medicaid until these studies have been analyzed. *Referred to the board.*

- 95-303: Creation of Clearinghouse for Review of Entities Representing Themselves as Multi-State Networks of Physician Providers.** Calls for the Society to play this role and petition AMA to do the same. *Substitute resolution adopted.*
- 95-304: Managed Care Organizations' Policies Regarding Medical Staff Privileges.** Calls for Society and AMA to work toward standardized policy for managed care organizations so that a full scope of privileges is not required for primary care physicians to be credentialed in a managed care organization. *Adopted as amended.*
- 95-305: Involuntary Assignment to HMO Panels.** Calls for Society to strongly oppose involuntary assignment of physicians to new HMO products, new HMO panels, and new services, without the express written consent of the physician in advance, and to oppose any coercion regarding such assignment. *Adopted as amended.*
- 95-306: Managed Care Organizations' Policies Excluding Physicians Who Practice Medicine on a Part-Time Basis.** Calls for efforts to remove the full-time, 20-hour-per-week, direct patient care requirement in managed care programs, especially for academic physicians who practice part time in research, teaching, or administration. *Adopted as amended.*
- 95-307: Prudent Layperson Definition of an Emergency.** Defines "prudent layperson"; directs the Society to incorporate the definition into its position statements regarding health care and seek legislation requiring health care insurance entities to use the definition in reimbursing for emergency services. *Adopted.*

Tort Reform/Legislation

- 95-401: Reform of Tort Inflicted upon a Physician in a Frivolous Suit.** Calls for publishing of names of the plaintiff's attorney, with statements from court about the cause of damages to the acquitted physician. *Not adopted.*
- 95-402: Medical Savings Accounts.** Calls for governing of such accounts to remain with the state in which they were established, unless the individual elects to change the state of registry, and calls for AMA adoption of same policy. *Adopted.*
- 95-403: Smoking Ban in Restaurant.** *Re-referred to the Reference Committee on Public Health as Resolution 95-707.*
- 95-404: Physician Financial Interest in Nursing Homes.** Calls for public disclosure of such interest and allowing physicians with financial interests to attend patients only in designated underserved areas. *Referred to the board.*
- 95-405: Insurance Company Reimbursement for Hospitalization.** Seeks enactment of legislation requiring insurance companies to initially reimburse for entire hospitalization and then resolve conflicts at a later time. *Not adopted.*

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- 95-406: Managed Care Reimbursement for Nursing Home Patients.** Seeks enactment of legislation requiring that managed care organizations reimburse physicians at Medicare rates for nursing home care. *Substitute resolution adopted.*
- 95-407: Workers' Compensation Costs.** Calls for dialog with the Chamber of Commerce of Pennsylvania and the Department of Labor, Bureau of Workers' Compensation, to develop practice parameters or guidelines which will enable physicians to more effectively evaluate patient disability and return them to the workforce as soon as possible. *Referred to the board.*
- 95-408: Cost Effectiveness of Governmental Health Care Cost Containment Activities.** Calls for policy that all governmental health care cost containment activities should simultaneously evaluate and report publicly the total costs associated with their activities. *Not adopted.*
- 95-409: CAT Fund.** Calls for Society to study the advisability of increasing the basic malpractice insurance levels. *Not adopted.*
- 95-410: Increased Tobacco Use Among Young People.** *Re-referred to the Reference Committee on Public Health as Resolution 95-705.*
- 95-411: Preservation of Clean Air and Clean Water Legislation.** *Re-referred to the Reference Committee on Public Health as Resolution 95-706.*
- 95-412: Medicare Funding.** Calls for letters to majority and minority leaders of the House of Representatives and Senate, asking them to reduce the proposed \$270 billion savings in Medicare spending to a lower, more realistic figure that won't hurt low-income elderly and won't cause providers to severely ration care. *Not adopted.*
- 95-413: Medical Education Pass-Through.** Seeks state and federal legislation mandating the payment of medical education funds to be "passed through" to teaching facilities, and urges a corresponding change in federal Medicare and Medicaid guidelines. *Adopted.*
- 95-414: CAT Fund Legal Action.** Seeks to educate physicians regarding related litigation. *Substitute resolution adopted.*
- 95-415: CAT Fund Emergency Surcharge—Failure to Pay—What Happens?** Calls for the Society to support HB 2122, Periodic Payment of Future Damages. *Adopted.*

Third-Party Reimbursement

- 95-501: Physician Reimbursement Within Hospital Diagnosis Related Groups (DRGs).** Calls for opposition to any efforts by third-party payers, such as those being made currently by Blue Cross of Western Pennsylvania, to incorporate payment for physicians' patient care services as part of the hospital payment. *Adopted as amended.*
- 95-502: Department of Public Welfare Include Payments with Explanation of Medical Benefits**

(EOMBs). Would request a change in policy of the Department of Public Welfare and other insurers to include the compensation payment with the Explanation of Medical Benefits (EOMB). *Adopted.*

- 95-503: New Medicare Documentation Guidelines for Evaluation and Management (E/M) Services.** Calls for letters to HCFA, the AMA, the chair of the Pennsylvania Medical Carrier Advisory Committee, and state legislators, strongly opposing any implementation of the guidelines. *Not adopted.*
- 95-504: Blue Shield Provider Agreements.** Calls for Society to take appropriate action, through the insurance commissioner and the secretary of health, for Pennsylvania Blue Shield to abide by the Enabling Act and not extend provider agreements to non-participating physicians in specific preferred provider organizations (PPOs) or preferred physician programs (PPPs). *Substitute resolution adopted as amended.*
- 95-505: Maternity Hospital Stay.** Calls for Society endorsement and legislative action on policy that every pregnant woman have the option of up to 48 hours hospital stay following vaginal delivery and 96 hours following Cesarean section delivery. *Adopted as amended.*
- 95-506: Revision of Evaluation and Management Codes.** Calls for Society and AMA to ask CPT Department of Coding and Nomenclature to develop policy, rules, and guidelines to handle unusual situations (i.e., multiple small problems at one visit, one extraordinary component, incomplete initial visit) so they can be easily coded. *Adopted.*
- 95-507: Pennsylvania Blue Shield/Blue Cross of Western Pennsylvania Merger.** Calls for Society to send informational letters to the members of the Blue Shield Corporation which outline various concerns with the merger, and seeks an opinion from the various governmental agencies regarding the merger. *Adopted as amended.*
- 95-508: Reimbursement for Dementia.** Calls for Society and AMA to petition HCFA regarding the reduction in reimbursement for psychiatric services rendered when dementia is the diagnosis. *Substitute resolution adopted.*
- 95-509: Precertification Process.** Calls for Society to set policy and propose legislation regarding preauthorization and timely reimbursement for related services. *Adopted.*

Communications/Membership/Administration

- 95-601: Pro-Rated New Member Dues.** Calls for AMA to adopt on a pilot basis a policy similar to that of the Pennsylvania Medical Society for a monthly pro-rata dues bill for the first year of membership. *Referred to the board.*
- 95-602: Time of House of Delegates Meeting.** Calls for annual meeting of the Pennsylvania Medical Society to be held in March or April, beginning in 1997. *Referred to the board.*

- 95-603: Restructuring the Pennsylvania Medical Society Board of Trustees.** Calls for speaker of house to appoint a representative ad hoc committee to study and recommend changes on the structure of the Pennsylvania Medical Society Board of Trustees to make representation more appropriate, and report back at the next House of Delegates meeting. *Not adopted.*
- 95-604: Pennsylvania Medical Society Membership as a Requirement for PMSLIC Malpractice Insurance.** Calls for PMSLIC insurance to be given to all physicians in a large (to be defined) group practice if at least: a) 50 percent of that group are Pennsylvania Medical Society members; or b) a defined percentage in that group, depending on the number of physicians in the group, are Pennsylvania Medical Society members. *Adopted board report and recommendation of the president in lieu of Resolutions 95-604 and 95-605.*
- 95-605: Authorizing PMSLIC to Offer Malpractice Insurance Coverage to Health Care Professional Providers Other than Physicians.** Calls for same. *Adopted board report and recommendation of the president in lieu of Resolutions 95-604 and 95-605.*
- 95-606: Authorizing PMSLIC to Offer Malpractice Insurance Coverage in States Other than Pennsylvania.** Calls for offering PMSLIC insurance to members of other state medical societies. *Adopted as amended.*
- 95-607: Fiscal Note.** Calls for resolutions to the Society and the AMA to be accompanied by a fiscal note generated by staff in consultation with the author. *Adopted as amended.*
- 95-608: Conflict of Interest.** Calls for Society policy that physicians who intend to provide input regarding the formulation of policy within any organ of organized medicine precede their comments with a disclaimer (oral or written) regarding the potential for any conflict of interest they may have which could affect the recommended policy position. *Substitute resolution adopted.*
- 95-609: Employed Physicians Section.** Calls for creation of such a section and for giving a representative from this body a voting seat at the House of Delegates of the Pennsylvania Medical Society, much as the Young Physicians Section and the Organized Medical Staff Section are so organized. Calls for similar structure at AMA. *Referred to the board.*
- 95-610: Enforcement of Graduated Dues Discount.** Requests that counties not in compliance with Society policy come into compliance. *Substitute resolution adopted.*
- 95-611: New Products.** Calls for Society to develop new products—computer, insurance, training—to help physicians cope with the current marketplace. *Adopted.*
- 95-612: CAT Fund Legal Action.** *Re-referred to Reference Committee on Tort Reform/Legislation as Resolution 95-414.*
- 95-613: Electronic Participation.** Calls for the Society to study use of electronic online services for annual

meeting business, and proposes pilot project in 1996. *Referred to the board.*

- 95-614: AMA Bylaws Prohibiting Discrimination on the Basis of Sexual Orientation for Membership in the AMA or Any of its Constituent Associations.** *Re-referred to Reference Committee on Bylaws as Resolution 95-102.*

- 95-615: AMA-JCAHO Relationship.** Calls for the AMA to adopt a policy that all JCAHO policies in variance with AMA policy should be tracked and reported annually to the AMA-OMSS. *Not adopted.*

Public Health

- 95-701: Provision of Clean Needles/Syringes to Drug Addicts.** Calls for the Society and the AMA to adopt the policy that such provision is warranted as a means of AIDS control. *Adopted as amended.*

- 95-702: Candidacy for Blood Donor Status as Determined by the American Red Cross.** Calls for Society and AMA policy of exclusion if a donor is found to be polycythemic or is aware that a sex partner may have been exposed to AIDS. *Referred to the board.*

- 95-703: Mother-to-Child Transmission of the Human Immunodeficiency Virus.** Calls for Society policy supporting mandatory testing of all pregnant women, and appropriate counseling and treatment. *Not adopted.*

- 95-704: Congratulating President Clinton for Anti-Tobacco Activities.** Calls for letters from Society and AMA. *Substitute resolution adopted in lieu of Resolutions 95-704 and 95-705.*

- 95-705: Increased Tobacco Use Among Young People.** Calls for letters to President Clinton, supporting his efforts to address the problem of increased tobacco use among our young people, and to majority and minority leaders of Congress, asking that they support the administration's efforts on this issue. *Substitute resolution adopted in lieu of Resolutions 95-704 and 95-705.*

- 95-706: Preservation of Clean Air and Clean Water Legislation.** Calls for letters to majority and minority leaders of the House of Representatives and Senate, asking that the current clean air and clean water legislation be maintained at its present level to preserve the good health of America's citizens. *Adopted as amended.*

- 95-707: Smoking Ban in Restaurants.** Calls for development of model legislation and change in Society policy to ban use of tobacco products in restaurants. *Adopted.*

House Proceedings Available to Members

A bylaws change approved by the House in 1993 calls for the State Society to publish a summary of the House proceedings in the December issue of PENNSYLVANIA MEDICINE, rather than print the entire official proceedings in the January issue, as done in the past.

Delegates and county medical societies will receive copies of the full proceedings. Members who would like a copy should contact their county societies or call the State Society at (800) 228-7823 or (717) 558-7750, extension 1406.

State Society Vows: "Tort Reform Now!"

The word received on September 28 that state Insurance Commissioner Linda S. Kaiser would impose a 68 percent emergency surcharge for the Medical Catastrophe Loss Fund (CAT Fund) was the final straw. Pennsylvania physicians have recognized the need for tort reform for nearly two decades, but this latest twist has prompted an urgent need for action on the hill in Harrisburg.

The State Society has been fighting for reform for many years now, while alternately jousting with and monitoring the unpredictable CAT Fund. As Pennsylvania physicians heralded the Society's alarm this fall, Society-sponsored legislation was already being introduced.

More than 50 members of the Pennsylvania Medical Society and other physician organizations converged on the Capitol on October 26 to support medical liability tort reform legislation introduced by Representative J. Scot Chadwick (R-Bradford). House Bill 2122, a comprehensive medical liability and tort reform bill introduced at the Society's request, seeks to:

- promote periodic payment of damages in lieu of lump sum payments;
- clarify informed consent requirements;
- eliminate duplicate payment for the same injury;
- allow patients to arbitrate medical malpractice claims;
- revise the statute of limitations;
- deduct the payment of some collateral sources;
- propose sanctions to prevent frivolous lawsuits;
- revise the definition of expert witness;
- allow pre-treatment agreements to arbitrate; and
- impose an across-the-board, 10 percent rate decrease in premiums.

Representative Chadwick told media at the press conference, "Only 43 cents out of every liability dollar goes to pay the injured party; 57

[cents] goes to attorneys, experts, and insurance company executives. My bill won't solve all the problems of our liability system, but it makes a meaningful and common sense start."

John H. Hobart, MD, in his final public appearance as Society president, discussed the broad concerns of physicians. "A recent survey of all Pennsylvania physicians confirmed what we already knew—there is no other issue which causes physicians greater concern than the cost and anguish of professional liability," he said. "We're here today

as a group to say that our medical liability tort reform system is broken and needs to be fixed."

Also speaking at the news conference was Robin Scheiner, MD, a dermatologist with practices in Chester and Delaware counties, who recounted her frustrations with a frivolous lawsuit, and Arnold Sokol, MD, president of the Pennsylvania Osteopathic Medical Association, who affirmed his organization's strong support for immediate changes.

House Bill 2122, which to date has 52 legislative sponsors, has been referred to the House Judiciary committee for further study. Representative Chadwick is a member of that committee.

Your Society's strategy

- *On Capitol Hill:* The Society has requested a meeting with Governor Tom Ridge to discuss tort reform and the CAT Fund.

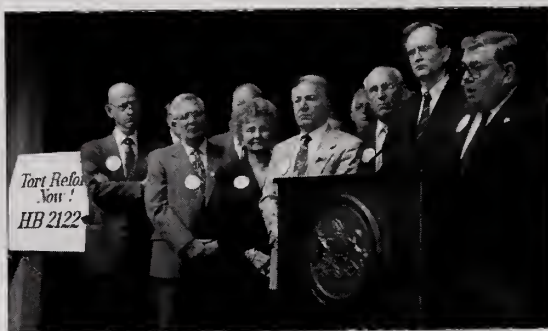
- *Across the State:* The Society is planning a summit on December 12 and a rally on Capitol Hill on January 23, 1996. For details, see the special insert in this issue.

- *In the Senate:* The Society also supports Senate legislation aimed at reforming the CAT Fund by shifting powers to the basic carrier, by using prevailing primary rates as the basis for surcharge calculations, and by foreclosing the need for future "emergency" surcharges by the fund. Sponsored by Senator Ed Holl (R-Montgomery),

Senate Bill 1122 was amended and reported favorably by the Senate Banking and Insurance Committee, and is now on the Senate calendar for a vote.

- *At the House of Delegates:* As part of the Society's response to recent CAT Fund surprises, the House approved three items:

- a report outlining legal rights of the Society and its entities related to the CAT Fund;
- a resolution which seeks to educate physicians regarding litigation; and
- a recommendation of Dr. Rhoads seeking elimination of defensive medicine expense related to physicians' medical liability concerns.



Physicians and their spouses filled the stage of the Capitol pressroom in support of "Tort Reform Now!" Pictured (left to right) are: John P. Judson, MD, Interspecialty Section; Ferdinand L. Soisson Jr., MD, Eleventh District trustee; Jean Greco, Pennsylvania Medical Society Alliance past president; Victor F. Greco, MD, Society president elect; Robert L. Lasher, MD, Society secretary; Representative J. Scot Chadwick; and John H. Hobart, MD, Society immediate past president.



"My bill won't solve all the problems of our liability system, but it makes a meaningful and common sense start," Representative J. Scot Chadwick told media at the Society's October 26 press conference.

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Society Victory Nets in Excess of \$54 Million for Providers

Elizabeth B. Metz, Esq.

Last year, the Society prevailed in litigation challenging the state Medicaid program's failure to pay the full Medicare patient cost-sharing (deductibles and coinsurance) for low-income beneficiaries—known as Qualified Medicare Beneficiaries (QMBs). Prior to the Society's court victory, the Department of Public Welfare (DPW) only made QMB cost-sharing payments to providers who participated in the Medicaid program. In addition, DPW limited its QMB cost-sharing payments to participating Medicaid providers to the excess of the Medicaid fee schedule amount over the Medicare payment.

In most cases, even participating Medicaid providers received no QMB payment once the QMB's Medicare deductible was satisfied—because the Medicaid fee schedule amount is invariably less than the Medicare payment. For example, the Medicare locality 1 participating physician fee schedule amount for an open heart valvotomy with a cardiopulmonary bypass (33422) is \$2,970. Medicare would pay \$2,376 (80 percent), leaving \$594 (20 percent) in coinsurance. However, DPW would have made no QMB coinsurance payment, as Medicare's payment exceeded the Medicaid fee schedule amount of \$1,000.

In December 1994, the court ordered DPW to pay the full QMB patient cost-sharing for all claims processed on or after September 26, 1994. After the court order and at the Society's urging, DPW also agreed to make QMB payments to non-participating Medicaid providers. The state has been working since December 1994 to implement the court's order and related agreements, and now is largely in compliance.

As of mid-November 1995, providers had been paid \$54 million for QMB patient cost-sharing because of the Society's efforts. More than \$35 million of that amount was paid to physicians.

Society efforts compel DPW to begin payments to non-participating Medicaid providers and to pay their backlogged claims, estimated to be in excess of \$24 million.

Until recently, DPW has paid QMB patient cost-sharing payments only to physicians who participate in the Medicaid program. As noted, non-participating Medicaid physicians also are eligible to receive QMB patient cost-sharing payments. However, DPW was slow to implement the system changes needed to process the payments due to non-participating Medicaid physicians.

After the Society threatened to take the state back to court, DPW agreed to complete the necessary changes by November 20, 1995, and to pay the back-logged claims for prior processing periods, which are estimated to exceed \$24 million.

The Society is taking action to secure full payment of the 50 percent coinsurance for outpatient psychiatric services.

The Medicare coinsurance for outpatient psychiatric services is effectively 50 percent of the Medicare fee schedule allowance. However, DPW has contended that it is only required to pay coinsurance of 12.5

percent. The dispute results from the complex way Medicare calculates its payment for outpatient psychiatric services. When a claim is submitted for these services, the carrier calculates Medicare's 80 percent share based upon 62.5 percent of the Medicare fee schedule allowance, rather than 100 percent of the fee schedule allowance.

As illustrated in the box below, when the beneficiary's deductible is satisfied, the coinsurance is 50 percent of the Medicare fee schedule amount. DPW's payment of only a 12.5 percent coinsurance results in a 37.5 percent coinsurance payment shortfall for physicians when they provided outpatient psychiatric services to QMBs.

The Society and DPW are in the final stages of negotiating a settlement on this issue. Legal counsel has been consulting with Pennsylvania Psychiatric Society counsel regarding the proposed settlement terms. If a settlement cannot be reached, the Society's board has authorized legal counsel to go back to court.

QMB payment schedules **Participating Medicaid providers** QMB claims for participating Medicaid providers fall into three categories:

Outpatient Psychiatric Services Coinsurance

a. Physician's charge	\$110.00
b. Medicare fee schedule	100.00†
c. Reduced allowance (62.5 percent of line b)	62.50
d. Unmet deductible	0
e. Remainder (line c - line d)	62.50
f. Medicare payment (80 percent of line e)	50.00
g. Beneficiary's actual coinsurance (line b - line f)	50.00
h. DPW's coinsurance payment (20 percent of line c)	12.50
Amount in dispute (line g - line h)	37.50

†Line b does not reflect the actual fee schedule amount for any of the covered services. \$100 was selected solely to simplify the calculations.



Executive Report®

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RALLY FOR CHANGE

ON JANUARY 23, 1996

AT THE CAPITOL

TORT REFORM NOW!

SUPPORT HOUSE BILL 2122

Why a rally?

Now is the crucial time to show legislators and the public how important their physicians believe medical malpractice liability reform is to the future of good, quality health care in Pennsylvania. The State Society's tort reform legislation—HB 2122—has been introduced. Your Society has done all it can to secure sponsors, to lobby for passage, and to convince the legislative leadership of the urgent need for reform. Now, only the voice of Pennsylvania physicians—your voice—can move it to passage. Only physicians, showing their strong support—and their real concern—can bring about true reform.

What's the State Society doing about the CAT Fund and the need for tort reform in Pennsylvania?

Everything we can! We've proposed legislation, we're building coalitions, meeting with the administration and other business and health care leaders, lobbying our legislators, educating our colleagues and the public. Read on in this special insert to understand more about the State Society's strategy and initiatives.

What can you do to help?

Join us in Harrisburg on January 23, 1996. With the legislature in session, we will march to the Capitol to show our unity and our concern that Pennsylvania urgently needs reform of its medical malpractice liability laws. Whether or not you're able to attend, encourage your colleagues, co-workers, patients, and family to attend.

Rally for Change: January 23, 1996 Watch for details

More details about the Rally for Change will be sent to all Society members in the next few weeks. Bring your patients, staff, family, friends—anyone who believes the current medical liability system is out of control. Bus and car pool transportation is being arranged by county medical societies, hospital medical staffs, and other organizations all over Pennsylvania. Ask them how to sign up.

Here is the preliminary schedule:

- Arrive at Harrisburg area hotel: 10-11 a.m.
- Pre-rally program: 11 a.m.
- Box lunch
- Rally on Capitol Hill: 1 p.m.
- Visits with your local legislators
- Buses/cars depart for home by 3:30 p.m.

For recorded updates, call
1-800-566-TORT

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KEY PROVISIONS OF MEDICAL LIABILITY/ TORT REFORM LEGISLATION: HOUSE BILL 2122

Following are key provisions of the State Society-supported legislation, sponsored by Representative J. Scot Chadwick (R-Bradford).

INFORMED CONSENT

The legislation will require that physicians obtain informed consent prior to a "major invasive procedure" except in emergency situations or where the court deems appropriate. Patients must be given a description of the procedure along with any risks and alternatives. The physician does not have to advise the patient of information that should already be known, or that the patient requested not to be revealed. Furthermore, information detrimental to the patient's health is not required to be conveyed by the physician. A written consent signed by the patient presumes informed consent was given. The information to be provided must be that which a reasonable physician would provide a patient. *Note: Expert testimony will be required to determine a "major invasive procedure," and identify the risks and alternatives to treatments.*

COLLATERAL SOURCES

Under the provisions of the bill, the court shall deduct any public or group benefits received or to be received by the claimant unless: The premium was paid by the claimant; or the benefits are from life insurance, a pension, or a profit-sharing plan. The court may also be advised of a right to subrogation. This provision does not erode a victim's ability to be compensated, but directs that the court shall deduct any duplicate payments.

PUNITIVE DAMAGES

Reasonable limits will be placed on punitive damage awards in two ways. First, punitive damages can only be accorded with clear and convincing evidence that the defendant acted with an evil motive or disregarded a high degree of risk. Secondly, punitive damages will be limited to not more than 200 percent of compensatory damages. Finally, the issue will be divided so a court must first decide that punitive damages shall be assessed before it holds a hearing to set the amount. This preserves the doctor's confidentiality with respect to assets.

STATUTE OF LIMITATIONS

Medical negligence claims must be filed within two years of discovery or four years from the act which caused the injury, whichever is earlier. The four-year limit does not apply to injury caused by foreign objects left in the body. Cases involving injured minors under the age of eight must be filed within four years after the parent/guardian knew or should have known of the injury, or within four years of the minor's eighth birthday, whichever is earlier.

PERIODIC PAYMENT OF FUTURE DAMAGES

Awards with future damages which exceed \$200,000 shall be paid in periodic or installment payments.

EXPERT WITNESS

A physician testifying as an "expert" witness must be licensed and have personal experience and practical familiarity with the subject. Also, the expert must have been actively engaged in direct patient care in the same medical subject. Finally, the expert must be board certified if the defendant is board certified.

FRIVOLOUS LAWSUITS

Empowers courts to sanction attorneys who file frivolous lawsuits. Attorneys must make reasonable inquiries into the facts of the case. Sanctions may include paying defendant's reasonable expenses such as court filing fees and attorney fees. Also requires plaintiff to certify that a properly qualified expert has concluded, based on preliminary review, that the case has merit. Also requires early exchange of expert reports.

PRE-TREATMENT AGREEMENT TO ARBITRATE

By permitting voluntary use of pre-treatment agreements, the legislation would set forth safeguards to assure that patients are not coerced to sign such agreements and

would have the opportunity to reconsider after receiving treatment. The proposal would require that the CAT Fund be bound by such agreements.

EXPANSION OF COVERAGE

Redefines professional liability insurance coverage and other changes throughout the bill which make it clear that any claim brought against a health care provider under Act 111 for medical professional liability will be covered even if brought by a third party.

RISK MANAGEMENT

Mandates that institutions which qualify as health care providers under the act and medical professional liability carriers and self-insurers must develop approved risk management programs.

WHAT IS THE STATE SOCIETY DOING ABOUT TORT REFORM?

- ✗ **Hosting a Liability Leadership Summit on December 12**, inviting representatives of county societies, all specialty societies, all Society sections, medical schools, and Pennsylvania Osteopathic Medical Association leaders to participate. The meeting will focus on the importance of a coalition to achieve our goals.
- ✗ Working with a coalition to **amend Act 111** to improve the operation and function of the CAT Fund through Senate Bill 1122 introduced by Senator Edwin G. Holl.
- ✗ Requesting a **meeting with Governor Tom Ridge** and his key staff as soon as possible to tell them of the personal disaster for many physicians related to the CAT Fund surcharge and to propose solutions.
- ✗ **Meeting with CAT Fund administrators** to explore immediate changes in CAT Fund operations.
- ✗ Charging a new **Tort Reform Priority Work Group** to come up with a short-term and long-term strategic plan to achieve public awareness of the medical malpractice liability problem in Pennsylvania and to achieve meaningful reform.
- ✗ **Providing immediate responses** during crucial negotiations through a newly appointed physician Tort Reform Quick Response Committee.
- ✗ **Alerting the public** and other providers that Pennsylvania physicians face a 1996 CAT Fund surcharge of 164 percent—an overwhelming financial burden which will continue to rise throughout the decade if relief is not found.
- ✗ **Educating the public**, key legislators, the governor, and other health care providers of the potential impact on the future of quality health care which the CAT Fund and the lack of tort reform may cause in their commonwealth.
- ✗ Planning a series of **district meetings with legislators** in their home districts to educate them about the Society's concerns.
- ✗ Encouraging the creation of **Action Teams** in county medical societies and hospitals throughout the state, and encouraging specialty groups to do the same, to provide immediate response as crucial legislative negotiations proceed.
- ✗ **Alerting all State Society members** to Society strategy on tort reform and the CAT Fund through a President's Letter.
- ✗ **Working with allies** such as the Pennsylvania Association of Physician Assistants, the Pennsylvania Association of Medical Assistants, the Pennsylvania Medical Group Management Association, nursing homes, Defense Institute, business groups, and others to support our efforts.

KEY PROVISIONS OF HB 2122

- ✓ Impose sanctions on attorneys who file frivolous lawsuits.
- ✓ Eliminate duplicate payments for the same injury.
- ✓ Clarify informed consent requirements.
- ✓ Require certification that an expert has reviewed the case and is prepared to testify on the plaintiff's behalf.
- ✓ Allow patients to arbitrate medical malpractice claims.
- ✓ Require pre-trial preparations to be completed expeditiously and pre-trial conferences to be used to promote settlement.

TORT REFORM NOW! HB 2122

SOME QUESTIONS ABOUT THE CAT FUND (OR HOW WE GOT TO WHERE WE ARE)

Q: Why was the CAT Fund established?

The legislature established the CAT Fund in 1976 to address three problems:

- (a) The difficulty of insuring against a string of very large verdicts given the comparatively small size of Pennsylvania's malpractice insurance carriers—The solution was to spread the risk of these catastrophic losses among all the carriers by having a fund to cover claims above \$200,000 up to \$1.2 million.
- (b) The difficulty of establishing adequate reserves for claims that may be settled on an average six or more years in the future—The solution was to again spread the risk by having the CAT Fund pay for claims that took a particularly long time to be reported. The fund pays for claims filed four years or more after the occurrence that gave rise to the claim.
- (c) The claim that the crisis of the mid-1970s was caused by the greediness of the insurers—A particularly effective tactic of the trial bar was to claim that there was no malpractice crisis but simply exorbitant profits by the insurance companies. The CAT Fund thus is funded on a pay-as-you-go basis. There are no reserves, no actuaries, no profits, no shareholders.

Q: How does the CAT Fund operate?

The CAT Fund operates on a "pay as you go" principle. It is fundamentally **unlike** an insurance company. An insurance company, for example, will collect premiums in 1980 for occurrences in 1990, put that money in reserves, and pay the money out in a claim settlement in, let's say, 1990. The CAT Fund would collect no money in 1980—instead it would collect the money in 1990 when the claim is paid. An insurance company that promised to pay for 1990 claims but collected no premium for 1980 would go bankrupt; it could not collect premium in 1990. In insurance parlance it would have "unfunded liability." Insurance people have applied this insurance parlance to the fund. The fund, however, works on a different premise—it makes no early promise to pay awards and can collect money at the time the claim is settled. In any event, the "unfunded liability" is substantial: \$1.9 billion. To continue with the example, the fund would calculate the 1990 surcharge as follows: First it would calculate what it spent in claims payment and administrative expenses in 1989. It would then add a buffer of \$15 million, collect that amount early in 1990, and use it to settle claims in 1990. If the amount were too little, the fund collects the shortfall through an emergency surcharge; if it collects too much, the excess goes to reduce the surcharge for the next year.

Q: How did the present CAT Fund crisis come about?

The fund surcharge is based on what the fund spent the previous year, so any rapid increase in claims payouts can create the need for an emergency surcharge. That happened in 1995 due to the Day Backward Program in Philadelphia, the discounting of primary insurers, and other causes. The Day Backward Program was the court's response to the substantial delays in resolving cases in Philadelphia. The program was successful: Several years' worth of cases began to be settled in a single year. In addition, the professional liability market among the primary carriers is at the moment extremely competitive. The surcharge is calculated as a percentage of premium. Some insurers were discounting heavily from premium with the result that the fund collected less than anticipated.

Q: Is the CAT Fund more or less expensive than traditional insurance?

Less expensive. The fund makes no profits, pays no premium taxes, and incurs minimal administrative expenses. In addition, the deferral of payment means that, in the example above, the physician is paying 1980 rates in 1990. While this is true over time, in a specific year the fund could be more expensive because of the bunching of claims. More clearly, the fund cannot be replaced with a traditional insurance system without paying off the unfunded liability.

Q: Is the fund audited?

Yes, the fund is audited as part of the annual audit of state government. From time to time the fund is audited by the watchdog auditor general and occasionally by others.

Q: Why does the Society support SB 1122?

Senate Bill 1122 does not and is not intended to address the underlying problem of increasing CAT Fund payouts. Tort reform is needed to do that. Instead, SB 1122 has the more pedestrian objective of improving CAT Fund operation. The Society supports SB 1122 in part because other proposals to address the problems would be far more costly and because the changes should bring improvements in the fund.

- *Claims received after system re-configured (Category 1)*—DPW's system has been re-configured to make QMB payments to participating Medicaid providers since January 1995. Claims received since that time have been processed under the new policy on an ongoing basis. Physicians began to receive payments for these claims in February 1995.

- *Claims processed under old system (Category 2)*—DPW processed claims under its prior policy from September 26 through November 15, 1994. DPW must reprocess these claims and pay any underpayments. DPW will automatically reprocess the claims. No action is needed by physicians. DPW also owes interest on underpaid Category 2 claims.*

- *Held claims (Category 3)*—DPW held claims received after November 15, 1994, until it completed the necessary system changes. These claims were processed and paid in batches in early 1995. DPW still owes interest on Category 3 claims.*

Non-participating providers

DPW's system should be re-configured to make QMB payments

to non-participating Medicaid providers by November 20, 1995. Claims received after the system changes will be processed on an ongoing basis. The back-logged claims—which cover the claims processing periods back to September 26, 1994—will be processed and paid in batches soon thereafter. DPW also must pay interest on these claims.*

** Interest generally accrues beginning 45 days after claims submission or January 1, 1995, whichever is later.*

Physicians can help the outreach effort to QMBs.

It is estimated that only about 50 percent of the eligible Pennsylvania QMBs are actually enrolled in the program. The Society has been working closely with DPW, the state Department of Aging, and Xact Medicare Services to increase QMB enrollment. Our combined efforts have resulted in new measures to improve QMB outreach efforts.

An informational brochure that physicians can distribute to their Medicare patients will soon be available free of charge. Watch State Society publications for information.

The future of the QMB program.

At the writing of this article, the future of the QMB program is uncertain. Changes to the program are part of the Medicaid reform debate ongoing in Congress. Our court victory was based upon the current federal laws which mandate states to pay the full Medicare patient cost-sharing. If payment of the full patient cost-sharing becomes optional, Pennsylvania may revert to its prior policies. The reforms also may make it more difficult for low-income Medicare beneficiaries to qualify for the QMB program.

Ms. Metz is the Society's counsel for health law and policy.

Questions?

Call the Society's Department of Medical Economics at:

(800) 228-7823

or

(717) 558-7750

Obtaining QMB Cost-Sharing Payments

In most cases, the physician only needs to submit one claim to Medicare on the HCFA 1500. DPW automatically makes QMB patient cost-sharing payments based upon the Medicare claims data tapes—except in limited cases where documentation is required to support the claim (e.g., a sterilization consent). When documentation is required, the physician must submit a separate claim to DPW, after Medicare pays its share.

When submitting a QMB claim to Medicaid using the HCFA 1500:

- Attach the required documentation and the Medicare Explanation of Medical Benefits (EOMB); enter the number of attachments and attachment code 05 in block 19.
- Enter DC in block 24C if the service is not otherwise covered under the Medicaid program.
- Do not include non-covered Medicare services on the claim.

When submitting a QMB claim to Medicaid using the MA 319 or a MA 319A adjustment:

- Enter DC in block 29H if the service is not otherwise covered under the Medicaid program.
- Enter the Medicare-approved amounts in block 29O.
- Enter the deductible and coinsurance amounts in blocks 34 and 35 respectively.
- Attach the required documentation.
- Do not include non-covered Medicare services on the claim.

Non-participating Medicaid physicians are now assigned a Medicaid provider number.

DPW now assigns a Medicaid provider number to non-participating Medicaid physicians who care for QMBs, and notifies physicians of their number by letter. The assignment of a Medicaid provider number does not transform non-participating Medicaid physicians into participating Medicaid physicians or require them to see Medicaid patients. The number will be used solely to track and reconcile QMB cost-sharing and interest payments. Non-participating Medicaid physicians should maintain their provider number on file for these purposes.

QMB enrollment process and eligibility requirements.

Enrollment takes place at the local Medical Assistance office. Through discussions with the Society, DPW has agreed to have at least one individual in each office who is familiar with the program and can assist in the application process. QMBs must meet an income test and an asset test to qualify for the QMB program. Their income must be below poverty. The 1995 income limits are \$643/month for an individual and \$856/month for a couple. The 1995 asset limits are \$4,000 for an individual and \$6,000 for a couple (excluding home, car, and personal belongings). Note: These limits generally are higher than are required for Medicaid eligibility.

What POs Mean for PA Physicians

Michael P. Lance

The PennMed Member Services Company (PMSCO) continues to align physicians throughout the state into regional multispecialty physician organizations (POs). These organizations are developed to help position physicians in a managed care environment.

During my meetings with physicians over the past year, several common questions continue to be asked. This is an attempt to try to answer questions about the formation of these POs and what they will be able to accomplish for Pennsylvania physicians.

Q: Why does PMSCO support the multispecialty approach for physician organizations?

A: The multispecialty approach allows us to include as many or all of the physicians within a community. This means "marketability" for the PO. There are several key benefits of the multispecialty approach. These include:

- the highest degree of patient choice, which means a more attractive PO to payers;
- the ability for physicians to maintain their referral patterns;
- enhanced attractiveness to employers and patients;
- the complete range of care within a PO's utilization review strategies;
- the physician-patient relationship is maintained;
- as your patients change health coverage, you can still have access to them; and
- the ability to effectively manage the entire medical component and to be rewarded for this management.

Q: Wouldn't payers prefer to contract with individuals rather than with a PO?

A: PMSCO has been meeting with all of the major payers in the state on a regular basis. Six months ago, these payers were not interested in working with POs, but we have witnessed a real change in attitude among them.

Key executives within some of the largest HMOs in the state have actually said that if there was a strong PO in a community, they would first try to work through the PO. In

addition, they have admitted that they would much rather work with a PO than with a PHO. The payers realize that the greatest opportunity to reduce health care costs lies in the hospital component, and the "H" in the PHO does not have the right incentive to reduce hospital costs.

The physicians—not the hospital—manage utilization. And, in many cases, payers are looking for a way to enter a community. A well-managed PO is the perfect vehicle for them to do this.

Q: We already have a PHO in our community. Do we really need a PO too?

A: Absolutely! As we move into a mature managed care environment, the most important values physicians have are their patient base and patient contracts. For this reason, it is imperative that physicians own their own portion of the managed care contracts. By owning the professional component of the contracts, you control how the dollars are spent.

A PHO is likely to sign shared-risk contracts for the physician and hospital components and would therefore own those contracts. A separate PO creates a vehicle for physicians to negotiate cooperatively with the hospital when dealing with payers. You need to have a PO to own the professional component of the contract and to allow physicians to be represented throughout these negotiations.

Q: Is the success of the PO going to be at the expense of our hospital?

A: The success of the PO will actually benefit the hospital. As the PO continues to become more marketable, it will attract more payers to provide "at-risk" contracts which will help you develop mutually beneficial arrangements with the hospital and bring patients into your system, instead of taking them out. This will help all of the players in the system. We are working, however, to ensure that the appropriate portion of the health care premium goes to physicians and that physicians are appropriately awarded for managing medical resources.

Mr. Lance is chief executive officer of the PennMed Member Services Company.

Q: We have had an IPA for several years, and it has done nothing. How is what PMSCO is proposing any different?

A: The POs that we are developing are POs of the future, not POs of the past. These multispecialty shareholder entities are specifically designed to pursue managed care contracting opportunities, and more importantly, they are developed with the infrastructure to accept and manage the full professional component of the premium dollar.

Our PO models are flexible to meet the needs of the community in which we are working. However, all of them are designed to be the contracting entity on behalf of their shareholders. The physicians then have a participating contract with the PO. The PO, in turn, develops the methodology to pay the primary care physicians a per-member, per-month capitation, and the specialists are paid on a fee schedule, which is also developed by the PO.

In addition, the POs that we are developing will have active utilization review and quality assurance (UR/QA) programs. They will also employ their own medical directors. This allows the physicians in the PO to have control over the way in which they deliver care, by having an opportunity to serve on these UR/QA committees and actually having input into the protocols that are used.

Q: Can the PO be successful if there are a lot of specialists?

A: The specialists actually make the PO more marketable. Patients benefit from all physicians within the medical community and will only give up their option to choose if forced to do so. Once a referral is made, specialists control a large portion of the medical costs and also write half of the prescriptions that may be included in our contracts. Their ability to participate in the rewards of managing these resources will result in a far better performance in these pools than without their ability to participate.

The goal of the PO is to prepare to assume capitation. Capitated contracts will have a specialists' pool budget that cannot be exceeded and is protected by withholds. Specialists cannot consume more than their allotted portion. So, to limit the panel to receive these allocations would minimize our marketability.

For example, if we limit general surgery costs to \$100,000 per month, why does it matter if we have one or 10 general surgeons? In fact, if we have 10, aren't we more marketable? In summary, capitation

does not permit specialists to over-consume when properly managed.

It is important, however, for the board of directors or the governance to be a majority of primary care. This illustrates to the payers that the PO is prepared to place the emphasis on preventive primary care for its subscribers.

Q: Isn't it very expensive to purchase the systems to run an IPA, and where will those dollars come from?

A: Most of the POs we have worked with intend to utilize funds from their earlier membership drives and stock solicitation process to obtain experienced consulting and management services to help them become operational. As they obtain contracts, they plan to take a small percentage of the revenues to apply toward management services such as claims processing, utilization management, data management, and contracting.

Properly managed administrative services can actually generate income via proper management of expense recoveries such as stop-loss on reinsurance, third-party liability, and coordination of benefits. PMSCO does have the ability to manage POs, whether or not we have developed them.

Q: Does PMSCO have ownership in the POs that it is helping physicians to form?

A: No. Most of the POs we are working with are shareholder models, or we are assisting in their transformation to become shareholder models. Only physicians can own a share of stock, and no one physician can own more than one share of stock. This prevents any one group or interest from controlling the POs. In addition, once a share of stock is purchased, it cannot be transferred or sold. The only way additional shares can be sold, once a stock solicitation is complete, is if a PO deems it necessary to provide additional needed services.

Editor's note: With the increasing number of requests for assistance, PMSCO continues to expand its services. Recently, Earl A. Schulte, MD, was named chief operating officer for the company. Dr. Schulte, who comes to PMSCO from San Bernardino, California, has in excess of 40 years of professional training and experience in health care.

Next month, Dr. Schulte will share his thoughts on the Pennsylvania health care market and how PMSCO is making a difference for the physicians in the state. ◊

"Our PO models are flexible to meet the needs of the community in which we are working."

Integration Insider

Analysis of the emerging health care marketplace in Pennsylvania and beyond.

This ongoing column updates Pennsylvania physicians on the state of managed care in the commonwealth and nation. News, divided regionally, is derived from press reports. For more information about this topic, call the PennMed Member Services Company (PMSCO) at (800) 228-7823 or (717) 558-7750.



► Blue Cross of Western Pennsylvania in mid-October announced an affiliation with Prime Medical Group, Inc., a physician-owned primary care group with 47 physicians at 33 locations from Braddock and Brentwood south to Washington. Officials of Blue Cross and the physicians' group said the affiliation would strive to provide high-quality care and reduce health care costs. [*Pittsburgh Post-Gazette*]

• Two-thirds of the members of the region's three largest HMOs—Keystone, HealthAmerica, and U.S. Healthcare—are either completely satisfied or very satisfied with their coverage, according to a survey commissioned by the Pittsburgh Business Group on Health. The findings, released in October, showed that only about one in 10 HMO members expected to switch plans. [*Pittsburgh Post-Gazette*]

• The Federal Trade Commission has approved a 35-physician hematology/oncology network in Pittsburgh. The commission says because the non-exclusive network includes less than 30 percent of the hematologists in the area, and the network plans to market its services on a capitated basis, it falls within the antitrust safety zones. [*BNA's Health Law Reporter*][†]



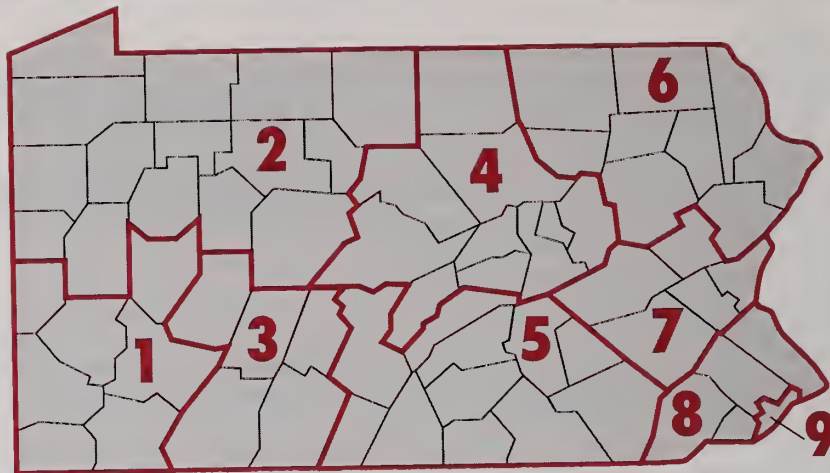
► HealthAmerica of Central Pennsylvania has entered into an agreement with Wyoming Valley Physician Hospital Organization, a not-for-profit corporation jointly founded and governed by Wyoming Valley Health Care System and more than 365 area physicians. The agreement—to be effective January 1, 1996, subject to state approval—will result in HealthAmerica's managed care health insurance plans being offered initially as options to residents of Luzerne and Columbia counties. The Wyoming Valley PHO comprises the network of providers for the HealthAmerica plans.

The company has also announced the expansion of its service area into Lycoming, Northumberland, Snyder, and Union counties. [*HealthAmerica of Central Pennsylvania press releases*]



► The University of Pennsylvania Health System has signed an affiliation agreement with Community Visiting Nurse Services, Inc. (CVNS), a home health agency that provides specialized patient-care services—skilled nursing, physical therapy, maternal/child health care, and hospice care—to residents of Chester and Montgomery counties. [*University of Pennsylvania Medical Center press release*]

• St. Christopher's Hospital for Children, Philadelphia, and St. Luke's Hospital, Bethlehem, last month completed an affiliation agreement which increases the clinical linkage between the two hospitals and provides for the development of joint educational programs. [*St. Christopher's press release*]



Facts, figures, etc.

• A Johnson & Higgins Employee Benefits Services survey found that managed care is on the increase at mid-sized employers (100 to 999 employees). The survey found that in 1994, only 46 percent offered fee-for-service options, down from 57 percent in 1994. Also, the use of point-of-service plans rose from four percent in 1993 to 15 percent in 1994, and the use of PPOs rose from 24 to 30 percent in the same time period. [*The Executive Report on Managed Care*][†]

• A KPMG Peat Marwick survey found that group health premiums and claims paid by self-insured plans rose 2.1 percent between the spring of 1994 and the spring of 1995. KPMG reports that this marks the first time health care cost increases trailed behind the consumer price index, and attributed this to the increased market share of cost-efficient managed care plans and aggressive employer negotiation of health care benefits. [*Modern Healthcare*][†]



Managed care moves, state by state

• The Florida Medical Association and Florida Osteopathic Association are proceeding with plans to form a physician-owned HMO. The associations plan to raise \$60 million in start-up capital by selling shares of stock to physicians for \$5,000. Primary care physicians may purchase one share of voting stock; specialists may buy one share of voting and one share of non-voting stock, also priced at \$5,000. The HMO hopes to be operational by January 1997. [*Tampa Tribune*][†]

[†] Excerpted from "AMA Market Trends"



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CENTER ADDS FOUR CLASSES TO DRUG RESOURCE LIST

Physicians across the state agree that they need an unbiased source of information on prescription drugs. Based on the results of a statewide survey, Pennsylvania physicians are especially interested in reliable drug cost information. In response, the State Society's *Center for Professional Drug Education and Information* has periodically published in *PENNSYLVANIA MEDICINE* cost information for medications in various drug classes. Four new classes have been added to this group:

- 1) Antidepressants: Cyclics
- 2) Antidepressants: SSRIs, MAOIs, and Miscellaneous
- 3) Beta Blockers
- 4) Antihyperlipidemics

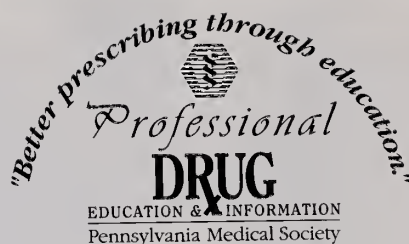
Antidepressants are most commonly prescribed for the treatment of primary major depression. However, specific drugs may have indications for use in anxiety, obsessive compulsive disorders, chronic pain, panic

disorder, eating disorders and dermatologic disorders.

Beta blockers have been primarily prescribed for the treatment of hypertension. Angina pectoris, cardiac arrhythmias, various tachycardias, myocardial infarction, and migraines are among the several other uses for this therapeutic class.

Antihyperlipidemics are used to decrease serum levels of cholesterol and triglycerides. Lovastatin can also be used for the treatment of atherosclerosis, and cholestyramine is also indicated for use in biliary obstruction.

Physicians should base selection of these therapeutic agents on indication, clinical experience, patient convenience, side effects, and cost.



The chart below represents the average wholesale price for a 30-day regimen of antihyperlipidemics, plus a \$3.50 dispensing fee. While prices vary from pharmacy to pharmacy and region to region, these charts provide physicians with a means for making relative comparisons within their respective therapeutic classes. The drugs are listed in alphabetical order by brand name.

Other charts available to physicians compare ACE Inhibitors, Antiadrenergic Agents, Broad Spectrum Antibiotics, Calcium Channel Blockers, Diuretics, H₂ Antagonists, NSAIDs, and Quinolone Antibiotics.

For a free pocket card or wall chart version of any of the 12 classes available, call the Society's Center for Professional Drug Education and Information at (800) 228-7823 or (717) 558-7750.

Note: If you have previously requested other drug classes, you will receive this information automatically.

Q&A: DRUG UTILIZATION

The State Society's Center for Professional Drug Education and Information receives numerous inquiries from physicians about drug interactions, side effects, and other drug-utilization issues. In an effort to share this information, the Center selects a question of general interest to appear in this column each month. The response, prepared by our clinical pharmacist, Anita Fabert, RPh, is based on an abstract of the latest scientific literature that has been developed with input and knowledge of experienced clinicians. If you have a question that you think would be of general interest, please contact the Center at (800) 228-7823 or (717) 558-7750.

Q: What medication therapies are available for the treatment of hyperlipidemia?

A: The treatment modalities can be divided into three classifications: bile

ANTHYPERLIPIDEMICS

Cost Comparison of 30 Days of Therapy for an Adult Patient

BRAND NAME	GENERIC NAME	ADULT DOSING*	QUANTITY	BRAND COST	GENERIC COST
BILE ACID SEQUESTRANTS					
Colestid	Colestipol	5 GM BID			
		ONE CAN 1 scoop = 5 GM	100 doses/1 can	\$81.63	N/A
		TWO BOXES 1 packet = 5 GM	60 doses/2 boxes	\$78.46	N/A
Questran/ Questran Light	Cholestyramine	4 GM BID			
		ONE CAN 1 scoop = 4 GM	42 doses†/1 can	\$39.67	N/A
		ONE BOX 1 packet = 4 GM	60 doses/1 box	\$86.09	N/A

†21 day supply

HMG-CoA REDUCTASE INHIBITORS

Lescol	Fluvastatin	20 mg QD	30	\$35.42	N/A
		40 mg QD	30	\$39.20	N/A
Mevacor	Lovastatin	20 mg QD	30	\$66.03	N/A
		40 mg QD	30	\$116.05	N/A
Pravachol	Pravastatin	10 mg QD	30	\$54.14	N/A
		20 mg QD	30	\$58.03	N/A
		40 mg QD	30	\$99.36	N/A
Zocor	Simvastatin	5 mg QD	30	\$56.92	N/A
		10 mg QD	30	\$59.89	N/A
		20 mg QD	30	\$105.69	N/A
		40 mg QD	30	\$106.63	N/A

MISCELLANEOUS AGENTS

Atromid-S	Clofibrate	1 GM BID	120	\$105.02	\$33.69
Lopid	Gemfibrozil	600 mg BID	60	\$75.49	\$62.88
Loelco	Probucol	500 mg BID	60	\$73.12	N/A

acid sequestrants, HMG-CoA reductase inhibitors, and miscellaneous agents.

HMG-CoA reductase inhibitors ("statins"), which competitively inhibit endogenous cholesterol production, are the most widely used agents. Approved statins available are *Lescol*®, *Mevacor*®, *Pravachol*®, and *Zocor*®. They are dosed at once daily, a plus when considering patient compliance. Dosages for this class can range from 5 mg (*Zocor*®) to 80 mg (*Mevacor*®).

All agents are indicated for hypercholesterolemia and hyperlipoproteinemia. *Mevacor*® is also indicated for atherosclerosis, and *Zocor*® has recently been FDA approved for use to reduce the risk of total mortality by reducing coronary death, nonfatal myocardial infarction (MI), and revascularization procedures in coronary heart disease (CHD) in patients with hypercholesterolemia. Adverse reactions can range from headache to GI symptoms.

Colestid® and *Questran*® are the agents that embody the therapeutic class of *bile acid sequestrants*. Both agents are indicated for hypercholesterolemia, with *Questran*® also being indicated for hyperlipoproteinemia. These agents are available in bulk form or individual dose packets. Dosing is one scoop or packet, one to three times daily. The most common adverse effect of both agents is constipation. This can be relieved with the concurrent use of a bulk laxative such as *Metamucil*®.

Other medications available for use are *Atromid-S*® and *Lopid*®, which are classified as *fibrin acid derivatives*. Indications for these agents include hyperlipoproteinemia and hypertriglyceridemia. Dosing is 500 mg (*Atromid-S*®) or 600 mg (*Lopid*®), two or three times daily. GI side effects are among the most common seen with this therapy.

Lorelco® is another agent available for use for hypocholesterolemia and hyperlipoproteinemia. It is structurally unrelated to any of the other agents and is dosed at 500 mg twice daily. GI irritation is a common adverse event, as well as QT prolongation. *Nicotinic acid*, a B-complex vitamin, can be used for hyperlipoproteinemia. However, in the high doses needed for this indication, the incidence of adverse

effects (peripheral vasodilation and various GI effects) is usually high and causes noncompliance in the patient. Sustained release products can alleviate this problem somewhat. Dosing can range from one to two grams, three times daily, and is best taken with food.

If you would like to have copies of complete monographs for the above medications, please call the Center at (800) 228-7823 or (717) 558-7750.

MEDICATION UPDATE

New indications

Aredia® (*pamidronate disodium*)—This bisphosphonate is now also indicated for use in the treatment of osteolytic lesions resulting from multiple myeloma.

Claritin® (*loratadine*)—A nonsedating antihistamine newly indicated for the treatment of chronic idiopathic urticaria (hives).

Leukine® (*sargramostim*)—Updated to include for use following induction chemotherapy in older patients with acute myelogenous leukemia.

New drugs

Adenoscan® (*adenosine*)—A new in vivo diagnostic for myocardial perfusion scintigraphy testing.

DDAVP® (*desmopressin acetate*)—Antidiuretic now available in tablet form for the management of central diabetes insipidus (a rare metabolic disorder).

Flolan® (*epoprostenol*)—FDA approved for the treatment of primary pulmonary hypertension in selected patients.

Fosamax® (*alendronate*)—The first nonhormonal treatment for osteoporosis in postmenopausal women and Paget's disease of bone.

Ultane® (*sevoflurane*)—An inhalational anesthetic for use in adult and pediatric patients for inpatient and outpatient surgery.

On the horizon

Look for *Precose*® (*acarbose*), the first alpha-glucosidase inhibitor for use as an adjunct in therapy for type II diabetes, to be available in January 1996. It should be taken three times daily with the first bite at mealtime. It can be used alone as an adjunct to dietary intervention or also given with a sulfonylurea.

NOTE:

Please note that in the November 1995 issue of PENNSYLVANIA MEDICINE under the classification of New Drugs, *Valtrex*® (*valacyclovir*) was incorrectly listed for use in the treatment of herpes zoster in the immunocompromised patient. It should read as the immunocompetent patient. *Valtrex*® is **not indicated** for use in the immunocompromised patient due to the fact it could cause a thrombotic thrombocytopenic purpura/hemolytic uremic syndrome (TTP/HUS).

Meeting Notice

Cosponsored by: American Medical Association
Federation of State Medical Boards, Canadian Medical Association
Federation of Medical Licensing Authorities of Canada

"Uncertain Times: Preventing Illness, Promoting Wellness" is the theme for the 1996 International Conference on Physician Health to be held on February 7-10, 1996, at the Sheraton San Marcos Hotel, Chandler, Arizona (near Phoenix).

Presentations dealing with all aspects of physician health, including wellness of well-being, impairment, disability, treatment, and education have been requested.

Of particular interest are issues of:

- stress and physician health;
- epidemiologic data;
- the effects of violence directed at physicians;
- violence occurring within physicians' families;
- patient exploitation;
- mental illness, including substance abuse;
- physical illness and disability;
- special populations;
- comparative data across states or countries; and
- physician well-being and family functioning.

For more information: Call Elaine Tejcek at (312) 464-5073 or fax your inquiry to (312) 464-5841.

KePRO Project Sheds Light on Anticoagulation in Atrial Fibrillation

Jeffrey Whittle, MD, MPH

As part of the move toward more cooperative quality improvement programs, the Keystone Peer Review Organization (KePRO) examined the use of anticoagulation in patients with atrial fibrillation. The study found that only about half the eligible patients were discharged on anticoagulant therapy.

This project, to ensure warfarin use by Medicare patients who do not have a contraindication, is based on very clear, expert consensus that optimal care of such patients involves closely monitored anticoagulation. Moreover, experts agree that for most individuals with atrial fibrillation, warfarin is a better anticoagulant than aspirin.

Proper anticoagulation therapy with warfarin could cut by more than half the 80,000 annual strokes due to atrial fibrillation, says the Agency for Health Care Policy and Research (AHCPR).

This consensus recommendation is buttressed by numerous randomized, controlled trials which demonstrated the benefits of anticoagulation and confirmed that there does not appear to be an upper age limit to the population that would benefit. There is also evidence in the literature, and from KePRO's pilot review of randomly selected charts of patients from around the state, that many patients are not receiving anticoagulation. Indeed, a recent article in *Circulation* lamented the fact that fewer than half of patients with atrial fibrillation were being anticoagulated.

In its project, KePRO randomly identified five geographically dispersed, relatively small hospitals with at least 100 patients with atrial fibrillation during the one-year period from July 1, 1993, to June 30, 1994. Small hospitals were targeted because previous studies suggested that adoption of this recommendation had been slower in these settings. From each hospital, medical records of 65 patients

with a diagnosis of atrial fibrillation were randomly selected.

These charts were reviewed to determine:

- whether the patient actually had atrial fibrillation during the hospitalization;
- whether there were clear contraindications to warfarin use;
- whether the patient was discharged on warfarin; and
- whether the patient was discharged on aspirin.

Of the 325 charts requested, 322 were available for review. Additional records were excluded due to clear contraindications to warfarin use. The end result found 181 patients who were eligible for anticoagulant therapy. Of these cases, 41.4 percent were discharged on warfarin. The overall rate of anticoagulation (discharged on warfarin or aspirin) was 52.5 percent.

Visits to each of the hospitals involved suggested that the vast majority of physicians agreed that warfarin was the best choice for patients with atrial fibrillation who did not have contraindications. Hospitals with the highest rates of compliance with the recommended use of warfarin did not have specific protocols in place to increase compliance.

Physicians meeting with KePRO representatives suggested that even doctors who would agree that warfarin should be used for a given patient might not do so because other problems are more salient during the hospitalization. For example, a chronic condition, such as atrial fibrillation, might not easily be addressed during a hospitalization focused on a more acute condition. This may also apply to the busy clinic setting, where the patient's presenting symptoms/condition may overshadow their chronic asymptomatic atrial fibrillation.

The physicians also pointed out the limitations of the study design. Most agreed that even retrospective chart review by a

Dr. Whittle is an internist as the Pittsburgh VA Medical Center and a part-time assistant clinical coordinator at the Keystone Peer Review Organization.

board certified internist may not identify the reason for not administering anticoagulants to a given patient. Perhaps a history of noncompliance or a previously expressed wish to avoid anticoagulation was the basis for the decision, but that was not evident in the medical record.

Limitations set aside, most physicians who participated were surprised at the extent of warfarin non-use. Each of the collaborating hospitals decided to share the findings with the medical staff, both to let them draw their conclusions and to increase awareness of the recent recommendations. Additionally, one facility did establish a structured improvement plan,

which included education and guidelines for warfarin use.

KePRO is anxious to accept suggestions from physicians or other health care professionals for other projects. These ideas can be forwarded to:

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Lovastatin During Warfarin Therapy Resulting in Bleeding

Elias A. Iliadis, MD
Martin F. Konwinski, MD, PhD

CASE REPORT: A 78-year-old veteran with a history of chronic atrial fibrillation, vertebral-basilar insufficiency, transient ischemic attacks, and severe coronary artery disease had been maintained on warfarin. The patient presented to the emergency department with new onset of gross hematuria, left lower quadrant pain, and darkening of urine for two days prior to admission. Exam revealed an ecchymosis over his right thumb and palpable swelling in the left lower quadrant of abdominal wall, about 6 cm in diameter, with discomfort on palpation but without visible ecchymosis. The patient noted compliance with his medications, and he had no history of liver or renal dysfunction, bleeding dyscrasias, myopathy, thyroid disease, or diabetes.

Laboratory evaluation revealed a markedly elevated prothrombin time of 42 seconds (INR = 12.3), platelets within normal limits, and no evidence of liver function abnormalities nor elevation of skeletal muscle enzymes. Medical records revealed prothrombin times elevated to between 15 and 18.5 seconds (INR = 1.9-3.1) on warfarin 4 mg daily in the two- to four-month interval before admission. Two months prior to admission the only new medication, lovastatin 20

mg twice daily, was started for the treatment of hypercholesterolemia.

Lovastatin was felt responsible for his increased anticoagulation, and it was discontinued on admission. Warfarin was held, and within 24 and 48 hours, his hematuria and ecchymosis improved. A computed tomography scan revealed an intramuscular hematoma of the abdominal wall. Complete resolution of the hematuria occurred on the fourth hospital day when prothrombin time dropped to 20 seconds (INR = 2.6), and warfarin was restarted.

DISCUSSION: This case illustrates the development of bleeding due to excessive anticoagulation in a patient on chronic warfarin therapy who recently began lovastatin. The possible mechanisms of this coagulopathy include displacement of warfarin from its protein-binding sites or competitive inhibition of warfarin metabolism in the liver by lovastatin, thereby potentiating warfarin effect by lovastatin.¹

In the lovastatin package insert, there were some cases reported of lovastatin-warfarin interactions resulting in elevated prothrombin times. The manufacturer recommended frequent monitoring of prothrombin times during lovastatin administration to patients on warfarin and during dosage adjustments.²

Subsequently, case reports of

lovastatin-warfarin^{3,4} and simvastatin-warfarin⁵ interactions have also appeared in the literature.

While hypercholesterolemia may warrant use of drugs lowering hydroxy-methylglutaryl coenzyme A (HMG-CoA) reductase activity in patients on warfarin, the interaction of these agents with warfarin has to be kept in mind. Frequent monitoring of prothrombin times and appropriate reduction of warfarin dose will help to avoid excessive anticoagulation after starting of HMG-CoA reductase inhibitor therapy in a patient on warfarin.

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The authors are affiliated with the Medical Service of the Department of Veterans Affairs Medical Center, Wilmington, Delaware, and the Department of Medicine, Jefferson Medical College of Thomas Jefferson University, Philadelphia.

KEPRO ADOPTS TQM—PART I

When World War II ended, Japan's economy was in shambles. Anyone old enough to remember the days before the war can tell you that any item purchased in the United States that bore the statement "made in Japan" was considered cheap and not expected to last beyond dinnertime of the date of purchase. With much technical help from our country, Japanese factories were rebuilt according to modern-day standards, and their economy began to flourish. But technical help was only part of what they got from us.

One of the early gurus of total quality management (TQM), who had tried unsuccessfully to sell his ideas to American industry, got a warm welcome from the Japanese industrialists who knew they had to manufacture high-quality products in order to erase the stigma of the pre-war days and compete in the world market. We all know how they acquired a large share of the automobile market in a relatively short time after the war. Although much of the credit for their success was attributed to the work ethic of the

Japanese people, American industry began to realize there was more to it than that.

It is somewhat ironic that TQM, which was sort of an export because it was unwanted here, eventually became an import. It has now become the focus of many companies in this country, both large and small, as they realized that purchasers would not settle for less than a quality product for their money.

Although the basic philosophy of TQM has not changed, a variety of different versions of the original models have emerged as new proponents enter the field as consultants and adapt systems to meet the needs of the companies they serve. So it was with the Keystone Peer Review Organization (KePRO) when we employed a consultant in 1993 to help us develop a plan for continuous quality improvement (CQI).

This was at a time when we were increasing our efforts to develop new products and business opportunities to become less dependent on the Medicare PRO contract. We knew we would have to be able to demonstrate that we could provide a quality service

for our customers. We also knew that TQM required a total commitment by our board of directors, senior management, and the entire staff.

Of course, a program of this nature could not be accomplished overnight. It would be an ongoing process that would include constant evaluation, measurement of success, and continuous improvement. When we submitted our proposal for our current PRO contract, we requested funding for our TQM program. The Health Care Financing Administration granted our request, and KePRO became the first PRO in the nation to have a department singularly dedicated to TQM.

So, this is how it started. I am pleased to report that we have gotten the necessary commitment from all parties, and that the program has been up and running successfully for over two years.

Next month, the contributing author, KePRO President Donald E. Harrop, MD will describe the various components of KePRO's TQM process and how TQM fits into the newly revised PRO direction, the Health Care Quality Improvement Program.

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Protect Your Business: Keep Timely Minutes

Your medical practice's meeting minutes are *legal documents*. They can keep you out of trouble—or at least mitigate trouble—if they are up to date and accurate. Or they can cause you trouble if they are inadequate or nonexistent.

If your practice does not take meeting minutes, start doing so. Update your minutes file or book after every regularly scheduled meeting (in most smaller practices, this means the annual meeting) and after each ad hoc meeting.

Annual corporate meeting minutes may include, for example, authorizing pension contributions, electing corporate officers or directors, deciding how to divide practice income, or declaring a dividend. When you add a new physician to your practice, refer to that decision in your minutes, attach the employment agreement to the minutes, and keep that agreement in your minute book.

For your ad hoc meetings, keep a contemporaneous record that reflects such issues as considering an offer to merge the practice or join a network, making shareholder loans, adopting a pension plan, or replacing a departing physician.

Meeting minutes should reflect the significant actions of your practice as a business. Address the issues raised, record the vote(s) of the board or shareholders, and register the results. The commonwealth mandates one annual shareholders' meeting, but the corporation can adjust that by making the appropriate changes in its bylaws.

Not only meetings, not only minutes

Make the proper notations—and reflect it in the corporate records—if you opt to circulate a document to obtain shareholder approval of some action, rather than scheduling an actual meeting. This device can save time, especially if the practice's shareholders are physicians working different schedules and/or at multiple offices.

If, for the convenience of your practice's shareholding physicians,

you opt to meet by phone, take the minutes of that meeting as well. Tape record the proceedings if you need to do so. Secure the written consent of all parties to the meeting in advance. You also may want to record their consent at the start of the meeting.

Someone—usually an attorney—should review your corporate agenda before a meeting to make certain that proposed actions are appropriate and review who has what authority at what level. After the meeting, the minutes should again be reviewed: Do they need to be updated to reflect any action the shareholders took?

“Your medical practice's meeting minutes are legal documents. They can keep you out of trouble...if they are up to date and accurate.”

Legal respect

Everybody knows that some documents have obvious legal power. In your medical practice, patient medical records, billing records, and your practice agreements fall into this category.

Minute files or books also demand the same respect. Just as any record, report, or other notation (paper or electronic), minutes are to be used as proof of what actually did or did not happen at a meeting. They are also your evidence of decisions that were or were not made by a practice's shareholders or directors. They are routinely reviewed during tax audits and/or corporate legal actions (e.g., mergers).

As an example, consider that your compensation—salary, benefits, and

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bonuses—should be reflected in your minutes. Why? One reason is to dissuade the IRS from the notion that you were not entitled to the level of compensation that you were paid because some of it really constituted money that should have been paid as a dividend. Or, if you are paying deferred compensation to a former member, a document and a notice of this corporate action in your minutes can help substantiate why you deducted that expense.

Is your practice really a corporation?

Not going to the expense and bother of keeping your corporate documentation could contribute to problems for the corporate shareholders, in terms of both taxation and personal liability issues, if a plaintiff can make a solid case that your practice does not entirely function as a corporation.

If a plaintiff argues successfully that your practice does not always meet all the criteria to be considered a corporation, it could be ruled that the corporation exists, but as an “alter ego” to your practice. Then, if the plaintiff can prove that your practice acted outside the corporate persona and caused the plaintiff damages, the shareholders could be personally liable.

It will take no more than a few hours—and probably, in many cases, only a few minutes—for your practice to keep its minutes file or book up to date. Keep all of your important documents here to avoid confusion later. Consider this time and effort to be at least an exercise in corporate necessity, and, if your practice's corporate status does come under attack, insurance against losing significant amounts of money.

The contributing author, Sandra E. D. McGraw, JD, MBA, is a principal attorney and consultant with The Health Care Group® and Health Care Law Associates, PC, based in Plymouth Meeting.

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3A SYNDROME

Edwin Lee, MD; Larry N. Merkle, MD, FACP; Chris C. N. Chang, MD

INTRODUCTION: The 3A syndrome, a triad consisting of adrenal insufficiency, achalasia, and alacrima, is a rare condition. Its etiology remains unknown. We present a case of 3A Syndrome in a young male patient.

CASE PRESENTATION: Our patient is a 14-year-old male with known Addison's Disease and a lack of tearing since age two. He presented with a recent history of nocturnal coughing, dysphagia, regurgitation, and was found to have a mediastinal mass on chest x-ray. There was no past medical history of seizures. He did have a mild learning disability.

A physical examination revealed a somewhat thin-appearing, white male with normal height, Tanner Stage 3 pubertal development, normal skin pigmentation, and no neurological dysfunction. There were

no skin rashes, fissured palms, unequal pupils, or postural hypotension. His medications, prior to surgery, included hydrocortisone 15 mg in the morning and 10 mg in the evening. After a full evaluation, he was found to have achalasia by means of a barium swallow.

Achalasia is a motor disorder of the esophageal smooth muscle and failure to relax the lower esophageal sphincter with swallowing. The barium swallow above has the classic findings of esophageal dilation with beak-like narrowing representing the non-relaxing lower esophageal sphincter (LES).

The patient underwent corrective surgery for his achalasia. He also recently had a positive Schirmer's test to document alacrima. He has no neurologic abnormalities at this time.

DISCUSSION: The 3A Syndrome was first reported in 1978 by Allgrove, et al¹ and has been found to be

associated with neurological abnormalities, including hyperreflexia, muscle weakness, dysarthria, ataxia, impaired intelligence, and abnormal autonomic function especially postural hypotension. Grant, et al. published a recent review on 20 patients with 3A Syndrome and noted a significant association with neurological, especially autonomic function abnormalities. The achalasia, alacrima, and neurologic abnormalities may have a common origin, for example, deletion of an autosomal DNA or autoimmune mechanism associated with Addison's Disease.²

For additional information, contact Larry N. Merkle, MD, FACP, at the Lehigh Valley Hospital Department of Medicine, (610) 402-8200.

References available upon request.

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Dr. Soisson

Ferdinand L. Soisson Jr., MD, a Johnstown gynecologist and member of the State Society's board of trustees, was elected to the Cambria County Board of Commissioners.

The State Senate has unanimously confirmed **Soloman Luo, MD**, a Pottsville ophthalmologist, as a member of the State Board of Medicine.

Peter Pizzutillo, MD, was appointed co-chief of the Section of Orthopedic Surgery, St. Christopher's Hospital for Children, and professor of orthopedic surgery and pediatrics, Medical College of Pennsylvania and Hahnemann University School of Medicine, Philadelphia.

C. McCollister Evarts, MD, senior vice president for health affairs and dean of the College of Medicine, Penn State's Milton S. Hershey Medical Center, was appointed chairman of the board of directors of the Association of Academic Health Centers.

William A. Buchheit, MD, vice chairman, Department of Neurosurgery, Thomas Jefferson University Hospital, Philadelphia, was named vice president of the American Association of Neurological Surgeons.



Dr. Savard

Marie Savard, MD, director, Center for Women's Health, Medical College of Pennsylvania and Hahnemann University, Philadelphia, was selected from a nationwide pool of applicants as a

contributing editor for *Woman's Day* magazine.

Joseph A. Marasco Jr., MD, chairman emeritus of radiology, St. Francis Medical Center, Forbes Health System, and Ohio Valley General Hospital, Pittsburgh, was awarded the American College of Radiology Gold Medal.

The College of Physicians of Philadelphia has appointed **Marc S. Micozzi, MD, PhD**, executive director.

Ronald B. Herberman, MD, director, University of Pittsburgh Cancer Institute, was appointed associate vice chancellor for research, Health Sciences, University of Pittsburgh.

Philadelphia College of Osteopathic Medicine has appointed **Harry Morris, DO**, chairman, Department of Family Medicine.

Daniel B. Rustalis, MD, was named chief, Division of Urology, Department of Surgery, and associate professor of surgery and of pathology and laboratory medicine, Medical College of Pennsylvania Hospital and Hahnemann University, Philadelphia.

Stuart I. Myers, MD, was appointed chairman, Department of Surgery, Temple University Health Sciences Center, Philadelphia.



Dr. Naccarelli

Penn State's Milton S. Hershey Medical Center has appointed **Gerald V. Naccarelli, MD**, as chief of the Division of Cardiology, director of the Penn State Cardiovascular

Center, and professor of medicine.

Carlo M. Croce, MD, director, Jefferson Cancer Center, professor of microbiology and immunology, Jefferson Medical College, and chairman of the department for Thomas Jefferson University, Philadelphia, received the 1995 Robert J. and Claire Pasarow Foundation Medical Research Award.

The Philadelphia Association for Health and Physical Education, Recreation, and Dance awarded its Community Service Award to **Pekka Antero Mooar, MD**, assistant professor of orthopedics and rehabilitation surgery, Medical College of Pennsylvania and Hahnemann University, Philadelphia.

Audrey Evans, MD, pediatric oncology, The Children's Hospital of Philadelphia, was honored with a Sara Lee Corporation 1995 Frontrunner Award for the humanities. The Frontrunner Awards recognize exceptional women in business, the arts, government, and the humanities.

The family of **Victoria S. Gaspar, MD**, has established a memorial fund to underwrite medical education activities at Magee Rehabilitation. Dr. Gaspar, a resident of Center City, died June 1995 after a long battle with cancer.

BITUARIES

Ralph N. Dougherty, MD, McKeesport University of Pittsburgh School of Medicine, 1936; age 87, died September 28, 1995. Dr. Dougherty was a general surgeon.

Edward D. Holfelner, MD, Haddonfield, NJ Hahnemann University School of Medicine, 1946; age 78, died August 25, 1995. Dr. Holfelner was a urologist.

F. Wayne Jarvis, MD, Palm Harbor, FL Hahnemann University School of Medicine, 1930; age 89, died September 27, 1995. Dr. Jarvis was a general practitioner.

Franklin M. Kern, MD, Kingston University of Pennsylvania School of Medicine, 1934; age 85. Dr. Kern was an obstetrician/gynecologist.

Thomas E. Seifert, MD, Johnstown University of Pittsburgh School of Medicine, 1951; age 71, died September 26, 1995. Dr. Seifert was an obstetrician/gynecologist.

John J. Young, MD, Glenside Temple University School of Medicine, 1964; age 56, died September 14, 1995. Dr. Young specialized in radiation oncology.

Charles R. Nader, MD, New Kensington Age 87; died October 16, 1995. Dr. Nader was a general practitioner.

James H. Spillane, MD, Phillipsburg New York Medical College, 1950; age 68, died September 24, 1995. Dr. Spillane was an otolaryngologist.

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Effective Date, November 10, 1995

DELEGATION SUBMITTING 10 RESOLUTIONS TO AMA

The Pennsylvania Delegation to the AMA has submitted 10 resolutions to the national organization's House of Delegates for consideration at its interim meeting this month in Washington, DC. The resolutions call for the AMA to:

- analyze the relationship between crime, violence, and the distribution and use of illicit drugs, and to study the potential effects of decriminalization of illicit drugs on that relationship;
- study the use for heterologous transfusions of unused blood collected for auto-transfusion;
- reexamine its position on employment-based health insurance and the tax provisions that promote it;
- study a system of competitive bidding for substandard underwriting risks by health insurers as a condition of their being permitted to sell standard policies, along with consideration of other mechanisms for sharing the costs of insuring such substandard risks;
- urge federal action to lift from physicians the financial burden of providing signing interpreters at physician encounters with deaf patients;
- urge legislation or regulation assuring the portability from state to state of medical savings accounts;
- support legislation to mandate the "pass through" of capitation rate money designated for graduate medical education expense or support alternative methods of financing graduate medical education, and urge the federal government to change Medicare and Medicaid reimbursement guidelines to include non-hospital ambulatory surgical centers and other outpatient clinics in their medical graduate education funding;
- adopt policies that assure the availability of non-confidential medical staff committee meeting minutes for all medical staff members, and assure the approval and communication of peer review issues which affect medical staff members;
- not require that recipients of its Medal of Valor be U.S. citizens; and
- amend current policy to require all resolutions include a fiscal note generated by AMA staff in consultation with the author.

Look for results of these resolutions in upcoming issues of PENNSYLVANIA MEDICINE and *Executive Report*.

PROMOTING THE HEALTH OF OLDER PENNSYLVANIANS

Are your elderly patients familiar with PrimeTime Health? The program, administered by the Pennsylvania Department of Aging through the Area Agencies on Aging, began in 1993 and continues to offer activities to promote the health of older Pennsylvanians.

Federally funded through the Older Americans Act, the program focuses on seven priority areas, including exercise and nutrition; chronic conditions such as diabetes, heart disease, and emphysema; incontinence; injury prevention;

mental health; medication management; and alcoholism.

Here's how the program works: Each Area Agency on Aging assesses the health risks and interests of the older adults in their area, and then—with a local advisory board made up of representatives of health-related services and other community agencies—designs the PrimeTime Health programs to be initiated.

If you have older adults in your practice who could benefit from PrimeTime Health, direct them to the PrimeTime Health coordinator at your local Area Agency on Aging, listed in the blue pages of your telephone directory. Physicians may also call the area program coordinator to order PrimeTime Health brochures for their waiting rooms or offer their services to the program.

A Special Message to AMA Members

The historic headline in the *Washington Post* says it all: **Doctors Emerge as Big Winners in GOP Plan!**

What I want you to know is the story behind that headline, because the tremendous gains the AMA is winning for medicine are the result of a long, deliberate, strategic effort to do the absolute best we can for patients and our physician members.

Over the past 10 years, thanks to your membership support, the AMA House of Delegates built a tremendous policy base aimed at getting Medicare on solid footing. Last December we set our agenda and this year, when the time came, we were ready with a 100-page plan that made sense, saved money, and served both patients and their physicians. Leaders of the House of Representatives were so impressed, they used the AMA plan as a model for their own proposal.

At the same time, on your behalf, we carried out a parallel "outside" campaign to aggressively deliver medicine's message in meetings with virtually every member of the House and Senate; through intense discussions with House and Senate leadership; in speeches all over America; and in meetings with editorial writers, reporters, and broadcasters in key media markets.

The results are stunning. The House leadership advanced an extraordinary array of positive changes for patients and physicians that the AMA, advocating for physicians like you, has long sought:

- improvements in the security of traditional Medicare;
- new choices for patients, including medical savings accounts;
- patient protections;
- physician-sponsored networks and antitrust relief;
- liability reforms, with a \$250,000 cap on non-economic damages;
- reform of Stark I and II laws, and easing of CLIA rules; and
- a new graduate medical education trust fund.

The AMA also convinced House leaders of the need to fix Medicare's flawed physician reimbursement formula, along with gradual increases in a single conversion factor over the next seven years. That means our patients are assured continued access to care.

This has been a tremendous effort. But our work for you and your patients is far from over. We need your help. I am convinced that with your continued support, we will be successful.

Lonnie R. Bristow, MD
President, American Medical Association

Hahnemann University Hospital

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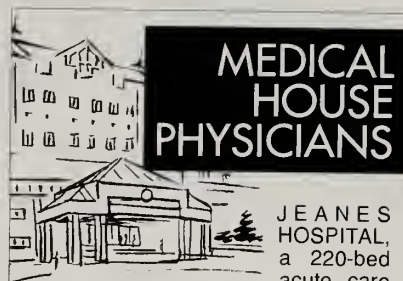
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New Structure Offers New Flexibility and New Focus

As part of the State Society's Membership Driven Process instituted last year, a new internal structure has been created and is outlined below.

Your House of Delegates in October adopted a series of recommendations that changes the structure of Society councils and committees, making the structure more flexible so the Society can more effectively and efficiently manage its priorities and resources. The recommendations were made by the Committee to Study Council and Committee Structure, formed last year in conjunction with implementation of the Society's new membership driven process.

Structural changes reflected in this chart include:

- combining five administrative councils (Education and Science, Governmental Relations, Medical Economics, Medical Practice, and Membership) into two councils (Health Policy and Advocacy, and Membership and Services);

- appointing new Priority Work Groups based on priorities identified by the board and House;
- transferring the functions of the committees on Aid to Education and Medical Benevolence to the Board of Trustees Executive Committee; and
- eliminating and/or redesignating several committees and task forces of the board to streamline efforts.

Once implemented, these changes will:

- ✓ create opportunities for more practicing physicians to become involved in addressing high-priority issues on a short-term, focused basis, while *not* decreasing the number of participation opportunities or "slots" available;

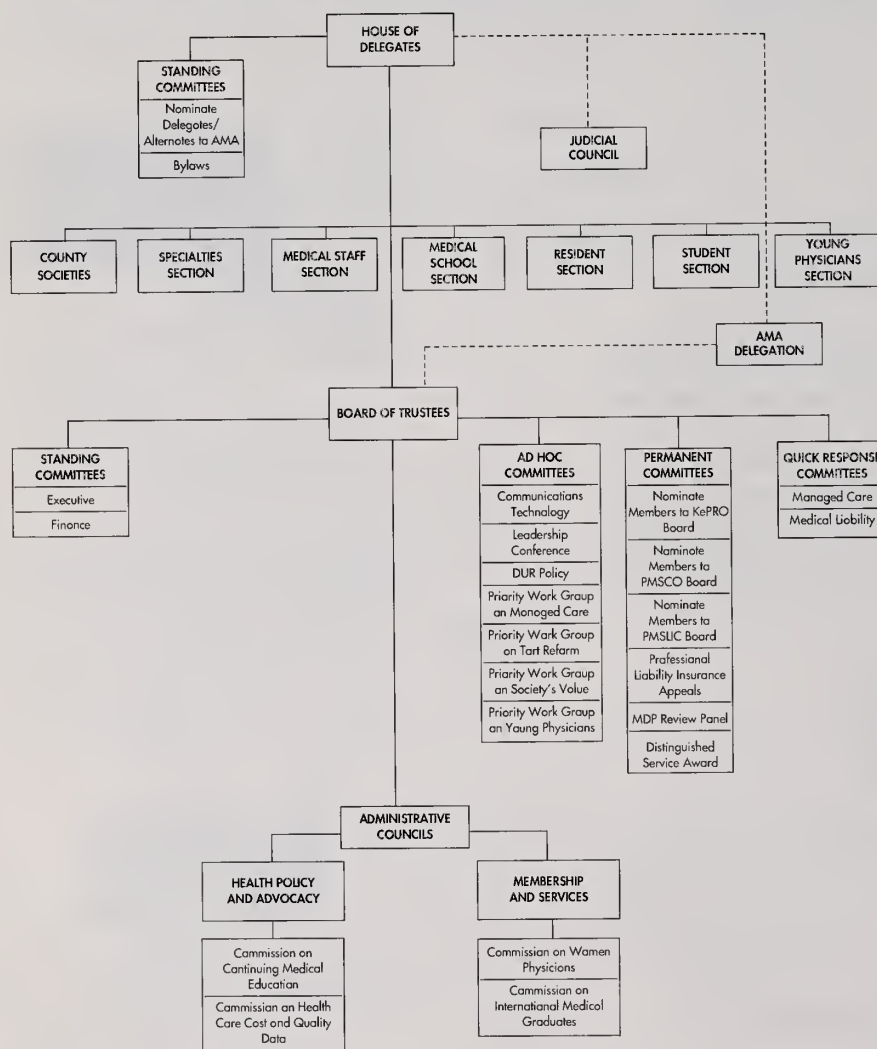
- ✓ provide for a balance of participation opportunities that 1) serve as a training ground for future Society leadership, and 2) are most attractive to practicing physicians, particularly those who are younger and seek short-term, focused activities;

- ✓ achieve full coordination between *policy-making* and *implementation* functions; and

- ✓ improve the councils' ability to focus on key issues important to the membership.

Next month in PENNSYLVANIA MEDICINE: Look for a listing of council and committee appointments made by newly inaugurated President Jonathan E. Rhoads Jr., MD. ☺

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Ophthalmology

1 9 9 5

Featuring in this issue:
Ocular Emergencies

Plus:
***The 1995 Membership Directory of the
Pennsylvania Academy of Ophthalmology***



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Ophthalmology

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1995

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Editor's Foreward

4 Two positive aspects about physicians in this country never cease to encourage me: 1) our willingness to share scientific ideas with our colleagues, and 2) our unanimity in the belief that we should do what is best for our patients.

Gary C. Brown, MD

Serious Systemic Complications of Commonly Used Ophthalmic Drugs

5 Topically administered ophthalmic medications are capable of producing measurable serum concentrations which can cause serious systemic complications. The topical medications most often associated with adverse reactions are those used in the treatment of glaucoma.

Marlene R. Mosier, MD

The Red Eye

9 A red eye is one of the more common problems that brings a patient to the physician. In some instances the abnormality is benign, whereas in others it is an indicator of serious ocular and/or systemic disease. The purpose of this article is to help the clinician differentiate among the more frequent causes of the red eye.

Melissa M. Brown, MD

Diseases of the Cornea

16 The cornea is a highly specialized tissue designed to refract and transmit light. The cornea is 0.5mm thick centrally and 1.0mm thick peripherally and consists of five layers: the epithelium, Bowman's layer, the stroma, Descemet's membrane, and the endothelium. The stroma alone accounts for approximately 90% of corneal thickness.

Vera O. Kowal, MD
Irving M. Raber, MD

The Acute Glaucomas: Diagnosis and Management

24 The acute glaucomas are a group of conditions characterized by a sudden rise of intraocular pressure (IOP). This acute elevation of IOP may be secondary to a large number of different causes.

George L. Spaeth, MD

Traumatic Hyphema Management

- 34** Numerous articles and chapters have been written on the management of traumatic hyphema. Various recommendations and comparisons of therapy have been discussed, including the controversy of admitting or treating patients in home surroundings. Most practitioners lean toward outpatient care. Future managed care may force the ophthalmologist to admit only “disasters”—after the fact!

John B. Jeffers, MD

Ophthalmia Neonatorum: A Clinical Update

- 39** The Center for Disease Control reported 900,000 cases of ophthalmia neonatorum in 1986.^{4,13-15} The most common etiologies reflect the infectious nature of this condition and include neisseria, chlamydia, other bacteria (staphylococci, streptococci, hemophilus species, and coliform groups), viruses (herpes simplex 1 and 2) and chemical (silver nitrate).^{1,3-16}

Richard W. Hertle, MD
David B. Schaffer, MD

Sudden Onset of Diplopia

- 48** Diplopia or double vision is a distressing, disabling, and sometimes disorienting condition. Diplopia may arise from isolated benign oculomotor disturbances or it may herald a more serious underlying systemic disorder. The purpose of this article is to review common causes for acute-onset diplopia, to review the diagnostic evaluation of diplopia, and to briefly summarize management of patients with diplopia.

Albert W. Biglan, MD
John S. Davis, MD

Sudden Unilateral Visual Loss

- 52** Excluding trauma, most entities that cause acute, unilateral visual loss occur in the posterior segment (the structures behind the lens—vitreous cavity, retina, choroid, optic nerve).

Gary C. Brown, MD

Sudden Bilateral Visual Loss

- 58** Simultaneous, sudden bilateral loss of vision is an extremely rare event as the inciting lesion must affect both sides of the visual system. This should be distinguished from sequential visual loss.

John A. Charley, MD
Christen Allaman, MD
Andrew W. Eller, MD

Intraocular Foreign Bodies and the Ruptured Globe

- 61** Ocular trauma is commonly seen in all hospital emergency rooms and outpatient emergency facilities. Ocular trauma accounts for 3% of urban emergency room trauma visits and 5% of hospital trauma admissions.¹

Robert L. Bergren, MD

Endophthalmitis

- 67** *In contrast to superficial ocular infections such as conjunctivitis and keratitis, endophthalmitis is an infection of the interior cavities of the eye, particularly the vitreous. Therefore, endophthalmitis is particularly vision threatening and physicians have an important role in the diagnosis and management of this condition.*

Thomas W. Gardner, MD

Pupillary Abnormalities

- 70** *Examining and understanding pupillary reactions is important in all fields of medicine, from ophthalmology and neurology to internal medicine and family practice. The pupil examination is crucial in many medical and surgical emergencies and can help differentiate between life-threatening and completely benign situations.*

William A. Cantore, MD

Fractures of the Orbit

- 75** *Virtually all cases of head and midface trauma have potential ocular or neuro-ophthalmic sequelae. Once stabilized, these patients' visual and ocular symptoms often are their most significant concerns.*

Todd A. Goodglick, MD

John S. Kennerdell, MD

Kimberly A. Peele, MD

Orbital Infections

- 79** *The orbit, a bony cavity that contains the globe, the extraocular muscles, nerves, blood vessels and fat, is a closed space that is susceptible to infection. The reason for this susceptibility and the spectrum of clinical manifestations are related to the anatomical features of this region.*

Kimberly A. Peele, MD

John S. Kennerdell, MD

Todd A. Goodglick, MD

Thyroid Orbitopathy

- 85** *Graves' disease is characterized by the triad: diffuse goiter with thyrotoxicosis, infiltrative orbitopathy, and infiltrative dermopathy. In the individual patient, these three phenomena may occur together or singly, and can run variable and independent courses.*

Mary A. Stefanyszyn, MD

Ira Younger, MD

Management of Eyelid Lacerations

- 90** *Eyelid and adnexal injuries may be isolated or accompany severe ocular or systemic injuries. Life-threatening injuries must be evaluated and treated with priority.*

Thaddeus S. Nowinski, MD

1995 Membership Directory of the Pennsylvania Academy of Ophthalmology

- 94** *A comprehensive membership and referral directory for 1995, featuring an alphabetical listing with address, telephone, membership category, and subspecialty information.*
-



TWO POSITIVE ASPECTS ABOUT PHYSICIANS IN THIS COUNTRY never cease to encourage me: 1) our willingness to share scientific ideas with our colleagues, and 2) our unanimity in the belief that we should do what is best for our patients. I believe that this issue of *Current Concepts in Ophthalmology* will help to fulfill both endeavors in that it relates information useful to the clinician to help provide the highest quality of care for his or her patient.

Physicians in the United States have been exemplary in the scientific arena. There is little doubt that physicians in other countries use our technology, our procedures, our ideas, our data, and our drugs. If emulation is the greatest form of flattery, we should indeed be pleased with our scientific achievements. Nevertheless, we have been less than successful in our political endeavors in promoting what is best for our patients. This became very evident during the formulation of the Clinton healthcare agenda, in which physicians were, to an extent, viewed as a special interest group.

Prior to World War II, many physicians took a more active role in the community and political affairs. It is of note that six of the 55 signers of the Declaration of Independence were physicians. While 239 of 535 members of the 1994 Congress were lawyers, there were only a handful of physicians. Fortunately, or unfortunately, the knowledge base for modern medicine has become so large that it envelops almost all we do.

Why make these points? Because concentrating on the scientific aspects of medicine alone is not enough in this era. Organized medicine has worked hard for the physician and the patient, but the task is overwhelming. Unless we, as practicing physicians, become more involved in the nonmedical aspects of the medical system (educating legislators, becoming legislators, playing a major role in financial decisions made by insurers and hospital administrators, etc.), the finest medical system in the world may suffer, as may the care of our patients. Teaching, research, the advancement of knowledge, and the ultimate goal, the highest quality of care for our patients, may all fall by the wayside if we don't each become personally involved and make our voices known.

This is a time of great change in medicine. Rather than view it as an era of despair for physicians, it should be looked upon as an opportunity for those who are willing to actively make their voices known, for those who take the initiative to formulate and institute new ideas to improve our system. The era of complacency is over for physicians unless they believe their appropriate role is that of a nine to five job, working under a nonphysician who could ultimately have a great deal more to say in patient management decisions than the medical experts.

Can the AMA do it alone? State medical societies? County medical societies? Specialty groups? IPAs? MSOs? Other acronyms? The answer is no. Only by all physicians working together, with the unanimity we've had in our scientific endeavors, can we effect change in the direction we believe is most positive for our patients—for ultimately, what is most positive for our patients will be most positive for us.

Gary C. Brown
Gary C. Brown, MD
Medical Editor

Serious Systemic Complications of Commonly Used Ophthalmic Drugs

Topically administered ophthalmic medications are capable of producing measurable serum concentrations which can cause serious systemic complications. The topical medications most often associated with adverse reactions are those used in the treatment of glaucoma.

Glaucoma is an insidious disease that results in blindness if left untreated. The goal of medical therapy is to control the intraocular pressure, thereby reducing visual loss caused by damage to the optic nerve. Glaucoma is the second most frequent cause of blindness in whites, and the leading cause of blindness in African-Americans, in the United States. Two million Americans have glaucoma, yet only about half are aware of it. Eighty thousand people are blind from glaucoma. Each year 95,000 patients will lose some degree of sight and an additional 5,000 will progress to blindness. African-Americans are four to five times more likely to develop this disease and are six times more likely to be blinded from it.¹ The development of safe, effective optical medications is being pursued since they can stabilize the disease in 75% of cases.

Although there are many acceptable glaucoma drugs in our armamentarium, they all have potentially serious side effects. Eighty percent of the fluid volume instilled in the eye drains into the nasolacrimal duct within 15-30 seconds.² The drops quickly pass through the puncta and are readily absorbed via the nasopharyngeal mucosa, bypassing the liver as a detoxifying organ. This may lead to unacceptable and sometimes fatal side effects.³

An effective way to decrease absorption of medication within the nasolacrimal system is with punctal occlusion. By having the patient close both eyes and placing an index finger over the puncta for one to two minutes, systemic absorption is reduced by 66%.^{4,5} This not only improves drug efficacy, but studies have shown that punctal occlusion allows for maximal drug effect with half of the concentration of prescribed medications.

Commonly used medications include beta blockers, cholinergic and sympathomimetic agents and oral carbonic anhydrase inhibitors. Adverse systemic effects have been identified with all of these medications but are often overlooked as the cause of systemic problems.⁶

Beta-Adrenergic Blocking Agents

Well over 75% of patients taking glaucoma medications in this country are treated with topical beta blockers. The first, timolol (Timoptic, Merck, Sharp & Dohme) was introduced in 1978. Since then, other topical beta blockers have been made available. They fall into two categories: first, nonselective beta blockers—timolol (Timoptic), levobunolol (Betagan), metipranolol (Optipranolol) and carteolol hydrochloride (Ocupress). These drugs bind to both β_1 and β_2 receptors with equal affinity and lower intraocular pressure by suppressing aqueous flow.⁷ In contrast, betaxolol (Betoptic S) is a β_1 specific blocker. In this second category—the β_1 —receptors are mainly blocked, allowing for less inhibition of the β_2 receptors in the lung.

Brain

As clinical experience with topical beta blockers increases, their ability to alter CNS function is more frequently recognized.⁸ The CNS side effects from topical beta blocker therapy include depression, fatigue, hallucinations, lethargy, dizziness, memory loss, bizarre dreams, insomnia, confusion, psychosis and suicide. The National Drug Registry for Drug-Induced Ocular Side Effects reports 3-10% of patients on topical beta blockers may have CNS side effects, and 20 cases of acute suicidal depression have been noted.⁹ Most CNS effects are reversible upon cessation of therapy. Sexual dysfunction and decreased libido are being noted more frequently in patients using topical beta blockers.¹⁰ The cause of the dysfunction can often go unrecognized, since both the patient and physician may dismiss the small dose of topical medication as not significant enough to cause such devastating effects. In most cases symptoms improve with discontinuation of drops. Through patient and physician awareness, these side effects may be identified and dealt with properly.¹¹

Marlene R. Moster, MD

*Attending Surgeon
Wills Eye Hospital*

*Clinical Assistant
Professor
Thomas Jefferson
University*

Lung

The most serious complication of topical beta blockers has been the exacerbation of both restrictive and obstructive pulmonary disease. Blockade of the β_2 receptors produces contraction of bronchial smooth muscle leading to airway obstruction, especially in asthmatics. By 1986, 13 cases of death from status asthmaticus following topical timolol therapy were reported.¹² This may be more common in young children, and caution must be taken in nursing mothers since high levels of timolol were found in breast milk.¹³

The nonselective beta blockers are contraindicated in patients with significant pulmonary disease. Wheezing, dyspnea, apneic spells and respiratory arrest have been documented even after one drop of 0.5% timolol.¹⁴

Betaxolol 0.5%, 1% (Betoptic), a β_1 specific blocker, minimizes the risk of respiratory effects, and causes less decrease in airflow. Betaxolol can be used cautiously in selected patients with pulmonary disease, but it may not be cardioselective enough to avoid respiratory difficulties entirely.

Heart

Topical beta blockers have been implicated in decreasing the pulse rate, causing sinus bradycardia, and aggravating congestive heart failure.¹⁵ Reports of syncope, heart block, fibrillation and infarction have provoked caution about the use of timolol in patients at risk for these conditions.

All the nonselective beta blockers have similar effects on the cardiovascular system: decreased resting pulse and blood pressure, reduced cardiac sympathetic tone, and reduced oxygen consumption during exercise. Betaxolol has somewhat less pronounced adverse cardiac effects, but it has only one-tenth the beta blocking potency of timolol and levobunolol.⁸ This suggests that betaxolol may be a better choice for patients with cardiovascular compromise.

Other Reactions

Topical beta blockers can mask symptoms of acute hypoglycemia in labile diabetics since they are mediated by catecholamines. Male pattern baldness, diarrhea, rashes and worsening of myasthenia gravis have been reported with topical beta blockers.

Oral and topical beta blockers are known to adversely affect plasma lipid profiles. They cause a decrease in high density lipoprotein cholesterol (HDL-C) levels which theoretically may increase the risk of myocardial infarction. Carteolol (Ocupress), a nonspecific beta blocker, appears to reduce HDL-C less than the other topical drugs. It has intrinsic sympathomimetic activity (ISA) which acts as a partial beta agonist to limit the adverse lipid effects.¹⁶

Sympathomimetic Agents

Both epinephrine 1%, 2% (Epifrin, Glaucon) and dipivefrin 0.1% (Propine) have alpha and β_1 agonistic activity. Epinephrine was first introduced in 1900. It lowers intraocular pressure by increasing aqueous outflow from the trabecular meshwork. Dipivefrin (Propine) is a prodrug which penetrates the cornea 17 times better than epinephrine and is hydrolyzed to epinephrine once inside the eye. It is common to place one drop in each eye twice daily. Assuming a drop size of 50 microliters, two drops of epinephrine 1% is a dose of 1mg, approximately twice the dose given subcutaneously for the treatment of asthma.^{17,18} Surprisingly, systemic side effects are relatively uncommon. Headache, thought to be due to sudden vasoconstriction, elevated blood pressure and cardiac arrhythmias have been reported in susceptible patients. Systemic side effects from dipivefrin (Propine) are rare since the drug is inactive until it passes through the cornea. Alpha adrenergic compounds should be used with caution in patients with hypertensive cardiovascular disease, coronary artery disease or patients prone to cardiac arrhythmia. In those patients, dipivefrin (Propine) is the drug of choice.

Apraclonidine

Apraclonidine 0.5%, 1% (Iopidine) is an alpha agonist used to lower intraocular pressure. It does not cross the blood brain barrier and has little effect on blood pressure or heart rate. To date, adverse systemic effects are rare.³

Phenylephrine HCL

Phenylephrine 2.5% is used topically to dilate the pupil during an ocular examination. It has predominantly α -adrenergic effects and readily causes mydriasis and vasoconstriction. Serious cardiovascular reactions including ventricular arrhythmias and myocardial infarctions have been described, especially in the elderly.¹⁹ Caution is recommended in patients with known advanced arteriosclerotic changes, hypertensives on reserpine or guanethidine, cardiac diseases, aneurysms, and insulin-dependent diabetics.

Parasympathomimetic Agents

In 1875, pilocarpine was introduced as a revolutionary drug to treat glaucoma. We are still using the same preparation today, although many newer miotic drugs have been introduced. Toxic nerve gases used in World War II led to the development of the anticholinesterase agents. Miotic medications fall into two groups. The first group, pilocarpine 1/2%-10% and carbachol 0.75%-

3%, are direct cholinergic stimulators that resemble acetylcholine in structure and action. The second group, physostigmine 0.25%-0.5% (Eserine), echothiophate 0.3-0.25%, demecarium 0.125, 0.25% (Humorsol), and isofluorophate 0.025% (Floropryl), are anticholinesterases which potentiate the action of acetylcholine. Since cholinesterase is necessary to inactivate acetylcholine, these drugs have a prolonged effect. All of the miotic medications work by increasing outflow of aqueous through the trabecular meshwork. In general, miotics when applied correctly rarely give systemic effects. Poisoning occurs with increasing dosage and frequency.²⁰ Cholinergic side effects include diarrhea, salivation, bradycardia, diaphoresis, bronchial constriction, nausea and vomiting. Severe overdose can lead to coma with loss of reflexes. The anticholinesterase drugs which are derivatives of insecticides and war gases are absorbed rapidly and are very potent. The contents of a single bottle of isofluorophate (Floropryl) can easily kill a small child.²¹

Glaucoma patients treated with anticholinesterase may require prolonged ventilation if given succinylcholine to induce general anesthesia. These potent drugs can reduce the amount of plasma pseudocholinesterase needed to reverse the succinylcholine, causing prolonged apnea. This potentially fatal situation can be avoided by stopping the medication four to six weeks before surgery.²²

Parasympatholytic Agents (Cycloplegia)

Atropine (0.5%, 1%) drops are commonly used for cycloplegic refraction, to treat chronic inflammation and after glaucoma surgery. The fatal dose of atropine is 100mg for adults and 10mg for children. Since a drop of 1% atropine contains 0.5mg of drug, a single bottle contains enough atropine to kill several small children. Fortunately, humans excrete 50% of the normal atropine dose with 24 hours and most of the instilled drop is washed harmlessly away by reflex tearing.²¹

Central nervous system effects include hallucinations, excitement, and agitation. Atropine stimulation of the cardiovascular system may result in initial bradycardia (vagal stimulation) and then tachycardia. Flushing, dry mouth, skin rash, fever, bladder distention and dysarthria are noted with increasing toxicity. Severe reactions are manifested by hypotension with progressive respiratory depression, coma and death.¹⁹

Carbonic Anhydrase Inhibitors (CAI)

Carbonic anhydrase inhibitors such as acetazolamide (Diamox) and methazolamide (Neptazane) are used in conjunction with

topical eye drops to control glaucoma. They are related to sulfa drugs and lower intraocular pressure by suppressing aqueous formation. Methazolamide is less effective than acetazolamide in controlling IOP, but also has fewer side effects.

Multiple serious systemic side effects arise from the fact that acetazolamide (Diamox), and to a somewhat lesser degree methazolamide (Neptazane), cause a metabolic acidosis that may lead to anorexia, dyspepsia, fatigue and paresthesias. Symptoms of depression, adult failure to thrive and sexual dysfunction have been reported.⁷

Renal stones can form as a result of using a CAI with an incidence 10 to 15 times over the expected rate.²³ The urine becomes more alkaline with less citrate and magnesium excreted, predisposing to calcium phosphate and calcium oxalate stones.

If therapy is continued, the chance of recurrence of urolithiasis is 50%.²⁴ Potassium loss, especially in those patients using simultaneous diuretics, corticosteroids, or hyperosmotic agents are commonly seen with the CAI therapy. The hypokalemia may be severe and both dietary and potassium supplementation may be necessary to prevent cardiac effects. Extra care must be taken to monitor potassium levels in patients on cardiac glycosides.

The most feared systemic complications of CAI therapy are idiosyncratic aplastic anemia, thrombocytopenic purpura, hemolytic anemia and agranulocytosis. Fortunately these occurrences are rare (0.01%) and usually occur 30-60 days after beginning therapy. Monitoring routine CBCs does not predict who will develop the disease.²⁵ Communication between patient and physician is essential to explain the earliest symptoms, which include sore throat, fever, epistaxis, easy bruisability, purpura or jaundice. The mortality rate is 50%, even after immediately stopping the drug. Most patients who have known allergy to sulfa preparations may develop allergy to CAIs. The most common are skin eruptions. Severe hives, edema, papular rash, erythema multiforme and exfoliative dermatitis have all been reported.²⁶ While some skin reactions can be dose related, the medication should be discontinued if allergy is suspected.

Although the topical and oral medications reviewed can produce serious systemic effects, when used properly, the risk of blindness is greatly reduced. It is likely that many thousands of patients would have otherwise gone blind if not for these drugs.²⁵ Good communication between physicians and patients is essential to assure that adverse reactions are identified early and dealt with appropriately. □

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The Red Eye

A red eye is one of the more common problems that brings a patient to the physician. In some instances the abnormality is benign, whereas in others it is an indicator of serious ocular and/or systemic disease. The purpose of this article is to help the clinician differentiate among the more frequent causes of the red eye.

It is important for the physician to ascertain whether the patient with a red eye has pain, since the more serious diseases that cause injection are associated with pain. These include acute glaucoma, uveitis, scleritis, and corneal damage. Corneal damage often produces an acute, stabbing pain that is exacerbated with opening and closure of the lids, while acute glaucoma, uveitis and scleritis typically cause a dull ache.

The history is important. Patients with corneal epithelial damage often relate an inciting event in their history. For example, a chemical burn, foreign body in the eye, or contact lens overwear can all often be elicited by questioning. Systemic diseases such as syphilis, sarcoidosis and tuberculosis can be associated with iritis and a red eye, while collagen vascular diseases are frequently seen in conjunction with scleritis.

A list of the more commonly encountered causes of the red eye follows. The entities will be dealt with in corresponding order:

Infections

- acute conjunctivitis*
 - bacterial
 - viral
 - allergic
- blepharitis/meibomianitis*
- corneal infection/ulcer*

Inflammations

- episcleritis*
- scleritis*
- uveitis/iritis*

Trauma

- corneal abrasion*
- foreign body*
- contact lens overwear*
- subconjunctival hemorrhage*

Glaucoma

Infections

Conjunctivitis

Conjunctivitis can be acute or chronic, depending upon the time course. Those cases that are classified as acute usually arise within a period of hours to days. In general, pain is not a prominent feature of conjunctivitis. Nevertheless, there are always exceptions, and acute gonococcal conjunctivitis can sometimes cause marked discomfort. It can be unilateral or bilateral, although unilaterality is more common.

Bacterial conjunctivitis can be caused by any number of organisms, but staphylococcal and streptococcal species are among the most common offenders in the adult population. Hemophilus species should also be considered in children. There is usually a purulent discharge from the lids and marked crusting of the lids upon awakening in the morning. Injection of the conjunctival tissues can range from mild to severe (Figure 1). In marked cases, there is also chemosis



Figure 1: Bacterial conjunctivitis. Marked injection of the conjunctival and episcleral tissues is present, as is chemosis (swelling of the conjunctiva) and purulence.

(swelling of the conjunctival tissues). Mild to moderate cases can be treated with 10% sodium sulfacetamide topical drops QID for one week. A culture is generally not necessary unless severe purulence is present. Even without antibiotic therapy, many cases are self-limited.

If the patient is sexually active and there is severe purulence, the possibility of gonococcal conjunctivitis should be considered. Cultures should be taken and a smear obtained to look for intracellular gram negative diplococci (Figure 2). In this instance, treatment with ceftriaxone, 1gm intramuscularly, in a single dose, as well as aggressive topical erythromycin or bacitracin ointment QID for a two to three week period should be under-

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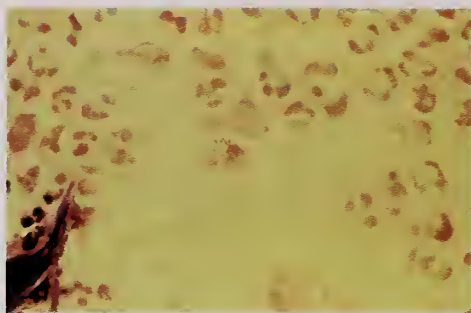


Figure 2: Gonococcal conjunctival smear. The gram stain reveals numerous polymorphonuclear leukocytes with gram negative intracellular diplococci.



taken. Treatment for concomitant chlamydia infection with systemic tetracycline or erythromycin should be considered. Chlamydial conjunctivitis should also be in the differential diagnosis in the younger, sexually active population. A conjunctival scraping can reveal intracellular inclusion bodies. Treatment includes topical erythromycin, as well as systemic erythromycin or tetracycline therapy for three weeks to the patient and their sexual partners.¹

Viral conjunctivitis is often bilateral and may accompany a systemic viral illness. It is typically self-limited, lasts for days to two weeks, and does not require treatment. The purulence is generally minimal. One notable exception, in which there may be severe purulence and foreign body sensation is epidemic keratoconjunctivitis (EKC), a highly contagious infection most often caused by the adeno-8 virus. Preauricular lymph node tenderness often accompanies this variant, as well as itching, but not most other forms of conjunctivitis.

The degree of involvement can vary from moderate discomfort with a watery redness (Figure 3), to severe lid swelling (Figure 4), the presence of pseudomembranes (Figure 5) and severe pain with multiple punctate epithelial defects.

Because of the highly contagious nature of the disease, physicians and other healthcare personnel should always wash their hands and office area after contact with the patient (a 10% bleach solution may be used to clean office equipment and doorknobs). It is spread



Figure 3: Epidemic keratoconjunctivitis of the right eye. A watery discharge is present.



Figure 4: Severe bilateral epidemic keratoconjunctivitis. In addition to marked conjunctival injection and chemosis, severe swelling and periorbital ecchymoses are present.

via the tears, and only about 5% of the population demonstrate antibodies. Treatment of EKC includes topical lubrication with artificial tears. Cycloplegia with scopolamine 1/4% and Celluvisc may help reduce pain from corneal epithelial irregularities. Occasionally topical corticosteroids may be needed if visual acuity is compromised by corneal stromal changes (Figure 6).

The course generally lasts 10 days to two weeks, during which time the patient can be quite incapacitated.²

Allergic conjunctivitis is most often bilateral. Itching is a prominent symptom, and a mucoid discharge is often present. A history of atopy is often elicited. This may also be seen in contact lens wearers, incited by the foreign proteins and/or solutions. Management includes mild topical vasoconstrictors, such as naphazoline four times a day. In severe cases, topical corticosteroids and/or lodoxamide tromethamine 0.1% (e.g., Alo-mide), a mast cell stabilizer, may be indicated.

Blepharitis

Blepharitis is a relatively benign condition which occurs secondary to bacterial growth on the lids, particularly in the region of the lashes. Staphylococcal species are often involved. The meibomian glands may become infected and inspissated (Figure 7). There is often chronic crusting of the lids. Treatment with daily hygiene (lid washing)

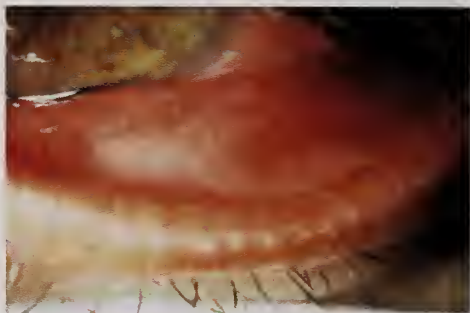


Figure 5: Yellow-white pseudomembrane on the lower lid occurring secondary to epidemic keratoconjunctivitis.

is of benefit. In more severe cases, bacitracin ophthalmic ointment at bedtime for two weeks can be effective. Acne rosacea is a prominent cause of blepharitis in the older population, and is usually associated with the typical erythematous lesions. Treatment in this specific instance includes oral tetracycline (250mg PO QID) or doxycycline (100 PO BID) for six weeks. Erythromycin may be used instead for pregnant or nursing women.

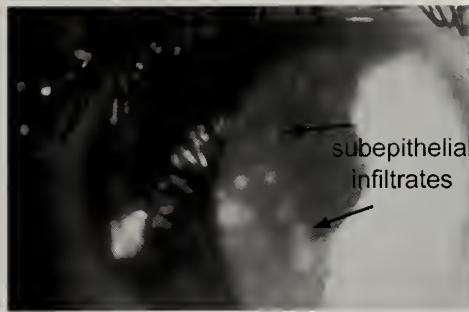


Figure 6: Epidemic keratoconjunctivitis. Prominent, subepithelial corneal infiltrates that typically appear during the second week of infection can be seen.

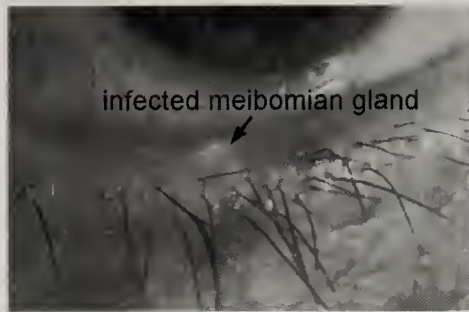


Figure 7: Blepharitis. An infected meibomian gland, manifesting as a yellow pustule, is seen in the center of the lower lid.

Corneal Infection/Ulcer

Corneal infections can be either bacterial or viral. Bacterial infections typically produce corneal ulcers. A corneal ulcer appears as a white infiltrate (Figure 8) and is generally associated with marked pain and injection. A hypopyon may be present. In some instances, the ulcers are multiple. Treatment consists of culture and intensive, topical antibiotic therapy.

Both herpes simplex and herpes zoster can infect the cornea, typically causing dendrites (Figure 9). Zoster infection is often associated with unilateral skin lesions. If the tip of the nose is involved (an area supplied by the nasociliary, as is the globe), there is an increased chance the patient will have a concomitant uveitis.

Herpes simplex corneal epithelial disease is treated with antiviral agents such as trifluorothymidine 1% eyedrops (e.g., Viroptic) nine times a day or vidarabine 3% ointment (e.g., Vira-A) five times per day. Topical corticosteroid use in these cases is generally contraindicated and may contribute to worsening of the epithelial defects. In contrast, with herpes zoster and a concomitant uveitis, topical corticosteroids are indicated. Gentle debridement of the infected corneal epithelium may also be necessary in cases of herpes simplex keratitis.³

Inflammations

Episcleritis

Episcleritis, or inflammation of the episclera, typically presents as unilateral, sec-

toral or diffuse injection of the episclera and overlying conjunctival tissues (Figure 10). It typically occurs in young adults and often in a recurrent manner. Discomfort can be present, but is generally mild. In contrast to the purplish hue encountered with scleritis, the injection seen with episcleritis is most often bright red.

An investigation of underlying causes is usually negative, although associations have been made with collagen-vascular disease, syphilis, gout, herpes zoster, and others (Lyme disease, Crohn's disease).

Treatment can be given with a topical vasoconstrictor/antihistamine (naphazoline/pheniramine) or topical prednisolone 1/8% four times a day for mild problems. For a more severe

problem, oral nonsteroidal anti-inflammatory drugs (e.g., ibuprofen 200-600mg three times a day or aspirin 325-1000mg three times a day with food/antacid).

Scleritis

Scleritis is a much more serious abnormality than episcleritis. It may cause severe pain and can be sectoral or involve the whole eye. The pain is often described as severe boring pain which awakens one during sleep. The discoloration is more purple in color (Figure 11), rather than the bright red seen with episcleritis. Unlike episcleritis, 50% of patients with scleritis have an associated serious systemic disease, commonly rheumatoid or collagen vascular in nature as well as syphilis, gout, and post-herpetic ophthalmicus; less commonly tuberculosis, Lyme disease and sarcoidosis are associated. Treatment with nonsteroidal agents, systemic corticosteroids or immunosuppressants may be necessary.



Figure 8: White, bacterial corneal ulcer inferiorty at the six o'clock position.

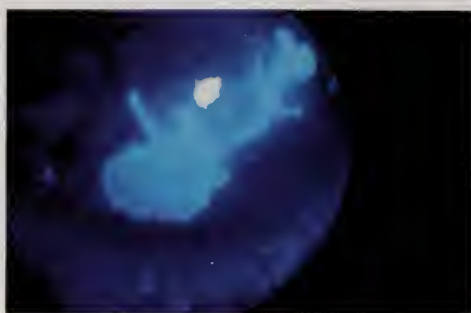


Figure 9: Fluorescein staining of three herpes simplex dendrites in a case of keratitis. An inferior round area of geographic keratitis is also present and connected to the dendrites.

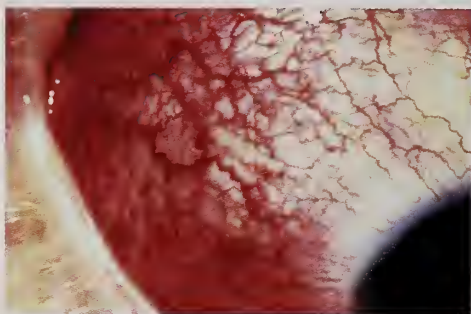
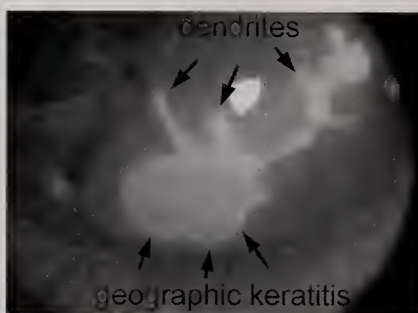


Figure 10: Diffuse episcleritis, characterized by marked scarlet injection of the episclera and overlying conjunctiva.

Uveitis/Iritis

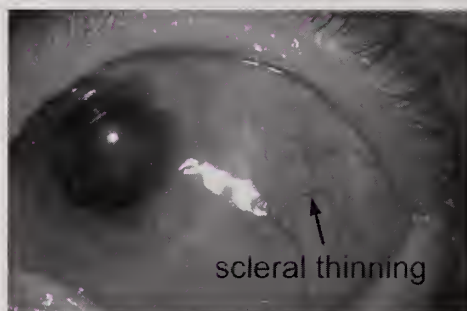
The uvea consists of the iris, ciliary body and choroid. Inflammation of one or more of these tissues is called uveitis. Iritis is a subgroup of uveitis in which predominantly the iris is inflamed, although the ciliary body is also often involved. In this latter instance, the entity is called iridocyclitis.

The symptoms of iritis include pain, decreased vision, and photophobia. The pain is a prominent feature, arising from spasm in the iris musculature, but can additionally come from ciliary body muscle spasm when this structure is involved. Photophobia, or severe light sensitivity, is not generally seen with conjunctivitis. It can be associated with trauma to the cornea, since traumatic iritis can also accompany corneal tissue damage.

A major sign of iritis is a ciliary flush, injection of the conjunctiva and episclera in



Figure 11: Nodular scleritis. Diffuse injection with a bluish hue is seen in this eye of a patient with a rheumatic disorder.



the vicinity of the peripheral cornea. The pupil may be abnormally small due to scars that have developed from the iris to the underlying lens. The most definitive way to make the diagnosis is to observe white blood cells and proteinaceous exudate (cell and flare) in the anterior chamber with slit lamp biomicroscopy. In severe cases the ciliary flush can be generalized and a hypopyon is present (Figure 12).

ure 12).

The vision can be mildly or markedly decreased with iritis due to cells in the anterior chamber or from macular edema that can accompany the process.

Posterior uveitis (inflammation of the choroid) may or may not be associated with a red eye. The symptoms and signs of posterior uveitis are beyond the scope of this chapter.

Topical corticosteroid drops, usually prednisolone 1%, are used in eyes with iritis and iridocyclitis to quiet the inflammation. In addition, the eyes are usually cyclopleged (e.g., cyclopentolate 1-2% or scopolamine 1/4% three times a day) to alleviate pain and prevent posterior synechiae (adhesions from the iris to the underlying lens).

A workup for underlying systemic disease should also be undertaken in patients who present with iritis or iridocyclitis. While many cases are idiopathic, the most commonly associated abnormalities include syphilis, tuberculosis, sarcoidosis and Reiter's disease.⁴

Trauma

Corneal Abrasion

Patients with corneal abrasion usually present with pain, a severe foreign body sensation, photophobia and blepharospasm.

While a visual acuity should routinely be the first step for any ocular evaluation, abrasions are an exception since the patient often has a great deal of difficulty opening the eye. When a corneal abrasion is suspected by history, a drop of topical proparacaine or tetracaine can be placed in the eye first so that the visual acuity can then be evaluated.

The diagnosis is best made by observing a corneal epithelial defect on slit lamp biomicroscopic evaluation. To facilitate in the diagnosis, a drop of proparacaine or another topical ocular anesthetic agent can be placed in the eye in conjunction with touching a sodium

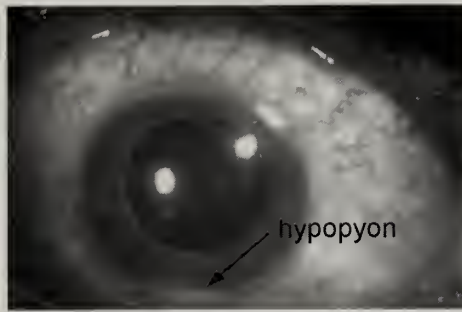
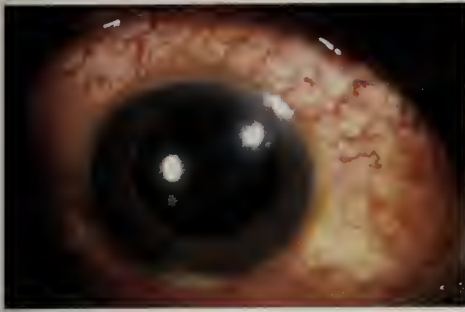


Figure 12: Severe uveitis. Diffuse injection of episcleral and conjunctival tissues is present, as is a hypopyon (an accumulation of white blood cells in the inferior anterior chamber angle). The pupil was originally constricted, and has been pharmacologically dilated in this photograph.

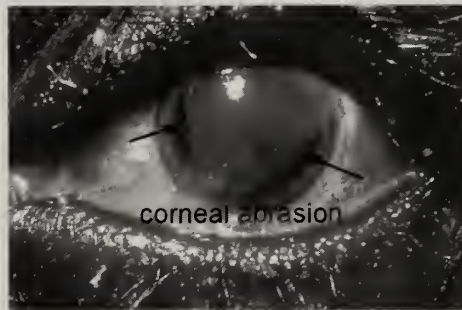
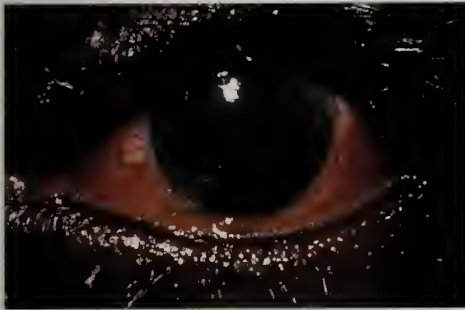


Figure 13: Fluorescein staining of the corneal epithelial defect in an eye with a large corneal abrasion.

fluorescein strip to the conjunctiva. A prepared liquid combination of anesthetic and fluorescein (Fluress) can alternatively be used. The fluorescein in the tear film pools in areas where the corneal epithelium is absent and fluoresces with a bright green color when cobalt blue light is shined on the area (Figure 13).

Management of corneal abrasions includes treatment with a cycloplegic agent such as cyclopentolate 2% to decrease the ciliary spasm and pain, as well as topical antibiotic ointment (erythromycin) in conjunction with a pressure patch. The double patch should be sufficiently firm to prevent ocular movement under the closed lids. If severe pain is present, oral narcotic agents may be necessary. With larger abrasions, the patch should be changed daily. The corneal epithelium heals at a rate of 1-2mm per day. Thus, a 5mm abrasion could be expected to take approximately three days to heal.

Some special situations preclude treatment with a pressure patch. Corneal abrasions at high risk for infection (contact wearers, scratches from vegetable matter or false fingernails) should receive topical tobramycin drops four times a day, and cycloplegia only. These patients should be examined daily until the epithelial defect is healed.⁵

Foreign Body

Patients with a corneal foreign body experience a picking sensation each time the lids are opened or closed. Corneal foreign bodies are most commonly metallic (Figure

14), but can be glass, organic or any other material. In some instances the foreign matter can be seen with the naked eye, but in some cases slit lamp biomicroscopy may be required to visualize it. As is the case with corneal abrasions, a topical anesthetic agent may first have to be applied to obtain a visual acuity and reduce blepharospasm so that an adequate examination can be performed.

In patients with the sudden onset of a foreign body sensation and no obvious corneal foreign body or corneal abrasion, the possibility of a foreign body under the upper lid must be considered (Figure 15). Superior, linear corneal staining defects can often be seen on slit lamp examination, but the upper lid must be

everted in most cases to see the foreign body. This can be readily accomplished by placing a cotton-tipped applicator at the superior lid crease and pushing down with gentle pressure at the same time the lid margin is pulled out and up with the thumb and forefinger of the other hand. The patient should be asked to look down throughout the procedure.

A corneal foreign body should be removed using the slit lamp for magnification. A drop of topical anesthetic is placed in the eye and a 25 gauge or smaller needle on a syringe can be used to gently flick the foreign body from its resting place in the corneal epithelium. In general, they are displaced quite readily. The eye is pressure patched for 24 hours following the installation of antibiotic ointment (e.g., erythromycin or Polysporin) in the eye. The patient should be examined the next day because of the possibility of developing a corneal ulcer.



Figure 14: Metallic corneal foreign body located centrally.



Figure 15: Metallic foreign body seen with upper lid eversion. The foreign body had caused linear vertical abrasions on the superior cornea.

Contact Lens Overwear

Contact lens overwear damages the corneal epithelium and produces many tiny defects (SPK-superficial punctate keratitis) (Figure 16). Typically, the symptoms become most pronounced several hours after the lenses are removed. Extreme foreign body sensation, lid swelling and photophobia are all prominent features.

The entity strongly resembles "welder's flash," in which ultraviolet light from the arc produces SPK on the cornea several hours after the insult.

Treatment includes the administration of topical anesthetic drops to obtain a vision. Cycloplegia with cyclopentolate 1% and antibiotic ointment (erythromycin/bacitracin) are usually administered. Oral narcotic agents may be necessary for relief of the severe pain.

An important point to be made is that topical anesthetic agents should not be prescribed or given to the patient to take home for any corneal abnormality. Prolonged use of topical anesthetic agents delays corneal epithelial healing and can lead to corneal ulcer formation with perforation.

Subconjunctival Hemorrhage

Subconjunctival hemorrhages are alarming in their appearance, but generally benign (Figure 17). They occur secondary to rupture of small vessels within the conjunctival tissues and form a variably sized area of red overlying the sclera. They may occur secondary to localized trauma, such as rubbing, a Valsalva maneuver, or be associated with systemic arterial hypertension. Nevertheless, in most instances no underlying cause is found.

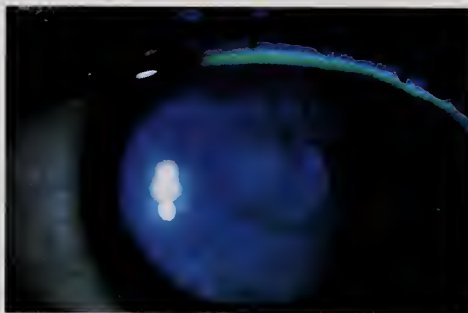


Figure 16: Innumerable corneal epithelial defects (SPK) seen with fluorescein staining in the eye of a patient with contact lens overwear.

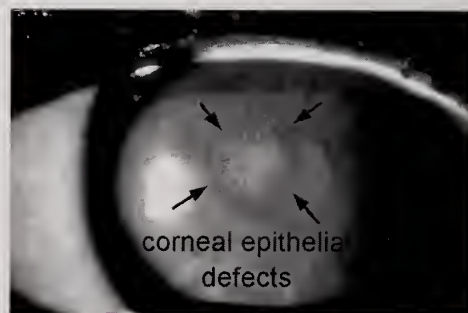
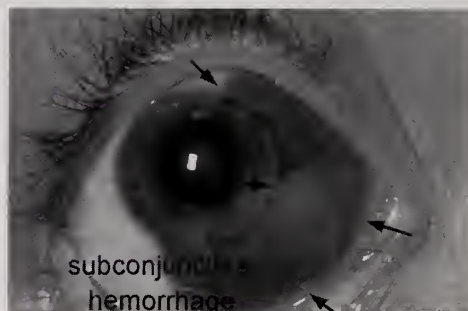


Figure 17: Large subconjunctival hemorrhage.



Subconjunctival hemorrhages usually resolve within two to three weeks. Treatment is generally not necessary, when chemosis (conjunctival edema) is present. Topical artificial tears every two hours, or as needed, may help relieve the minor degree of local discomfort that is occasionally present.

Glaucoma

Glaucoma is damage to the optic nerve, usually occurring secondary to increased intraocular pressure. The intraocular pressure can vary diurnally, but in most instances it is < 20mm Hg.

The most common variant of glaucoma is primary open-angle glaucoma, an entity in which outflow of aqueous through the trabecular meshwork in the anterior chamber of the eye is impaired. This type of glaucoma is painless and can cause progressive and irreversible visual field loss over a period of months to years. It can be detected by yearly ocular examinations in patients over the age of 40 years. Those under the age of 40 years are generally at low risk of having primary open-angle glaucoma. It is a particularly aggressive disease in African-American individuals.

Acute angle-closure glaucoma presents very differently from primary open-angle glaucoma. There is usually severe unilateral pain accompanied by visual loss due to corneal edema. The patient may have recurrent transient episodes of pain and blurred vision with accompanying halos around lights occurring as precursors to a final severe attack. The halos themselves occur as a

manifestation of corneal edema. Conjunctival and episcleral injection is present and the pupil is often mid-dilated since neither the iris sphincter nor dilator muscles function effectively at high intraocular pressures. The ocular pain and/or headache may be so severe that the patient experiences nausea and vomiting, occasionally to the point of dehydration.⁶

A small subgroup of the population (people with hyperopia, or farsightedness) has eyes with a shallow anterior chamber (the anterior chamber is the region located between the cornea and the iris). During life, the normal lens behind the iris increases in size and can push forward, further narrowing the anterior chamber. In some instances the peripheral iris becomes juxtaposed anteriorly against the cornea, completely blocking the outflow of aqueous from the eye and resulting in acute angle-closure glaucoma. This is more likely to happen in dark areas when the pupil is partially dilated.

Therapy for acute angle-closure glaucoma is directed toward urgently re-establishing

the outflow of aqueous from the anterior chamber. Topical hypotensive agents such as timolol maleate 1/2% and apraclonidine 0.1% are administered acutely, as is acetazolamide (500mg), IV or PO, to help lower the intraocular pressure. Topical corticosteroid (e.g., prednisolone acetate 1%) every 15-30 minutes for four doses is also given. After the intraocular pressure has lowered to 30mm Hg or less pilocarpine 2% can be given every 15 minutes for two doses to help constrict the pupil and reopen the anterior chamber angle. Pilocarpine is contraindicated if the angle closure is due to mechanical closure or aphakic/pseudophakic pupillary block. A laser peripheral iridectomy is more definitive, allowing aqueous from the posterior chamber (the area between the posterior iris and the lens) to escape into the anterior chamber and force the iris posteriorly, away from the cornea. □

Acknowledgement: Figures 1-10,13-15 were printed via courtesy of the Wills Eye Hospital Resident Slide Collection.

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Diseases of the Cornea

Introduction

The cornea is a highly specialized tissue designed to refract and transmit light. The cornea is 0.5mm thick centrally and 1.0mm thick peripherally and consists of five layers: the epithelium, Bowman's layer, the stroma, Descemet's membrane, and the endothelium. The stroma alone accounts for approximately 90% of corneal thickness.

Despite its thinness, the cornea is a remarkably resilient structure. Normal barriers such as the tear film, the eyelids, and the conjunctiva help provide protection for the cornea. All five layers must be healthy in order to maintain corneal transparency. A large variety of conditions can affect the cornea and interfere with vision. Only the most common corneal diseases will be included here.

Superficial Punctate Keratitis

Superficial punctate keratitis, or SPK, describes non-specific pinpoint corneal epithelial defects that stain with fluorescein. Patients may complain of foreign body sensation, dryness, burning, photophobia, and decreased vision. The etiology of SPK is variable and includes:^{1,2}

Dry Eye Syndrome

Patients with dry eyes have a deficient tear film with abnormal wetting of the corneal

surface. Their symptoms are often exacerbated by wind, heat, smoke, or prolonged use of the eyes. The SPK are characteristically located in the interpalpebral zone not protected by the eyelids (Figure 1). Although dry eye syndrome is usually idiopathic, underlying collagen vascular disease should be considered as a possible etiology in the more severe cases. Certain medications (antihistamines, phenothiazines, oral contraceptives) can also cause dryness. Treatment consists of topical lubricant drops and ointment, temporary or permanent punctal occlusion, and as a last resort, a lateral tarsorrhaphy.

Exposure Keratopathy

Exposure keratopathy is caused by improper closure of the eyelids or an inadequate blink which leads to corneal dryness. Underlying conditions include seventh cranial nerve palsy, lid deformities, proptosis (such as in thyroid eye disease), and nocturnal lagophthalmos (failure to close the eyes during sleep). Clinical findings include inferior SPK, chronic ulceration and vascularization, and corneal perforation. Treatment of the underlying condition is important. Lubrication, taping of the eyelid, and tarsorrhaphy are also beneficial.

Neurotrophic Keratopathy

Neurotrophic keratopathy occurs in corneas with abnormally diminished or absent sensation. Normal corneal sensation is essential in maintaining the health of the corneal epithelium. Acquired cases are caused by damage to the trigeminal nerve, herpes simplex or herpes zoster infection, diabetes, or tumor such as acoustic neuroma. Congenital cases of Riley-Day familial dysautonomia are extremely rare. Treatment involves lubrication, patching, and tarsorrhaphy.

Band Keratopathy

Band keratopathy^{1,2} is a fairly common condition which is caused by deposition of calcium in the subepithelial space and in the anterior portion of Bowman's layer. Its clinical appearance

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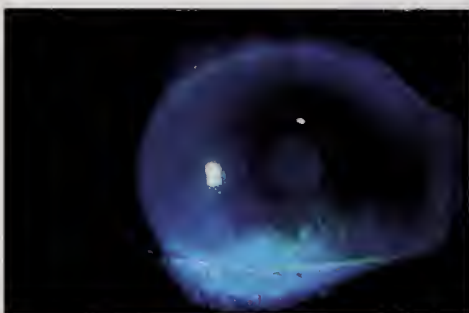


Figure 1: Superficial punctate keratitis in a patient with dry eyes.

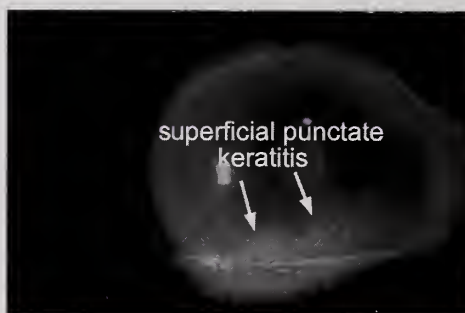


Figure 2: Band keratopathy.

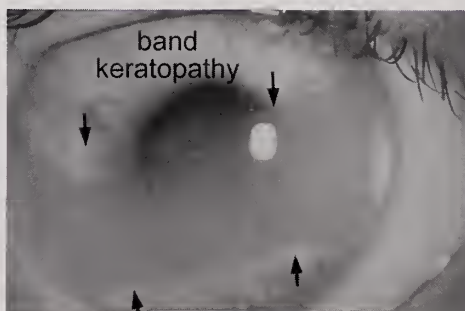




Figure 3: Pterygium.

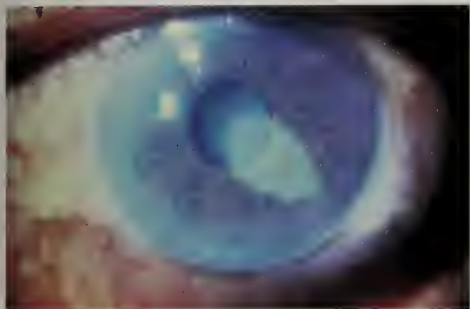
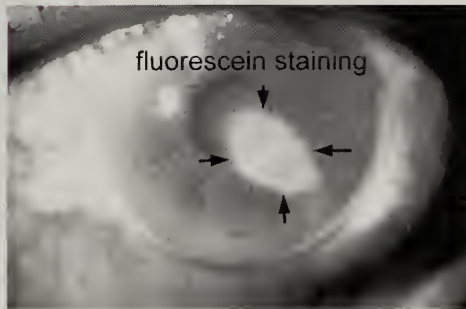


Figure 4: Corneal abrasion staining with fluorescein.



and location are quite characteristic. The opacification tends to be restricted to the interpalpebral portion of the cornea, beginning in the nasal and temporal periphery and extending centrally thereafter (Figure 2). On slit lamp examination, the calcium plaques appear to have holes, described as "swiss cheese" in appearance.

Etiology is varied and most commonly includes chronic uveitis, especially juvenile rheumatoid arthritis, chronic eye disease such as long-standing glaucoma, and phthisis bulbi. Less common causes of band keratopathy include hypercalcemia (i.e., in hyperparathyroidism, Paget's disease, sarcoidosis), renal failure, chronic exposure to irritants, and idiopathic in the elderly.

Patients may be asymptomatic or may develop a foreign body sensation if the corneal epithelium breaks down over the calcium. Conservative treatment consists of various topical lubricant drops and ointments. Calcium chelation with disodium EDTA (Endrate) may be indicated in cases with refractory irritation or with obstruction of the visual axis. The band keratopathy may recur, and can be chelated as needed. Rarely, the calcium is too dense for chelation and requires surgical excision (superficial keratectomy).

Pingueculum/Pterygium

A pingueculum is a very common lesion which consists of a yellow-white deposit on the conjunctiva at the nasal or temporal aspect of the limbus and represents an area of elastotic degeneration. Pinguecula are usually asymptomatic.

Pterygia, on the other hand, have been a documented source of chronic eye irritation and visual loss throughout history. Associated with sunny and hot climates, the precise etiology of pterygia is still unclear. Derived from the Greek word *pterygion*, or "wing," a pterygium is a growth of hypertrophic conjunctival tissue, subepithelial fibrous tissue, and blood vessels that advances onto the cornea in a triangular fashion (Figure 3). The lesion can become periodically inflamed, can cause irregular astigmatism, and can extend across the cornea to obstruct the visual axis. Surgical excision is indicated when vision is reduced or the patient is sufficiently bothered by

irritation or cosmetic appearance. Simple excision has a relatively high recurrence rate (5-30%), which can be reduced by combining excision with conjunctival autograft and/or supplemental topical Mitomycin.³

Corneal Trauma

Corneal Abrasion

A corneal abrasion is an epithelial defect on the surface of the cornea. Typically caused by minor trauma to the eye, corneal abrasions are very common. Patients present with pain, photophobia, tearing, and foreign body sensation after being poked or scratched in the eye. Clinically, the conjunctiva is injected and the epithelial defect stains with fluorescein, which can be easily seen as a bright yellow-green area with a cobalt blue light (Figure 4). The conjunctiva should be carefully inspected, including eversion of the upper lid, to rule out the presence of a foreign body.

Treatment consists of a topical antibiotic ointment, a cycloplegic agent, and pressure patching for 24 hours. If the abrasion is large, patients should be followed up the next day. Antibiotic ointment is continued for two to three days after the patch is removed. A pressure patch is not applied when the abrasion is at significant risk of infection, such as in contact lens wearers and trauma with vegetable matter or other contaminated substances. Patients should be monitored closely for the development of a corneal ulcer.

Abrasions usually heal without complications. Occasionally recurrent corneal erosions can develop months to years after the abrasion heals.

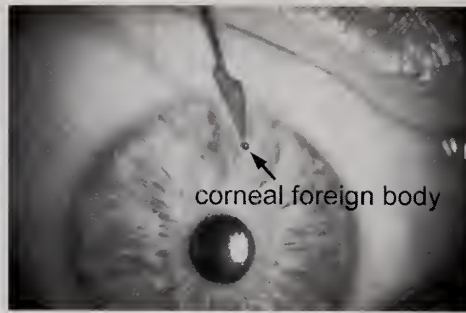
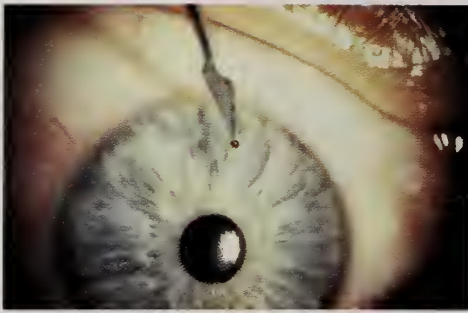


Figure 5: Corneal foreign body with a foreign body spud.

Recurrent Corneal Erosion

Recurrent corneal erosions are characterized by recurrent attacks of pain, photophobia, and tearing, usually upon awakening. The symptoms typically resolve over several hours. A prior history of a corneal abrasion can often be elicited, but various corneal dystrophies may also predispose the patient to recurrent corneal erosions.

The corneal epithelium may be irregular or an abrasion may be present. Slit lamp examination usually reveals fine corneal epithelial basement membrane changes in the form of map-dot-fingerprint opacities.

Acutely, treatment is similar to the management of corneal abrasions. Once healed, conservative treatment with nightly lubricating ointment or hypertonic saline ointment for several months to years will frequently control the problem. For refractory cases, therapeutic alternatives include bandage contact lens, corneal epithelial debridement, anterior stromal puncture to create scarring of the epithelium to the underlying stroma, and excimer laser phototherapeutic keratectomy which also enhances the adhesion of epithelium to stroma.⁴

Corneal Foreign Body

Patients with a foreign body embedded in the cornea usually present with symptoms similar to a corneal abrasion, which start after something has flown into the eye. It is important to determine the circumstances surrounding the injury. If the injury involved metal forcibly striking metal, such as hammering a nail, the presence of an intraocular foreign body must be ruled out.

The corneal foreign body should be removed at the slit lamp with topical anesthetic and a foreign body spud or a fine gauge needle (Figure 5). A residual rust ring can

often be lifted out of the cornea, but sometimes requires drilling with a small burr. The residual epithelial defect is treated as a corneal abrasion. An infected corneal ulcer can develop at any time in association with a corneal foreign body.

Corneal Laceration

If a corneal laceration is suspected, precautionary measures should be taken to

avoid applying any pressure to the globe that might precipitate extrusion of intraocular contents. The eye should be protected with a shield, and the patient referred immediately for ophthalmologic evaluation. The patient should be instructed not to eat or drink in anticipation of surgical repair. A computed tomography (CT) scan can help determine the extent of injury and locate intraocular and intraorbital foreign bodies.

As with all ocular injuries, it is important to establish the mechanism of injury, since it will often provide valuable information in determining the extent of injury. A partial thickness corneal laceration by definition does not penetrate the globe. If the laceration is small, it can be managed conservatively with antibiotics, cycloplegia, patching and/or a bandage contact lens. If any wound gape is present, it is best to suture the partial thickness laceration.

A full-thickness corneal laceration requires urgent surgical repair (Figure 6). Signs that are suggestive of a perforating corneal injury include an irregular pupil, shallow or

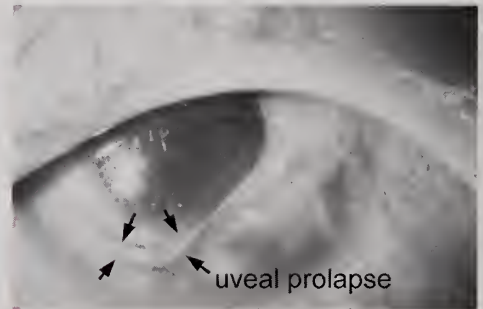


Figure 6a: Corneal laceration with uveal prolapse.

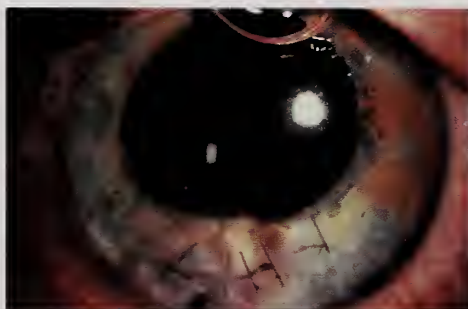


Figure 6b: Same patient after repair of corneal laceration.

flat anterior chamber, hyphema, and prolapse of intraocular contents.⁵

Chemical Injuries

Chemical injuries to the eyes are potentially devastating, and may lead to blindness.

Alkaline agents typically lead to more severe tissue destruction than acids. Alkaline agents (ammonia, lye, and lime) penetrate the eye rapidly by causing saponification of cell membranes. Acids (sulfuric battery acid, hydrofluoric acid) coagulate and precipitate proteins in the cornea, thus limiting ocular penetration.

Immediate, copious irrigation of the eye is indicated in order to remove the offending chemical and neutralize the pH of the ocular surface. Any non-toxic, readily available fluid will suffice. Patients who call from home for advice should be instructed to begin irrigation with water immediately. Once patients arrive for treatment, irrigation should be instituted without delay, even prior to measuring visual acuity. A lid speculum, topical anesthetic, and intravenous tubing connected to an irrigation solution, such as normal saline, will facilitate treatment. Particulate matter should be removed from the fornices. Irrigation should be continued for at least 30 minutes, and even longer if the pH has not returned to neutral.⁵

Mild to moderate chemical burns may cause corneal epithelial defects, conjunctival chemosis and hyperemia, and lid swelling. After irrigation, treatment consists of topical antibiotics, a cycloplegic agent, and pressure patching. Daily examinations are indicated until reepithelialization occurs. Close monitoring is essential to watch for development of infection or corneal ulceration.

Severe chemical injuries can cause corneal opacification and edema, perilimbal blanching, profound chemosis, elevated intraocular pressure, and surrounding skin burns (Figure 7). Acute treatment includes gentle removal of necrotic tissue. Topical antibiotics, a cycloplegic agent, topical citrate and ascorbate, and pressure patching are used. Topical steroids are indicated to reduce inflammation of the ocular surface and anterior chamber, but should be tapered after seven days of use, since they may promote corneal melting and perforation if used longer. Daily examinations, and sometimes



Figure 7: Alkaline chemical burn with corneal opacification and perilimbal blanching.

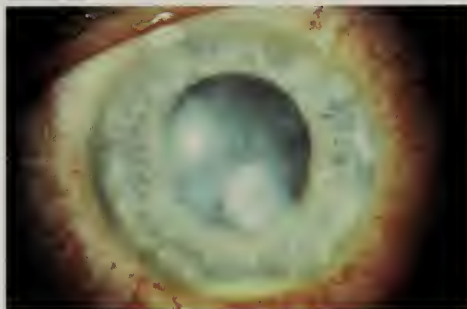
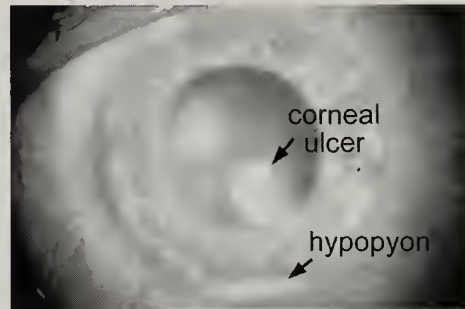
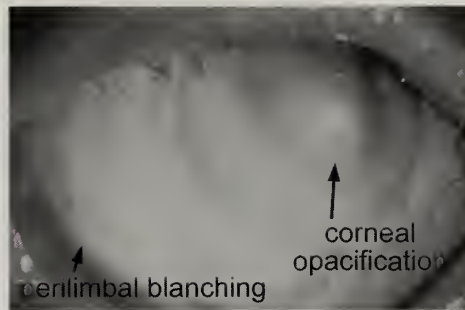


Figure 8: Bacterial corneal ulcer with hypopyon.



admission to the hospital, are necessary to closely monitor the patient. If corneal perforation occurs during the acute post-injury period, an emergent corneal transplant may be required.

Long-term treatment for severe chemical injuries can include use of artificial lubrication, a tarsorrhaphy, a conjunctival flap, mucous membrane grafting, conjunctival transplantation, corneal transplantation, and keratoprosthesis, although the prognosis for such intervention is poor. Despite all efforts, many patients who suffer severe chemical injuries are left permanently blind.¹

Corneal Ulcer

A corneal ulcer (ulcerative keratitis) is a stromal infiltrate with an overlying epithelial defect. It is a sight-threatening condition that requires urgent diagnosis and treatment. Contact lens wear and/or trauma are frequent predisposing factors.

Clinically, a dense, white opacity appears on the cornea, in the setting of a red eye with tearing and a foreign body sensation. Important findings can include mucopurulent discharge, conjunctival injection, corneal thinning, stromal edema surrounding the infiltrate, anterior chamber reaction, and hypopyon. Corneal scrapings are obtained for smears and cultures. Bacterial infection is the most common etiology of an acute corneal ulcer. Fungal and acanthamoeba infections are less common etiologies.

Bacterial Keratitis

Bacterial keratitis (Figure 8) is commonly caused by Gram positive staphylococcal and streptococcal species as well as Gram



Figure 9: Fungal corneal ulcer.

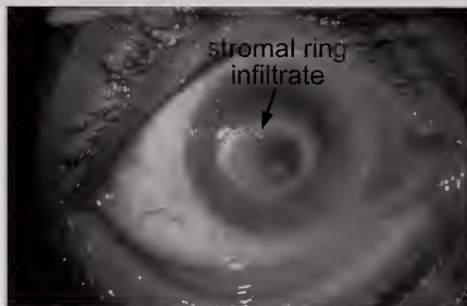


Figure 10: Advanced acanthamoeba keratitis with typical stromal ring infiltrate.

negative organisms such as pseudomonas. Less common organisms include moraxella, serratia, proteus, and haemophilus species.

Because bacteria are the most common cause of corneal ulcers, and progress more rapidly than fungal or acanthamoeba infections, initial treatment is begun with frequent (i.e., every 30 minutes) topical administration of broad-spectrum, fortified antibiotics such as a combination of cefazolin 50mg/ml and tobramycin 15mg/ml prepared by the pharmacy. Smaller ulcers are often treated with hourly topical fluoroquinolones that are commercially available, i.e., ciprofloxacin (Ciloxan).⁶

Daily examination to evaluate the progression of the ulcer is critical in managing these patients. Hospitalization is indicated in severe sight-threatening infections and in non-compliant patients. Medications are modified according to the clinical response and the culture and sensitivity results. Occasionally, repeat cultures or even a corneal biopsy are needed to identify the causative organism in cases that are not responding to treatment.

Fungal Keratitis

Fungal keratitis, typically seen after trauma with vegetable matter or in immunocompromised hosts, is rare in temperate climates, but much more common in tropical climates. Fungal infiltrates often have feathery borders and are surrounded by satellite lesions (Figure 9). *Fusarium*, *aspergillus* and *candida* are the most common fungal organisms associated with corneal ulcers. Treatment consists of frequent administration of topical anti-fungal agents as well as sys-

temic anti-fungal agents. Fungal ulcers tend to be more resistant to treatment than bacterial ulcers.

Acanthamoeba Keratitis

Acanthamoeba organisms are small, free-living protozoa frequently isolated from water, dust, and air. The diagnosis of *acanthamoeba* keratitis is often delayed since it can be easily confused with herpetic or fungal keratitis. History is important in establishing a diagnosis because contact lens wearers with poor lens hygiene are at particular risk, especially if tap water is used to store or rinse the lenses.

Acanthamoeba keratitis is a relentlessly progressive condition that is characterized by pain out of proportion to the clinical findings (due to perineural involvement), limbitis, lack of response to routine fortified topical antibiotics, and in advanced stages a stromal ring infiltrate (Figure 10). Diagnosis can sometimes be confirmed by identifying *acanthamoeba* cysts on giemsa or calcofluor white stain from corneal scrapings. The organism can be cultured on non-nutrient agar with *E.coli* overlay, but frequently requires corneal biopsy for definitive diagnosis. Treatment consists of prolonged treatment with one or more of the following: topical propamidine isethionate (Brolene), topical polymixin B-neomycin-gramicidin (Neosporin), topical clotrimazole, topical miconazole, topical polyhexamethylene biguanide (Baqacil), and oral ketoconazole or itraconazole.^{7,8}

Surgical Treatment of Corneal Ulcers

Most ulcers respond to appropriate treatment, but the infectious process can progress to involve the entire cornea, even extending into the sclera. Rarely, the cornea can perforate due to advanced ulceration and thinning. Urgent treatment with cyanoacrylate tissue adhesive, and/or a corneal transplant is indicated for perforated corneas in order to preserve the integrity of the eye. Visual outcome is generally determined by the location and severity of the ulcer. Significant stromal scarring involving the visual axis may require a corneal transplant for visual rehabilitation.

Viral Keratitis

Adenoviral Keratoconjunctivitis

Adenovirus types 8 and 19 are usually associated with epidemic keratoconjunctivitis (EKC). Infection can range from a mild follicular conjunctivitis to a severe keratoconjunctivitis with persistent corneal opacities.

Patients usually present with photophobia and a unilateral painful, tearing, red eye. Preauricular lymphadenopathy, follicular conjunctivitis and non-specific punctate keratitis are characteristic, with the second eye soon becoming involved. Pseudomembranes on the tarsal conjunctiva can form during the acute phase and contribute to irritation. Subepithelial corneal infiltrates may appear one to three weeks after onset of the infection (Figure 11).⁹

There is no effective treatment for EKC. Conservative and supportive treatment with lubricant drops and ointment is indicated. Topical corticosteroids may provide temporary relief and aid in resolution of the corneal infiltrates, however, once the corticosteroids are discontinued, the corneal infiltrates may reappear and become refractory to treatment.

EKC is highly contagious and meticulous hygiene is needed to avoid transmission to others.

Herpes Simplex Keratitis (HSV)

Most corneal herpes infections are caused by HSV type 1 and tend to be unilateral. HSV is characterized by periodic recurrences of clinically evident disease. Mechanisms that trigger active viral replication from a latent infection are not completely understood. Commonly recognized stimuli include stress, sunlight, poor health, fever, menstruation, and immunosuppression.

HSV epithelial keratitis is caused by active replication of the virus in the epithelium. Symptoms include redness, pain, foreign body sensation, photophobia, tearing, and blurred vision. The hallmark of epithelial keratitis is the linear, branching dendrite with characteristic "terminal end bulbs" (Figure 12). The edges of dendritic lesions stain with rose bengal, while the central portion of the ulceration stains better with fluorescein.

Treatment of epithelial keratitis includes topical antiviral agents +/- debridement of the infected epithelial cells. Trifluorothymidine (Viroptic) drops or vidarabine (Vira A) ointment used for one to two weeks typically results in uneventful resolution of the epithelial keratitis. Topical corticosteroid therapy promotes proliferation of the herpes simplex virus in the corneal epithelium and is contraindicated in the treatment of epithelial keratitis.^{1,9}

HSV stromal keratitis is thought to be due to the host immune response to viral antigen rather than active viral replication. Disciform keratitis is a distinct type of stromal



Figure 11a: Acute presentation of epidemic keratoconjunctivitis (EKC).



Figure 11b: Typical subepithelial infiltrates occurring one to three weeks after onset of EKC.

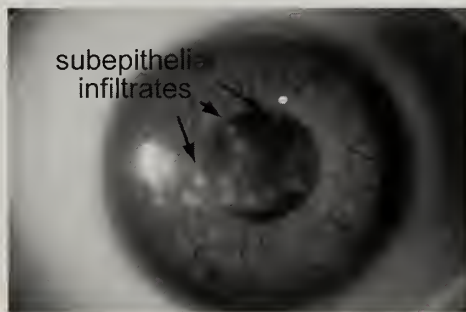


Figure 12: HSV epithelial dendrite stained with rose bengal.

keratitis that presents as localized disc-shaped stromal and epithelial edema, an intact epithelium, and associated iritis (Figure 13). A necrotizing interstitial keratitis with stromal infiltrates, ulceration, vascularization, and thinning can be more difficult to manage. Superimposed bacterial infection can further complicate management. Neurotrophic keratitis secondary to HSV induced corneal hypesthesia may also be associated with stromal melting and perforation. Treatment of stromal keratitis may require the use of topical corticosteroids in combination with topical antiviral agents. Oral acyclovir may be beneficial in decreasing recurrences of HSV keratouveitis. Corneal transplantation may be required to repair a corneal perforation or visually rehabilitate a scarred cornea. HSV can recur in the graft.

Herpes Zoster Keratitis

Herpes zoster involving the ophthalmic division of the trigeminal nerve may result in serious ocular sequelae in at least 50% of cases. The characteristic vesicular rash can



Figure 13: HSV disciform stromal keratitis.

involve one or all three branches of the ophthalmic nerve (frontal, lacrimal, and nasociliary) (Figure 14). Potential ocular complications are variable and may include conjunctivitis, episcleritis, keratitis, uveitis, optic neuritis, cranial nerve palsies, ptosis, and post-herpetic neuralgia.

The keratitis seen with herpes zoster can occur soon after the appearance of the rash. Initially, only punctate epithelial changes may be evident. Plaque-like epithelial lesions resembling HSV dendrites may appear acutely or months after the skin rash has resolved. Stromal keratitis characteristically occurs later, and may persist and recur for many years. The keratitis associated with herpes zoster is not sensitive to topical antiviral agents, but usually responds well to topical corticosteroids. Corticosteroids must be tapered very slowly, since a flare may occur if they are stopped abruptly. Neurotrophic keratitis is another potential late complication of herpes zoster ophthalmicus (HZO).

Treatment of acute HZO is with oral acyclovir, 800mg five times daily, for seven days. In order to be effective, treatment should be initiated within a week of onset. Acyclovir shortens the course of the acute eruption, reduces the incidence of subsequent ophthalmic complications, and may reduce post-herpetic neuralgia.^{10,11}

Marginal Keratitis

Marginal keratitis is a term used to describe non-infectious ulceration, thinning, and vascularization of the peripheral cornea. It can be caused by a variety of conditions such as:

Staphylococcal Hypersensitivity

Staphylococcal marginal hypersensitivity is an extremely common condition, especially in patients with chronic blepharitis, as in ocular acne rosacea. It is thought to be due to a hypersensitivity reaction to toxins produced by staphy-



Figure 15: Staphylococcal marginal hypersensitivity with peripheral subepithelial infiltrates.

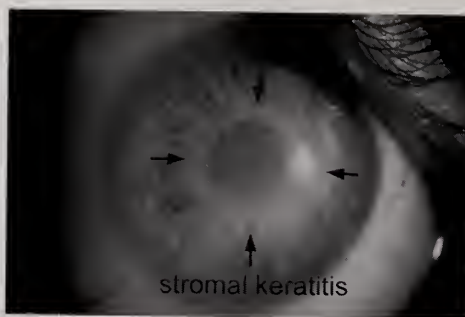


Figure 14: Vesicular rash of herpes zoster involving the ophthalmic branch of the trigeminal nerve.

lococcal organisms infecting the lid margin. Multiple peripheral subepithelial infiltrates are separated from the limbus by a clear zone (Figure 15). The infiltrates occur most commonly along the inferior cornea presumably because the staphylococcal toxins pool across the lower lid margin.

The epithelium overlying the infiltrates frequently breaks down with resultant fluorescein staining.

Patients typically have chronically inflamed eyelids and experience recurrent episodes of ocular irritation and photophobia. Warm compresses, lid scrubs, and antibiotic ointment should be used once or twice a day on a regular basis to treat the underlying blepharitis and to prevent recurrent flare ups of corneal inflammation. A short course of topical corticosteroids and antibiotics results in quick resolution of the marginal infiltrates. Systemic doxycycline or tetracycline can be used in resistant or recalcitrant cases.⁶

Peripheral Ulcerative Keratitis

The presence of severe, progressive peripheral corneal thinning and ulceration should raise the suspicion of an underlying systemic collagen vascular disease. Often, the ocular disease can precede the clinical manifestations of the systemic disease. The most common collagen vascular diseases to cause peripheral ulcerative keratitis are rheumatoid arthritis, systemic lupus erythematosus, polyarteritis nodosa, and Wegener's granulomatosis. Systemic treatment of the underlying disorder with immunosuppressive agents is indicated. Topical steroids are used with caution. Patient management should be coordinated with a rheumatologist or internist.

Keratoconus

Keratoconus (conical cornea)^{1,2} is a condition in which abnormal thinning and distortion of the cornea causes progressive, irregular astigmatism. The condition usually



starts at puberty, is typically bilateral, though asymmetric, and gradually progresses over many years before stabilizing. An early presenting sign is distorted vision in one eye due to irregular astigmatism. With recent advances in computerized corneal topography, early cases can be easily identified by the presence of classic inferior-nasal steepening of the cornea, before any slit lamp findings are evident.

Slit lamp evidence of keratoconus includes thinning, scarring, and fine vertical folds in Descemet's membrane (Vogt's striae) at the apex of the cone, which is characteristically located below the center of the cornea (Figure 16). A round or oval iron line in the epithelium usually outlines the base of the cone (Fleischer's ring). In advanced cases, the cone may cause a bulge in the lower eyelid when the patient looks down (Munson's sign).

A sudden rupture in Descemet's membrane can cause acute corneal hydrops. The cornea becomes edematous and cloudy. The patient may experience decreased vision and irritation. Treatment is supportive until the break in Descemet's membrane heals over a two-to-three month period. Variable residual stromal scarring may develop.

There are many systemic and ocular associations with keratoconus including Down's syndrome, atopic disease, Marfan's syndrome, Ehlers-Danlos syndrome, vernal keratoconjunctivitis, floppy eyelid syndrome, and aniridia.

Rigid gas permeable (RGP) contact lenses offer significant improvement in visual acuity over spectacles, but do not alter the progression of the disease. Patients with keratoconus are not candidates for refractive surgery. Patients who cannot be successfully fit with RGP lenses are candidates for corneal transplantation with success rates approximating 90%.

Drug Induced Corneal Changes

Vortex keratopathy (corneal verticillata) is characterized by bilateral, symmetrical, golden deposits in the corneal epithelium, which start below the pupil and swirl outwards. This pattern is seen in Fabry's disease as well as in patients taking various systemic drugs such as amiodarone (Figure 17), chloroquine, indomethacin, and chlorpromazine. The deposits are usually asymptomatic and are reversible once therapy is discontinued.¹ □

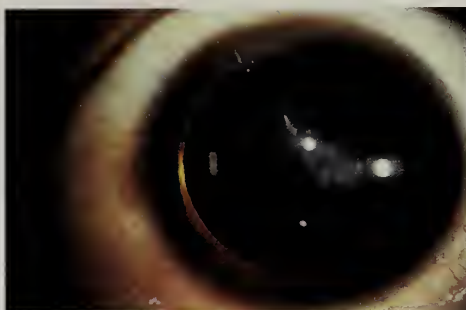


Figure 16a: Apical scarring in keratoconus.

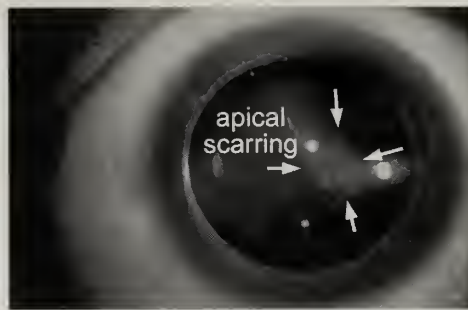


Figure 16b: Slit lamp view of central thinning and distortion in keratoconus.

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Figure 17: Amiodarone vortex keratopathy.

The Acute Glaucomas: Diagnosis and Management

Introduction

The acute glaucomas are a group of conditions characterized by a sudden rise of intraocular pressure (IOP). This acute elevation of IOP may be secondary to a large number of different causes (Table 1). The acute glaucomas are of special importance to all physicians, as they may be triggered by medications ordered by the patient or by the physician, by examination (dilation of the pupil), and by procedures (renal dialysis). They also are important because the damage caused by a sudden rise of IOP may occur rapidly, within a period of several hours, and may cause permanent blindness. Consequently, recognition of the individual at risk for developing an acute glaucoma is critically important—important to the patient and to all physicians. This chapter will discuss the symptoms and signs of the acute glaucomas, the fundamental aspects of the examination, the differential diagnosis, and the different clinical entities, including gonioscopic evaluation and treatments. Risk factors will be stressed.

Definition of Acute Glaucoma

“Glaucoma” is a condition in which tissue of the eye becomes damaged, at least partially due to pressure which is higher than the tissue can tolerate.

“Acute” is used in contradistinction to the word “chronic”—acute meaning something that occurs suddenly which is usually attended with severe symptoms. An acute glaucoma, then, is a condition in which tissue in the eye becomes rapidly damaged related to pressure higher than the tissue can tolerate.

Classification

The acute glaucomas can be divided into four different types according to the course for the pressure elevation. The first, which I have called “relative pupillary block angle closure,” is a condition in which iris apposition to the trabecular tissues occurs due to a combination of a narrowing of the anterior chamber angle and a slight or marked bowing anteriorly of the iris due to relative pupillary block. Relative pupillary block results from the apposition of the iris to the lens. This causes the pressure in the posterior chamber (posterior to the iris) to be higher than the pressure in the anterior chamber (anterior to the iris). Consequently, the iris is

pushed forward. The thinner and the more flaccid the iris, the more the iris will bow forward in response to the difference in pressure in the posterior and anterior chambers. The various subdivisions of acute glaucoma caused by relative pupillary block are shown in Table 1.

A second type of acute glaucoma is also due to iris apposition against the trabecular meshwork related to a narrow anterior chamber angle. However, here the cause for the angle closure is not the pupillary block. Consequently, I have called this “narrow angle without pupillary block.” (Table 1). An example of this is the closure of the angle that occurs when a cataract becomes so large that it actually pushes the iris up against the posterior surface of the cornea, causing an angle-closure glaucoma. A subdivision of this nonpupillary block glaucoma occurs when the anterior chamber angle is closed due to adhesions developing between the peripheral iris and the trabecular meshwork in the absence of a shallow anterior chamber. These adhesions occur due to a membrane or inflammation, or swelling of the ciliary body, and are not secondary to a narrow anterior chamber angle or to pupillary block. One variant is a very rare condition, the plateau iris syndrome, which is characterized by a deep chamber and a narrow angle unrelated to pupillary block. This type of acute glaucoma can be classified as angle closure not caused by a shallow chamber or pupillary block.

A third type of acute glaucoma is caused by anything that suddenly and completely blocks the flow of aqueous humor from the anterior to the posterior chambers. This is “pupillary block glaucoma.” Here the block is complete, and the pressure elevation is due to the block itself. Frequently, pupillary block glaucoma is complicated by secondary angle closure (an iris apposition type of glaucoma) (Type 1) especially in patients with anterior iris insertions or anatomic narrow angles.

The fourth and final general cause for acute glaucoma is a miscellaneous group of conditions unrelated to angle closure, though this is uncommon. The IOP can rise acutely even with open angles. This type of acute glaucoma is called “acute open-angle glaucoma.” (Table 1).

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Table 1

Classification of the Acute Glaucomas	
Clinical Entity	Depth of Anterior Chamber
I. Angle Closure with Relative Pupillary Black*	Shallow
A. Genetic	
1. Small anterior segment	
a. Hyperopia	
b. Nanophthalmos	
2. Anterior iris insertion	
a. Asian race	
3. Spherophakia	
4. Retinopathy of prematurity	
B. Acquired	
1. Large lens	
2. Dislocated lens	
3. Secondary to pupillary block	
II. Angle Closure Without Pupillary Black**	
A. With narrow angle	Varies Usually Shallow
1. Plateau iris syndrome	
2. Large lens	
3. Dislocated lens	
4. Increased pressure in posterior segment	Varies
a. Expanding gas	
b. Suprachoroidal expulsive hemorrhage	
c. Necrotizing tumor	
5. Ciliary body swelling	Shallow
6. Ciliary body rotation	Shallow
B. Without narrow angle	
1. Chandler's syndrome, essential iris atrophy, etc.	Deep
2. Inflammation	
a. Sarcoid, etc.	
3. Neovascularization	
4. Post traumatic angle recession	
III. Complete Pupillary Black Glaucoma	Usually Shallow
A. Iris-lens adhesion	
B. Iris-vitreous adhesion	
C. Iris-pseudophakos adhesion	
D. Iris-capsule adhesion	
IV. Open-angle acute glaucoma***	Deep
A. Following renal dialysis	
B. Trauma	
1. Blood in anterior chamber	
C. Pigmentary glaucoma	
D. Exfoliation syndrome glaucoma	
* Anterior chamber is initially deep, but becomes shallower; secondary angle-closure is common.	
** Angle-closure due to peripheral anterior adhesions not caused by pupillary block or an anatomic narrow anterior chamber angle.	
*** Acute elevation of IOP unrelated to angle-closure.	

Symptoms

The classic symptoms of acute glaucoma are severe pain in the eye in association with blurred or smoky vision. When the IOP rise is marked, the pain can be excruciating, resembling in intensity the pain caused by passage of a ureteral stone. When the rapidity and amount of elevation of IOP are less marked, the pain may be moderate or even minimal, resembling a low grade headache. The pain is related to the rapidity of pressure rise, and not to the absolute level of IOP. Furthermore, the intensity of pain is vastly greater with the first elevation of IOP, and becomes less with each subsequent episode of elevation of IOP. In some cases IOPs may be markedly elevated without any pain. Where the IOP rises slowly, especially after the initial attack, pain may be totally absent.

Therefore, it is not inconsistent for a patient to have an IOP of 50 or 60mm Hg, and yet be entirely comfortable. In contrast, where a person's IOP was 10mm Hg to start with and the IOP rises for the first time to 35 or 40mm Hg, the patient may develop intolerable pain.

The amount of pain that is present appears to be due to three factors: stretching of the nerves, the amount of inflammation, and in some cases ischemia. Where elevated IOP is associated with marked inflammation, pain is almost always present.

Signs of Acute Glaucoma

The classic signs that go along with a sudden, clinically significant increase in IOP are a red eye, dilation of the pupil, and corneal epithelial edema; the cornea loses its lustrous sheen. These signs are by no means diagnostic. Most importantly, they do not allow a sufficiently accurate diagnosis to permit treatment to be directed at the appropriate cause; however, they do suggest acute glaucoma. (Figure 1 is a typical appearance of an eye with a sudden marked rise of intraocular pressure.)

Examination of the Patient

History

A full history is essential. This must include systemic and ocular considerations. Questions that need to be answered include the following: Was there any prior ocular disease known? When did the episode start? Has it gotten worse or abated? What is the effect on vision? If there is pain, how severe is the pain and what has the nature of the pain been? Prior to the episode were there earlier similar episodes? Is there history of recurrent headaches? Have there been episodes of seeing rings around lights or noticing that vision was misty? If there have been headaches or episodes of misty vision, what triggered them? Did they occur after reading, in association with anxiety or anger, or when going into a dark place such as a movie theater? The patient should be questioned whether he or she has any type of glaucoma or has been told in the past that he or she had narrow anterior chamber angles.

Primary angle-closure glaucoma is strongly familial and approximately 50% of siblings or offspring of individuals who have had an attack of primary angle-closure glaucoma will have occludable anterior chamber angles. Consequently, it is essential to obtain a careful family history, specially directed towards the occurrence of attacks of glaucoma in the relatives.

The treatment of acute glaucoma may involve medications or treatments which may cause problems with individuals who are on



Figure 1a: Classic appearance of a patient with acute glaucoma, showing a red eye, with a hazy cornea and a dilated fixed pupil. This acute glaucoma could be due to relative pupillary block, absolute pupillary block, acute neovascularization related to diabetes mellitus, secondary to renal dialysis, or a variety of other causes.

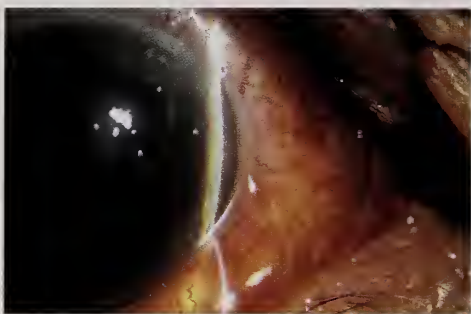


Figure 1b: Slit lamp view showing shallow anterior chamber.

other medications or who have problems with their general health. Since beta-blockers are frequently used in the treatment of acute glaucoma, it is essential to know whether or not the patient has a condition which would contraindicate such use, i.e., asthma, chronic obstructive pulmonary disease, certain types of cardiovascular disease, etc. The epinephrine compounds should be used cautiously in patients predisposed to cardiac arrhythmias. Osmotic agents should be used with caution if at all in individuals who are predisposed to congestive heart failure or have urinary obstruction. The carbonic anhydrase inhibitors are not contraindicated, but should be used with caution in individuals with a history of allergy to sulfa drugs and certain types of renal disease. Patients with S-hemoglobinopathies should probably not be treated with osmotic agents or the carbonic anhydrase inhibitors.

Because acute neovascular glaucoma is a fairly common cause for an acute glaucoma, questions must be asked about a prior history of diabetes mellitus, the symptoms of diabetes mellitus, a central retinal vein obstruction (or a loss of vision which could indicate a central retinal obstruction), a central retinal artery obstruction (or the sudden type of visual signs that could indicate a central retinal artery obstruction), systemic hypertension, and cardiovascular disease.

In addition to the usual questions asked in a social history, the patient also should be queried whether the episode was preceded by an unusual amount of anxiety or anger.

Factors that can trigger an acute attack of glaucoma should specifically be sought out, and are listed in Table 2. Acute primary angle-closure glaucoma can occasionally be triggered by dilation of the pupil, either from topical or systemic medications. The sympathomimetic agents are more likely to be offenders in this regard than are anticholinergics. The sympathomimetics simulate the dilator of the pupil, which pulls against the residual tone of the sphincter of the pupil, increasing the degree of pupillary block and predisposing to the type of angle closure that

occurs in association with relative pupillary block. The anticholinergic medications also can induce an angle-closure glaucoma by dilating the pupil, but since they cause relaxation of the sphincter of the pupil, causing the iris to relax, rather than putting it on stretch, the anticholinergics are less likely to be responsible for inducing angle closure than

are the sympathomimetic agents. Patients who have open-angle glaucoma are not at risk for developing acute angle-closure glaucomas, and consequently topical and systemic agents which dilate the pupil are not contraindicated in patients with known open angle glaucoma. Unfortunately, the informational material provided with medications and in the lay press routinely cautions against the use in "patients with glaucoma" of topical or systemic medications which may dilate the pupil. This is unfortunate, because patients who know they have glaucoma almost invariably have a type of glaucoma which will not be harmfully affected by pupillary dilation. If the patient has been diagnosed as having a glaucoma in association with a narrow anterior chamber angle, usually the patient will have had an iridotomy, and therefore will no longer be at risk for developing angle closure. If the patient has not had an iridotomy, then usually the patient is treated with a topical miotic, which is usually strong enough to prevent pupillary dilation caused by systemic agents such as many types of tranquilizers.

These agents are, then, not contraindicated in patients with "glaucoma." In contrast, some patients do have narrow anterior chamber angles, and most are unaware of such a condition. A narrow anterior chamber is an asymptomatic condition until it develops into frank angle closure. Patients with

Table 2

Triggering Events

1. Dilation of Pupil
sympathomimetics
anticholinergics
2. Strong Emotion
grief, anxiety, stress,
holiday, etc.
3. Ocular Inflammation
4. Change of Weather

unrecognized narrow anterior chamber angles are at risk for the development of acute angle-closure glaucoma in response to pupillary dilation, either with topical or systemic agents. It is these patients in whom agents that may dilate the pupil are either contraindicated or should be used with caution; unfortunately however, these patients with asymptomatic narrow anterior chamber angles are usually not identified as those individuals at risk for developing angle-closure glaucoma.

Table 3 lists some of the risk factors for the development of acute angle-closure glaucoma. A positive family history for acute angle-closure glaucoma is highly significant because narrowness in the anterior chamber angle is inherited as an autosomal dominant. Factors that increase the likelihood that the anterior chamber will be narrow are hyperopia (being farsighted) and age. As the individual becomes older the anterior chamber angle becomes increasingly narrow; occludable angles occur in less than 1% of the population of middle-aged individuals, but in 10% of those over 80 years, and the percentage increases with age. Asians have an anterior insertion of the iris and are more likely to develop angle-closure glaucoma than

are caucasians. Black patients also have a slightly more anterior insertion of the iris than most individuals. Chronic angle-closure glaucoma, which is usually relatively asymptomatic, is common in blacks, but acute angle-closure glaucoma in association with pain and inflammation is rare in black patients. As cataracts become more mature they become increasingly large and cause mechanical narrowing of the anterior chamber angle; thus, increasing cataract is an additional risk factor for the development of angle-closure glaucoma.

A routine review of systems should be obtained as part of the history.

Physical Examination

The examination of the patient should start with a general assessment of the well-being of the individual. Diabetic patients with acute neovascular glaucoma may be seriously ill and in need of immediate care for their systemic problem. The nausea and vomiting often associated with the pain may lead the patient to become hypoglycemic. Elderly patients frequently do not seek care promptly, and may have become severely dehydrated or be in poor health from the severe pain and associated prob-



Figure 2: Blood vessels on the iris surface are a sign of neovascularization, often caused by diabetes mellitus. Other causes include prior central retinal artery or central retinal vein obstruction, chronic inflammation, and intraocular tumors.

Table 3

Risk Factors For Acute Glaucoma

A. History

1. Family history of angle closure
2. Age over 70 years
3. Hyperopia (far sightedness)
4. Race
5. Longstanding cataract
6. Known narrow anterior chamber angle
7. Symptoms suggesting angle closure are
auter pain, recurrent headaches triggered
by the dark or by reading, halos around
lights, episodes of misty or smaking vision

B. Examination

- Shallow anterior chamber
- Advanced cataract
- Small eye ball
- Gonioscopically observed narrow anterior chamber



lems. Patients with acute glaucoma, especially the elderly, frequently do not localize the source of the pain well; their treatment is often directed at their symptoms of nausea and vomiting, and the eye may be overlooked as a possible cause. A rough estimate of the patient's cardiovascular and pulmonary status is appropriate. While attention to the patient's acute glaucoma is obviously appropriate, and will eventually lead to resolution of the systemic symptoms, the severity of the systemic problems may be such that they take precedence in the immediate management of the patient.

The ocular examination should be done quickly, but thoroughly, so that a tentative diagnosis can be arrived at rapidly and appropriate treatment instituted.

The examination should include evaluation of both eyes, as a comparison between the two eyes is often helpful. The condition of the fellow, uninvolved eye may give important clues regarding the diagnosis. The examination should include an estimate of visual acuity, measurement of intraocular pressure, an estimate of the corneal diameters, and the corneal clarity. The pupillary reactions and the size of the pupil should be

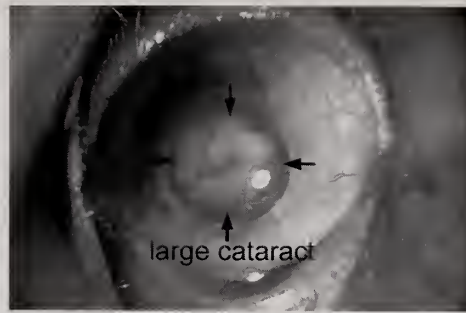


Figure 3: As cataracts develop they become increasingly thick. The enlargement of the cataract can mechanically displace the iris anteriorly, narrowing the anterior chamber angle and predisposing to a relative pupillary block type of glaucoma. In some cases the cataract becomes so large that the iris is actually pressed against the cornea, in which case cataract extraction is necessary to relieve the glaucoma.

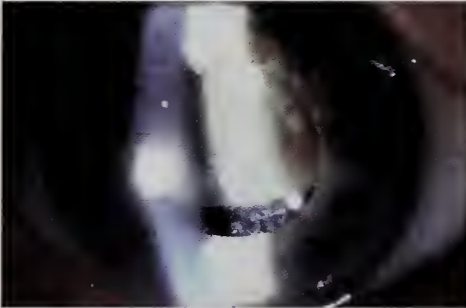


Figure 4: The usual cause for a dislocated lens is trauma to the eye. Where a lens becomes dislocated it may predispose to a pupillary block, with a subsequent angle closure glaucoma. Traumatized eyes may also develop acute glaucomas due to trauma to the trabecular meshwork, or blockage of the trabecular meshwork by red blood cells.

determined. Is the pupil in the involved eye dilated and fixed? The iris should be examined for the presence of neovascularization (especially along the pupillary margin), hyperemia, atrophy, or other abnormalities (Figure 2). Are posterior synechiae present? The depth of the anterior chamber should be meticulously evaluated and the two eyes compared in this regard. Is the iris bowed anteriorly? The presence of inflammation or blood, or hyphema in the anterior chamber should be noted. Is the lens clear or cataractous (Figure 3)? Is the lens firmly in position, or does it jiggle with motion of the eye? Is the lens frankly dislocated (Figure 4)? Is there vitreous coming through the pupil in the anterior chamber?

An accurate estimate of the depth of the anterior chamber is essential; this should be made for both eyes. This is best done with a biomicroscope (slit lamp) or with specialized equipment such as the biomicroscopic ultrasound. However, a good evaluation can be obtained merely by using a pen light (Figure 5). The pen light is held at the side of the face (just anterior to the ear) and the light directed toward the bridge of the nose so that the beam of light from the pen light falls on the eye at a right angle to the visual axis. The light, then, should be parallel to the surface of the iris. If the iris is flat, as in normal individuals, then it will not cast a shadow. If,

however, the iris bows anteriorly then the light will illuminate the temporal portion of the iris, but will cast a shadow on the nasal portion of the iris near the pupil, demonstrating the anterior bowing of the iris; the extent of this bowing can be estimated fairly accurately, and gives a fair indication as to the narrowness of the anterior chamber angle itself. Gonioscopy, however, is required to determine with certainty whether or not the angle is open or closed.

The anterior chamber angle should be evaluated gonioscopically, preferably with a lens such as the Zeiss lens which does not require gonioscopic fluid. The avoidance of gonioscopic fluid eliminates the blurring effect of this fluid, and will permit a better view of the fundus later. The configuration of the angle is noted.

Does the iris cover the trabecular meshwork? Is there a hyphema? Are peripheral anterior synechiae noted? Is there a deposition of pigment on the endothelial surface of the cornea which mirrors a positive pigment on the anterior surface of the iris? The angle may be difficult to see due to corneal edema, and where this is present the cornea should be cleared with topical glycerin. The angle should be described according to an accepted gonioscopic grading system. Such a system is shown in Figures 6 through 10. The need to use indentation gonioscopy is shown in Figure 11. Figures 12a and 12b show an anterior chamber angle that appears closed with routine gonioscopy but which can be opened with indentation gonioscopy. In such a case an iridectomy alone is usually adequate treatment. It is important at the time of the initial episode to evaluate the fundus of

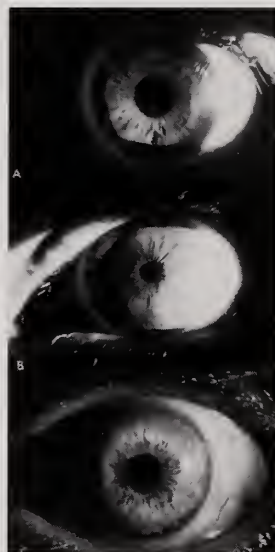


Figure 5a, 5b, 5c: Patients with shallow anterior chamber angles are predisposed to developing angle closure. Relative pupillary block causes the anatomic narrow angle to close completely, with elevation of intraocular pressure. Recognition of a shallow anterior chamber angle, therefore, is critically important. Figure 5a shows a normal deep anterior chamber with no shadow on the iris. Figures 5b and 5c show how holding a pen light from the side permits recognizing a shallow anterior chamber. In the shallow anterior chamber the iris casts a shadow, so that the nasal portion of the iris is dark.

(Acknowledgment: *Principles and Practice of Emergency Medicine*. George Schwartz, ed. WB Saunders, 1986.)

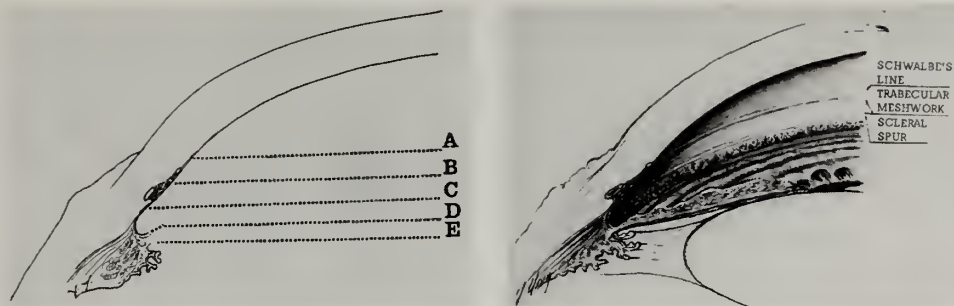


Figure 6a and 6b: A gonioscopic grading system must take into account where the iris inserts on the internal surface of the globe. An A insertion is one in which the iris is adherent to the cornea anterior to Schwalbe's line; this is always pathologic, and is typical of neovascular glaucomas or glaucomas associated with conditions such as developmental abnormalities or Chandler's syndrome. A B insertion describes the condition in which the iris inserts behind Schwalbe's line, into the area of the trabecular meshwork. The posterior trabecular meshwork is not visible in such cases and the angle is functionally closed. This is also always a pathologic angle and may have a variety of causes.

When the iris inserts just posterior to the scleral spur so that the scleral spur is visible but the ciliary body is not able to be seen, the angle is designated as a C angle; a C angle may be normal or pathologic. C angles are common in Asians and not infrequent in blacks or patients with dark brown irides. A D type of iris insertion is the most common normal iris insertion, especially in caucasians. D means that the angle is deep and the ciliary body is visible. An E insertion designates an extremely deep anterior chamber angle in which an extensive portion of the ciliary body is visible; E angles are typical of myopes and are more common in young blue-eyed individuals.

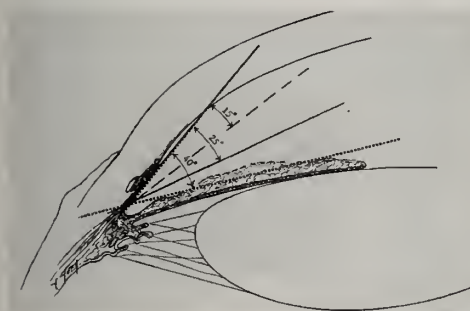


Figure 7: A second component of the anterior chamber that needs to be estimated is the angularity. This can be done in two ways: one, using the Von Herick system, in which the width of the space in the peripheral cornea is estimated; or two, shown here, by estimating the angularity between the anterior surface of the iris and the posterior surface of the cornea. Both systems have their advantages and disadvantages. The measurement should be made in the far periphery of the anterior chamber, in the region of Schwalbe's line.

(Acknowledgment: Early Primary Open-Angle Glaucoma: Diagnosis and Management. Little, Brown & Co., vol. 19, no. 1, Spring 1979.)

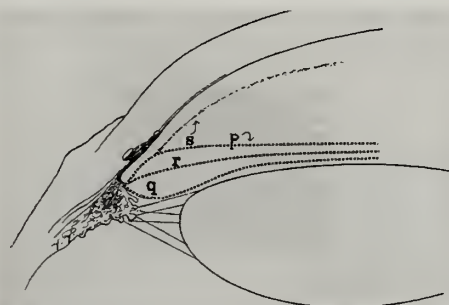


Figure 8: The third aspect of the anterior chamber angle configuration that needs to be described is the shape of the peripheral curvature of the iris. Where the iris bends anteriorly from its iris route, and then takes a sudden bend to become flatter the iris is described as an s iris. The s stands for sudden. This plateau type of iris configuration is usually not due to relative pupillary block and is not relieved by peripheral iridotomy. A q iris is the opposite of an s iris, in that the iris bends posteriorly, forming a peripheral concavity. The q iris is seen typically in myopes, and is most important to recognize in patients with the pigment dispersion syndrome, where it may be an indication for a peripheral iridotomy to relieve the reverse pupillary block. An r configuration describes a regular curvature of the iris, in which there is neither an anterior or posterior bend. There is little iris bowing in association with an r configuration. An s configuration is a variant of an r, but is used to describe the angle in which the iris slopes steeply anteriorly, forming a slit like angle.

(Acknowledgment: Early Primary Open-Angle Glaucoma: Diagnosis and Management. Little, Brown & Co., vol. 19, no. 1, Spring 1979.)

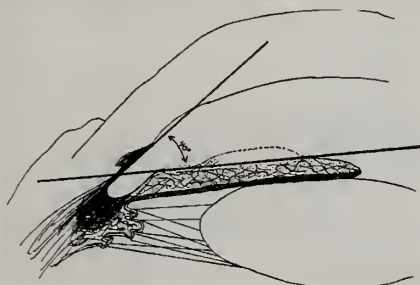


Figure 9: The angle illustrated here can be called a D40r as the iris inserts into the anterior ciliary body, the angular approach is 40°, and the iris configuration is regular. This would be a normal anterior chamber angle.

(Acknowledgment: Early Primary Open-Angle Glaucoma: Diagnosis and Management. Little, Brown & Co., vol. 19, no. 1, Spring 1979.)

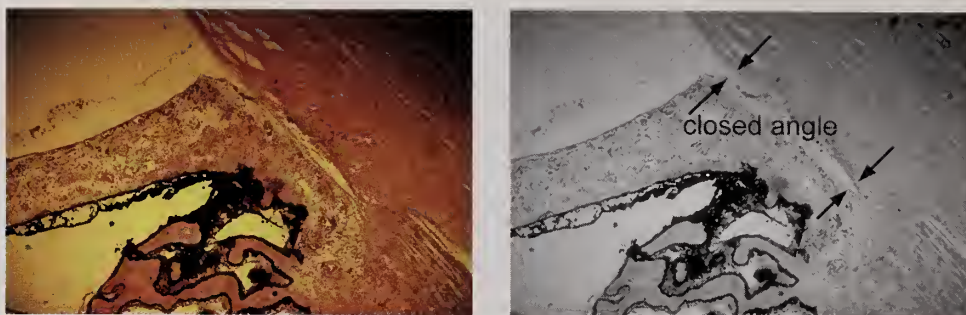


Figure 10: This is the type of angle seen in neovascular glaucoma, in which the iris has become adherent anterior to the trabecular meshwork, closing the angle completely. This angle would be graded as an A40r. Thus, though the anterior chamber is deep, the angle is functionally closed.

both eyes. In the anxiety of caring for the sick patient, and in an effort to break the angle closure attack, sometimes the fundus is not examined, especially where the cornea is hazy. However, a drop of topical glycerin on the cornea will usually clear the corneal edema markedly, permitting an adequate evaluation of the ocular fundus. The nature of the disc of both eyes should be evaluated. This is of critical importance as it effects therapy markedly. If the disc of the affected eye is healthy in appearance, then it indicates that the patient probably has not had a preexisting glaucoma. In such a case the urgency about getting the pressure down is much less marked than in an individual who already has glaucomatous nerve damage. Furthermore, where the optic nerve is healthy, almost invariably treatment with drops or with a peripheral iridotomy will be adequate. In contrast, where the disc already shows advanced cupping (Figure 13), the most appropriate form of treatment in a patient whose angle closure is due to narrowness of the anterior chamber angle or non-inflammatory adhesions is a guarded filtration procedure. In patients with sudden marked elevation of intraocular pressure it is not unusual for the disc to become slightly edematous with hemorrhages on the disc or on the peripapillary retina (Figure 14).

The presence of signs of a central retinal vein occlusion (Figure 15a) point towards a neovascular membrane closing the anterior chamber angle (Figure 15b), and require that the presence of a neovascular glaucoma be ruled out (Figure 2). The retinal signs of diabetes should also be specifically sought. If the patient has diabetes it is also possible that the patient may have developed an acute neovascular glaucoma (Figure 16). The peripheral retina should be examined to see if there is a choroidal elevation. The angle may be closed by ciliary body rotation caused by a suprachoroidal hemorrhage or a choroidal effusion. Intraocular tumors may have similar effects, and may themselves cause a severe secondary glaucoma (Figure 17).

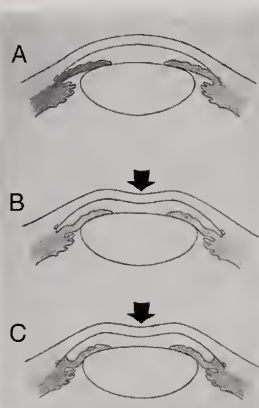


Figure 11: Shows that indentation gonioscopy allows determining adhesions are present. (Acknowledgment: *Ophthalmic Surgery: Principles & Practice*. WB Saunders, 1990.)



Figure 12a: Gonioscopic view of a narrow anterior chamber angle in which no angle structures can be seen. It cannot be determined whether or not this angle is functionally open or closed without indentation gonioscopy.

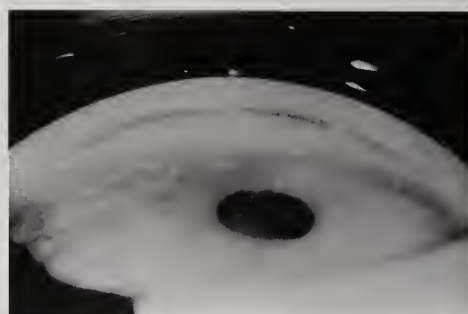


Figure 12b: The same anterior chamber angle during indentation gonioscopy. The angle can be deepened so that the anterior ciliary body can be easily seen. Knowing this, this anterior chamber angle would be characterized as a (B)D10r.

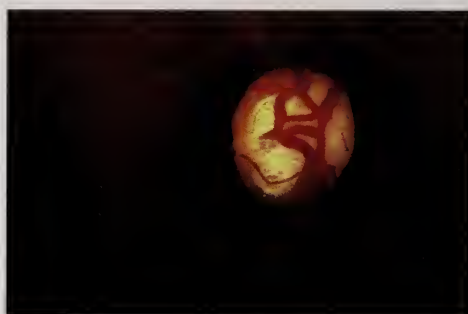


Figure 13: Advanced glaucomatous cupping is present in this eye. Note the pseudopit inferiorly. This amount of damage would indicate that the glaucoma is chronic.



Figure 14: Edema of the optic nerve is not infrequent in patients with acute glaucomas. There may also be hemorrhages on and around the disc.

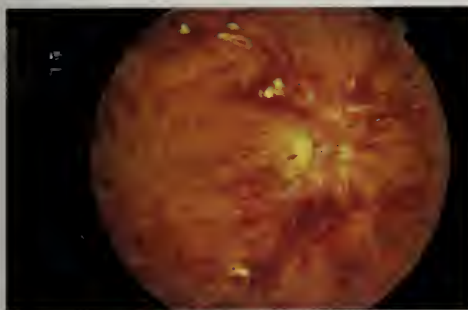


Figure 15: Central retinal vein occlusions frequently lead to the development of neovascularization of the iris in the anterior chamber, and a serious acute glaucoma. This glaucoma is best treated with anti-inflammatory agents such as atropine and topical steroids and directing the attention of the neovascularization. Iridotomy is not of help.

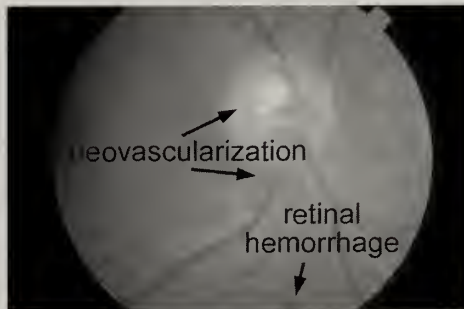
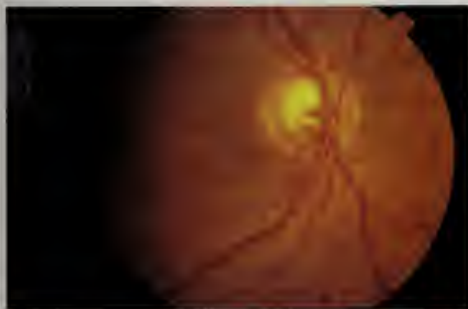


Figure 16: Patients with diabetes mellitus may develop neovascularization and acute neovascular glaucomas. The evaluation of a patient with acute glaucoma must include considerations to rule out the presence of diabetes mellitus. Evaluation of the other eye may frequently be helpful in this regard, as in this patient who had an acute glaucoma with diabetic retinopathy in the fellow eye.

Identification of the Specific Clinical Entity Causing the Acute Glaucoma

A differential diagnosis of acute glaucoma has already been provided in Table 1. In most cases the diagnosis will be immediately apparent following a careful history and a thorough examination. For example, the child with a history of prematurity, poor vision since infancy, and a small eye will almost certainly be having an angle closure attack related to the shallowness of the anterior chamber, which is a part of retinopathy of prematurity. The 80-year-old woman who has been farsighted all her life and whose husband recently died will almost certainly be having an attack of angle-closure glaucoma related to relative pupillary block. The 40-year-old man with a 20-year history of diabetes mellitus, deep anterior

chamber angles, and neovascularization of the iris will almost certainly be having an attack of acute neovascular glaucoma. The 60-year-old man from Jakarta with no previous history of ocular or systemic problem is probably having an attack of angle-closure glaucoma related to relative pupillary block.

In some cases, however, differentiation between the various entities that may lead to acute glaucoma is difficult. The importance of "taking the next step" to be sure about the diagnosis, however, should not be underestimated. For example, a patient with severe diabetic nephropathy who presents with severe ocular pain should not be assumed to have either neovascular or relative pupillary block glaucoma. Such a patient must be questioned whether he or she has recently had renal dialysis. Just as an osmotic load in the blood stream can pull water out of the eye and result in a sudden decrease of intraocular pressure, so the elimination of an osmotic load in the blood may allow water to pass rapidly into the eye, causing an acute glaucoma. A patient with an acute elevation of intraocular pressure secondary to renal dialysis obviously should not be

treated with an iridotomy or cyclodestructive procedure; a paracentesis temporarily may lower the pressure sufficiently, and no further treatment may be necessary.

The major goal of the evaluation of the patient is to try to determine the mechanism by which the pressure elevation has occurred. It is for this reason that the classification of the acute glaucomas shown in Table 1 was utilized.

Treatment

In the following discussion it is assumed that the examiner has ascertained the presence of allergy or specific contraindication to medication or treatment. Consequently, where medications are suggested in the following paragraphs they obviously should not

be employed if there is a specific contraindication to their use, such as an allergy. Some of these problems have already been discussed in the section on history. Some reiteration is justified, however: beta-blockers should be avoided in patients with asthma, chronic obstructive pulmonary disease, and certain types of cardiovascular disease; osmotic agents should be avoided in patients with congestive heart failure, urinary obstruction, S-hemoglobinopathy, and should be used with caution in patients with diabetes; carbonic anhydrase inhibitors should be used with caution in patients with renal disease and S-hemoglobinopathy; apraclonidine should be used with caution in patients with advanced optic disc damage; epinephrine compounds should be used with caution in patients predisposed to cardiac arrhythmias; and the miotics should be avoided if possible in patients with a history of retinal tear, retinal detachment or high myopia.

The general principle is to try to break the pupillary block in patients whose glaucoma is due to relative or absolute pupillary block; once the pupillary block has been relieved the intraocular pressure usually will rapidly return to normal, unless the angle has been permanently occluded during the period of iris apposition. In patients who do not have a pupillary block mechanism of their acute glaucoma, the treatment is aimed at lowering intraocular pressure by: decreasing aqueous inflow with medications; decreasing neovas-



Figure 17: This eye has an acute glaucoma related to a necrotic melanoma. Clearly the treatment would be vastly different for this eye than an eye with an acute glaucoma caused by relative pupillary block or neovascularization secondary to diabetes mellitus.

cularization with panretinal photocoagulation, peripheral cryoablation, and anti-inflammatory compounds; decreasing aqueous production by destruction of the ciliary body with transcleral cyclophotocoagulation with a neodymium YAG laser; or in patients with non-inflammatory closure of the anterior chamber angle (i.e., with late stage of pupillary block glaucoma in which the angle has become occluded permanently or with Chandler's syndrome), by developing a draining fistula, such as with a guarded filtration procedure.

It should be obvious that accurate diagnosis is important. The performance of an iridotomy in a patient with neovascular glaucoma will only

make the eye more inflamed. The performance of a cyclodestructive procedure in a patient with early onset relative pupillary block glaucoma would be egregiously excessive therapy. The treatment of acute glaucoma secondary to renal dialysis may involve only watchful waiting, or perhaps a paracentesis caused by blunt trauma in a black patient with sickle cell disease may urgently require a guarded filtration procedure urgently.

Appropriate treatment is based on accurate diagnosis. Because patients with acute glaucomas are frequently seriously ill there's a temptation to rush into treatment before an accurate diagnosis is established. Indeed, supportive measures may need to be instituted immediately, such as rehydration, treatment of hypoglycemia, etc. In most cases, however, the diagnosis can be arrived at quite rapidly, and then treatment may be appropriately directed. If a patient has a glaucoma caused by relative pupillary block, then a low dose of a miotic is appropriate, such as pilocarpine 1% instilled every five minutes for four doses. If the glaucoma is due to an inflammatory type of mechanism, such as in a neovascular glaucoma, then a drop of topical atropine is appropriate, though this is not urgent.

Administration of a carbonic anhydrase inhibitor intravenously is often effective and appropriate. It takes far less time and is safer for most patients to administer 500mgs of acetazolamide intravenously than it is to give intravenous osmotic agents. The intravenous acetazolamide can be given immediately where pressure lowering is urgent, though obviously should be avoided in patients with a history of allergy to acetazolamide, and should be used in caution with patients with a history of allergy to sulfa drugs.

Where the intraocular pressure is high enough that vision is threatened, the intraoc-

Table 4

Treatment for Acute Glaucoma (Varies with Diagnosis)

Initial

Urgent

Paracentesis

Slightly Less Urgent

Acetazolamide 500mg IV

Topical Apraclonidine, 1 drop 1/2%

Topical Beta-Blocker

(Betogon 1/2% once)

Topical Pilocarpine (1-2% 2-3 times)

(for relative pupillary block
glaucoma only)

Osmotic Agent

(oral glycerin or IV mannitol)

Not Urgent

Topical Beta-Blocker

(Betogon 1/2% once)

Topical Pilocarpine (1-2% 2-3 times)

(for relative pupillary block only)

OR

Topical Atropine (for complete pupillary
block and neovascular glaucoma)

Later (Depends on Findings — see text)

Nonspecific Therapy

For Pain

For Inflammation

ular pressure needs to be lowered urgently, literally within a period of minutes. In such cases performing a paracentesis may be appropriate. The eye is anesthetized with a topical anesthetic agent, flushed well to remove excess bacteria, and the patient securely positioned in the biomicroscope. A disposable 30 gauge needle is placed on a syringe from which the plunger has been removed. The needle is cautiously introduced through the cornea, making absolutely sure that the plane of the needle is parallel with the plane of the iris. The needle must never be directed towards the iris or the lens. If the anterior chamber angle is too shallow to allow the needle to be directed in the proper plane then the paracentesis is probably contraindicated.

The degree of urgency of lowering the intraocular pressure is related to the likelihood that the eye will lose vision rapidly and the need to relieve pain. Where the intraocular pressure is around the systolic retinal artery pressure (60mm Hg or higher), blindness can occur rapidly. Pressure needs to be lowered as promptly as feasible. A paracentesis may be appropriate, but in many individuals is too risky. A drop of a topical beta-blocker such as Timoptic, Betoptic, Ocupress, Optipranolol, or Betagan should be immediately instilled.

In patients with relative pupillary block glaucomas the definitive treatment is peripheral iridotomy. However, this is often not the most appropriate immediate treatment. Where the cornea is hazy, the iris hyperemic and close to the cornea, and the patient in pain, a peripheral iridotomy is not an

Table 5

**Settings for
Neodymium:
YAG Peripheral
Iridotomy
(LASAG Laser)**

Mode: MM, q-switch

Power: About 6.8 mj

Time : 12 nanoseconds

Spot Size: 70 micra

easy procedure and is usually not appropriate. It is better to lower the pressure medically, allow the eye to quiet, and then perform the peripheral iridotomy at that time, usually a day to a week following the acute episode. Attention must be given to the other eye of patients with relative pupillary block glaucomas, and it is often appropriate to perform a neodymium:YAG laser iridotomy on the asymptomatic fellow eye while the symptomatic involved eye is quieting. One reason for waiting for the iridotomy is that performing an iridotomy in an eye with a dilated pupil is far more difficult and hazardous than in an eye with a small pupil. Preferably the pupil should be made markedly miotic, usually with pilocarpine, prior to the iridotomy. This puts the iris on stretch, and allows performing the iridotomy far more peripherally than would be the case where the pupil is not small. The iridotomy should be performed between the 11 and 1 o'clock positions in order to make sure that the iridotomy has the greatest chance of being underneath the lid. If the iridotomy is placed elsewhere it is likely to predispose to postoperative monocular diplopia.

The most critical aspect of performing an iridotomy is meticulous focus. The surgeon must remember to adjust the oculars to his or her own refractive correction in order to make sure that the instrument is properly par focal. Where the focus is accurate it is usually possible to develop a complete and satisfactory iridotomy with one burst of power. Suggested settings are indicated in Table 5. □

Traumatic Hyphema Management

Numerous articles and chapters have been written on the management of traumatic hyphema. Various recommendations and comparisons of therapy have been discussed, including the controversy of admitting or treating patients in home surroundings. Most practitioners lean toward outpatient care. Future managed care may force the ophthalmologist to admit only "disasters"—after the fact!

Terminology

Blood in the anterior chamber (AC) as a result of a severe contusion injury may be described as either traumatic microhyphema or hyphema. The distinction between the two is the former may be diagnosed only with the slit lamp whereas the latter may be seen as gross circulating red blood cells, layering of blood, or clot formation during a penlight exam. It is important to estimate the amount of blood in the anterior chamber either by percent or millimeters documented by a drawing for daily monitoring (Figure 1).

When a gross hyphema is seen, a distinction should be made as to whether it is a "total" hyphema—when the AC is packed with a blood clot—compared to the "100%" hyphema (Figure 2)—when the AC is "full" of circulating red blood cells (with settling the cells assume a certain percentage or level of blood or clot). The term "8-ball" hyphema (Figure 3) is reserved for the black colored clot (this is also a total hyphema). A darker clot usually suggests a non-acute occurrence. Acute injury will usually be manifested by bright red blood (+ clot) whereas, as the clot ages, it darkens and with time will hemolyze (bright red color but usually liquid) and/or areas will show a whitening (fibrinous) change.

The mechanism of injury that results in a traumatic hyphema/microhyphema has

been well described in previous publications. This paper primarily will be concerned with the management recommended for the Wills Eye Hospital patient population.

Past Ocular/Medical History

Pertinent ocular history includes prior best corrected visual acuity (correction being worn at the time of injury), or prior trauma or ocular surgery that may weaken ocular tissues and potentially result in more severe damage. Glasses, frames or lens fragments may result in more severe injury.

Note whether there is a history of any bleeding or clotting problems, hepatic or kidney disorders, cardiovascular or cerebrovascular disease, or possible pregnancy. Therapy may be modified if any of these conditions is present. Each case is considered individually as to what medicines, procedures, and testing needs to be done.

Examination/Studies

The routine evaluation of the patient consists of measuring the best corrected visual acuity and an external exam including motility and confrontation fields. A careful slit lamp examination is essential to determine the degree of AC hemorrhage, damage to the cornea, iris and/or lens. The intraocular pressure (IOP) is measured by applanation

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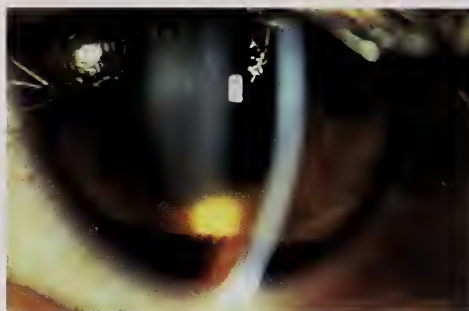


Figure 1a: Ten to 15 percent hyphema in the anterior chamber.

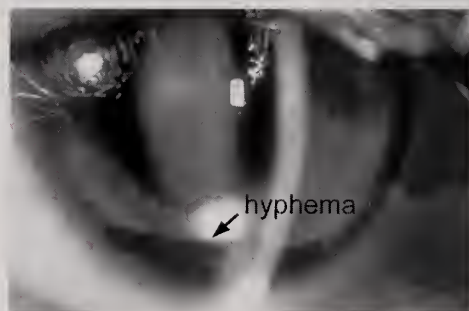


Figure 1b: At four days after the injury, most of the blood has reabsorbed.

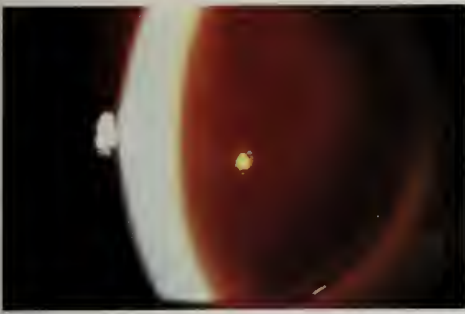


Figure 2a: One-hundred percent hyphema. The anterior chamber is filled with circulating red blood cells.

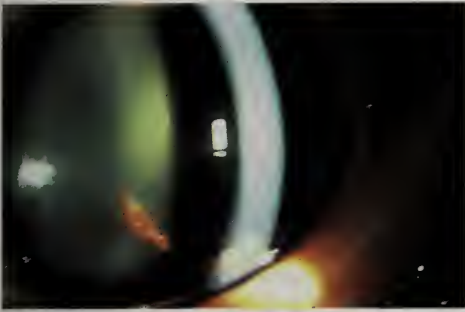


Figure 2b: By four days after the injury, most of the blood has reabsorbed.

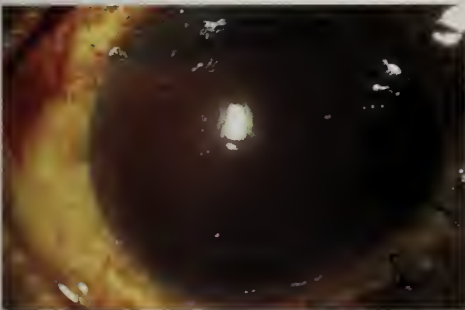
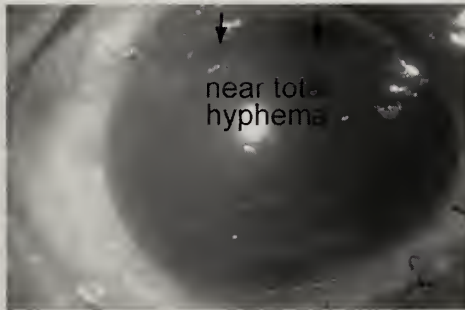
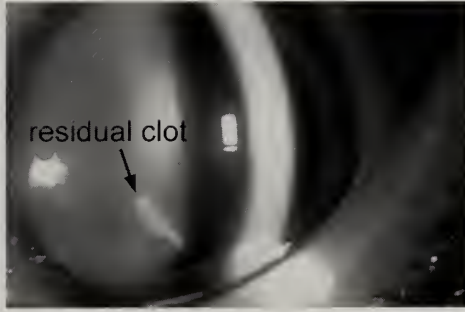


Figure 3: "Eight ball" or near total hyphema. Ninety-eight percent of the anterior chamber is filled with a clot.



tonometry. A dilated fundus exam should be performed in both eyes and, if the media is hazy enough to obliterate an adequate view, a B-scan ultrasound is indicated.

Imaging may be indicated to rule out orbital fractures, the potential of a ruptured globe or intraocular foreign body. CT scans performed at most general hospitals do not include coronal views and should be specifically requested.

All black patients should be screened for sickle cell trait. When an elevated intraocular pressure persists despite adequate therapy in a black patient with a negative sickle screening test, a hemoglobin electrophoresis test should be ordered. Routine blood work is not necessary unless surgery is planned. With a positive history of previous significant systemic abnormality elicited in the history, appropriate studies should be initiated before any systemic medication is given.

Management

The controversy is ongoing whether patients with traumatic hyphema are handled

as inpatients or outpatients. In the majority of cases no difference has been noted in the outcome (i.e., rebleed). Most practitioners do not admit.

We routinely treat patients with gross hyphema as inpatients, and microhyphemas on an outpatient basis. Traumatic microhyphema cases that are high risk such as sickle cell or sickle trait positive patients, or a patient suffering a severe trauma with serious damage to other ocular/orbital tissues, are admitted. When non-compliance by a patient is anticipated or daily travel is inconvenient (distance) we may recommend admission.

The advantages of admitting patients are twice daily exams, early detection of complications (i.e., rebleed) and the possibility for early intervention (medical and surgical). The major disadvantage is that the hospital is not the cost effective environment for any healthcare system.

If patients are followed on an outpatient basis they must be seen daily for four days following the injury. Our highest incidence of rebleed has been between 18 and 48 hours (Figure 4). When following a patient outside the hospital, if a rebleed or uncontrollable increase in IOP develops, immediate hospitalization is indicated.

Our inpatients are placed at bedrest with the head elevated 15-30° (at home one to two pillows) with bathroom privileges. The injured eye should be covered with a hard (plastic or metal) shield without an eye patch. The reason for no patching is to determine when the patient's vision has changed with a rebleed. In our opinion bilateral patching is "cruel and unusual punishment"!

Table 1

Outpatient Management	
Follow for 4 consecutive days: (VA, slit lamp, IOP, funduscopy)	
Activity:	
• Bedrest with head elevated (one to two pillows) • Limited ambulation (bathroom privileges) • Shield eye full time (no patch); may wear glasses to read/watch TV	
Medication:	
• Atropine 1% TID • +/- Topical steroid—prednisolone acetate 1% (depends on patient compliance/potential misuse) • Topical antibiotics QID (epithelial defects); +/- ointment hs. • No aspirin or NSAID—choice is acetaminophen	

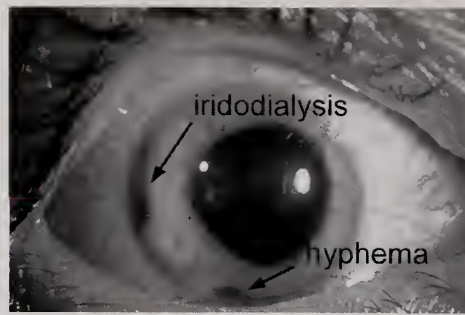


Figure 4a: Traumatic hyphema at one day after the injury. An iridodialysis (disinsertion of the iris from the ciliary body) can be seen at the nine o'clock position on the peripheral iris.

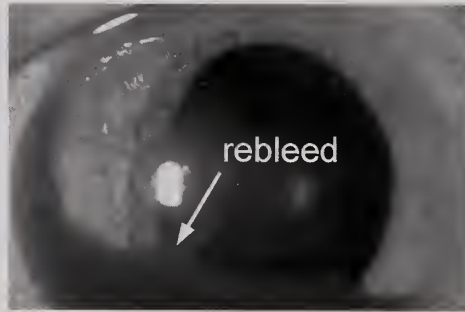


Figure 4b: At two days after the injury, the patient has had a rebleed.

Table 2

Inpatient Management	
Fallow BID for 4-5 days: (VA, slit lamp, IOP, funduscopy)	
Routine vital signs	
Activity:	
• Bedrest with head elevated 15-30° • Bathroom privileges (with assistance first 24 hrs. PRN) • Sleep medication PRN • Loxotie of choice • Post-admission day 3: increase activity gradually (walk hall/shower) • Shield eye full time (na patch); NO BILATERAL PATCHING! May wear glasses to read/do homework/watch TV	
Medication:	
<i>Topical =</i>	
• Atropine 1% TID to QID • Steraid: prednisolone acetate (1%) QID to Q2H (awake) • Antibiotic QID to Q2H (awake)—salution day/ointment HS • Antiglaucoma (beto-blacker)=i.e., timolol moleate 0.5% BID/hx asthma—betaxalol HCl 0.25% BID)	
<i>Systemic =</i>	
• Aminocaproic acid (Amicar®) (50mg/kg liquid Q4H around the clock—not divided doses—maximum=30gm/24H Post-admission day 3, if stable, reduce dose to 25mg/kg Q4H Post-admission day 4, if stable, stop Amicar (small clot—early discharge?) Post admission day 5, if stable—discharge (follow-up next day PRN or in a few days—depends an amount of clot or IOP) • Antibiotic for orbital fractures (no nose blowing/nasal decongestant) • Antiglaucoma Carbonic onhydrase inhibitor (acetazolamide=500mg sequel BID/methazolamide=50 mg BID in sickle positive patient) IV mannitol=20% salution, 2ml/kg aver 45 minutes (consider probable need for evocution at this point) • Na aspirin or NSAID—choice is acetaminaphen • Prefer no sedation	

Treatment: Activity

Management in the home setting is an acceptable approach unless we are dealing with a high risk patient and as long as the patient is examined (VA, slit lamp exam, IOP measurement) on a daily basis for at least four days post-trauma (or post first day exam). If the patient is non-compliant (not using medication/not limiting activity), which is typical of many of our patients, admission should be a serious consideration. Limited activity, i.e., sitting in a chair, short walks either in home or hospital floor probably do not exacerbate the condition. An important consideration regarding activity is when the patient is given aminocaproic acid. Careful ambulation (may need assistance)

to the bathroom should be enforced for the first 24 hours. Postural hypotension is the only major potential side effect of this antifibrinolytic therapy. Nausea and vomiting do not commonly occur, however, an antiemetic is routinely ordered on a PRN basis. The potential side effects only last 24 hours.

Patients are allowed to use the uninjured eye for reading, school work, games or to watch television. This is found to be very beneficial to help relieve boredom.

Treatment: Medications

Minimum therapy includes atropine 1% drops at least TID. Without significant corneal epithelial defects prednisolone acetate 1% may be utilized in all inpatients and compliant outpatients. When the corneal epithelium has been severely damaged topical antibiotic drops QID to Q2H (awake) are used. As soon as the defects have healed sufficiently, the topical corticosteroids are ordered QID to Q2H while awake (depending upon the degree of anterior chamber reaction). Topical corticosteroids are definitely helpful at post-trauma day two to three when symptoms of iritis are manifested with an increase in ciliary flush and photophobia (adults will complain "the eye itches").

Systemic medication consists of aminocaproic acid liquid (if not contraindicated) along with an antiemetic as necessary for nausea and vomiting. The dose is 50mg/kg Q4H (around the clock—not divided doses) to a maximum of 30gm in any

Table 3

Aminocaproic Acid (Amicar®) Contraindications

Definite:

- Pregnancy, renal or hepatic disease
- Intravascular clotting problems

Relative:

- History of MI/CVA
- Other systemic conditions evaluated on an individual basis

Exception:

- May withhold its use but if rebleed occurs consult with primary physician as to initiation of therapy with close monitoring

24 hour period. On the third day of hospitalization, if the patient is stable (i.e., no rebleed), we reduce the dose of the antifibrinolytic to one-half (25mg/kg) and allow the patient to gradually increase activities (walking the hall) in the hospital and shower carefully. On day four of hospitalization we stop the aminocaproic acid and observe the patient over the next 24 hour period to estimate the effect of increasing clot breakdown on the intraocular pressure (loose red blood cells "plugging" trabecular meshwork). Discharge is planned for day five. Follow-up may be the next day or in a few days post-discharge depending on the amount of residual blood and IOP.

After the aminocaproic acid is stopped, within a period of 48-72 hours, the intraocular pressure may rise to high levels because of rapid clot breakdown. If the pressure is over 25mm of mercury, we add a beta blocker to the atropine drops and corticosteroid on discharge and recheck the IOP the next day. If, at day four, there is a small clot and we are dealing with a compliant patient (family) we may discharge the patient.

Our choice of aminocaproic acid over systemic steroids (prednisolone 40mg/day) to prevent rebleeding is because of the specific nature of the antifibrinolytic activity of the drug directly counteracting the natural fibrinolytic activity in the anterior chamber.

Secondary Glaucoma

Patients examined soon after the injury may have a slightly increased intraocular pressure (mid or high 20s). When the patient is admitted and placed at bedrest with the head elevated a re-check (30 minutes) of the IOP often reveals a lower level due to a decreased overload of the trabecular meshwork. If however the IOP is over 24mm of mercury, one might incorporate a topical beta blocker. Concern relative to IOP may be related to the age of the patient, condition of the optic nerve, or sickle status.

Inpatients are examined twice a day and if the IOP is still elevated (usually high 20s) we add a systemic carbonic anhydrase inhibitor (usually acetazolamide, 500mg sequels BID). If the IOP has not been reduced to an acceptable level by the next exam intravenous mannitol would be considered ("maximum antiglaucoma therapy"). At this point one should seriously consider the possible need for evacuation or washout of the anterior chamber.

Special Considerations: Sickle Cell

When a patient gives a history of or is tested sickle cell or trait positive, consider the potential need for early intervention (medical/surgical). It is possible for a sickle positive patient with an increasing IOP to lose light perception in a very short time. Cases of microhyphema must be followed closely for increase of the IOP that cannot be controlled with maximum antiglaucoma therapy. The critical IOP level for the sickle trait positive patient should be considered 24mm of mercury or above. Close monitoring of the IOP must be done and vigorous therapy instituted when necessary. If maxi-

Table 4

Indications for Surgery (Non-Sickle Positive)

- Blood staining cornea (surgery ASAP! May do paracentesis to prepore)
- IOP (general rules—consider each case individually—state of optic nerve)
One reading of 60mm Hg (paracentesis ASAP then evacuate)
50mm Hg for 5 days maximum (may do sooner)
35mm Hg for 7 days maximum (may do sooner)
- Duration solid clot pocked in angle (PAS potential)
No longer than 7 days
- "Eight ball" hyphema or total hyphema

Table 5

Surgical Consideration (Sickle Cell Positive)

- No light perception (high IOP)
STAT paracentesis to prepore for washout/evacuation
- IOP 24mm Hg or > on maximum antiglaucoma therapy
- Blood staining cornea (surgery ASAP!)
- Duration solid clot packed in angle (PAS potential)
No longer than 7 days
- "Eight ball" hemorrhage or total hyphema

Table 6

Surgical Procedures

- Porocentesis—only to prepare for washout/evacuation
- Washout—two incision sites, one for inflow and one for drainage
- Expression of clot with limbal incision with viscoelastic (counter pressure)
- Evacuation of clot ("hyphemectomy") with automated instrumentation

therapy is unsuccessful consider early surgical evacuation.

Special Consideration: Children

Children must be considered individually, especially in the amblyopic age group. With occlusion of the visual axis by a persistent clot, vitreous hemorrhage, or blood staining of the cornea (Figure 5), surgical intervention may be considered earlier than in an adult.

We have used aminocaproic acid in children as young as 10 months of age but it is advisable to do so in cooperation with a pediatrician.

Future

Managed eye care will likely result in the demand for outpatient care of patients with traumatic hyphema. Only the multiple system

Table 7

Rehabilitation

- No extremes of activity (work/sports/exercise) for two weeks post-trauma/post first eye exam after injury
Return to light work or school after no AC blood cells noted with slit lamp
- Gradually increase activities during third week post-trauma/first exam
No extremes of lifting, heavy work or sports activities until rest of body soft tissues in shape (danger of pulling muscles or straining ligaments)
- Recommend wearing appropriate, protective eyewear (prefer polycarbonate) when involved at work or play whenever a potential of eye injury exists
- For functionally one-eyed patient strongly recommend the wearing of polycarbonate eye protection all waking hours
- Special consideration for worker (i.e., construction, steeplejack, truck driver, etc.) with permanent visual deficit in injured eye or persistent cycloplegia (residual medication vs. traumatic mydriasis). Safe to drive, climb, etc?
Possibility of a need for change of work.

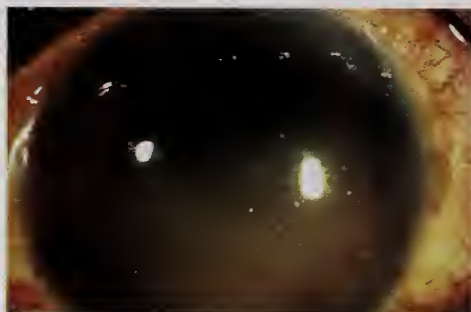


Figure 5: Corneal blood staining, as manifested by a diffuse rust color centrally, in an eye after a traumatic hyphema.



traumatized patient and/or the potentially high risk patient will be "allowed" admission.

Topical aminocaproic acid is awaiting F.D.A. approval to begin trials. If effective, this drug may very well be our (the patient's) saving grace! □

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Ophthalmia Neonatorum: A Clinical Update

History

Ophthalmia neonatorum is an inflammatory disease of the ocular surface occurring in the first 28-30 days of life, classically due to neisseria gonorrhea (GC) infection.^{1,2} This clinical condition is associated with significant clinical and historical importance.¹⁻³ Crede's use of silver nitrate as prophylaxis against "ophthalmia neonatorum" in the 1880s was a remarkable medical and public health achievement, as it decreased the incidence of newborn conjunctivitis from 10% to 0.3%.²⁻⁵ Silver nitrate solution applied to the ocular surface in the immediate post-partum period became mandated by law in many states after its increasing use in the early 20th century.^{4,5}

In the years that this condition has been recognized, prophylaxed against, and treated, changes have occurred in its incidence, clinical presentation, and etiology.^{2,7-13} Several recent studies reporting these changes have recommended varying investigative procedures, laboratory testing and prophylaxis indications and treatment regimens.⁸⁻¹³ In this review, we will attempt to present a clear approach to prevention, clinical and laboratory diagnosis, and treatment regimens of ophthalmia neonatorum.

Incidence and Pathogenesis

The Center for Disease Control reported 900,000 cases of ophthalmia neonatorum in 1986.^{4,13-15} The most common etiologies reflect the infectious nature of this condition and include neisseria, chlamydia, other bacteria (staphylococci, streptococci, hemophilus species, and coliform groups), viruses (herpes simplex 1 and 2) and chemical (silver nitrate).^{1,3-16} The prevalence of all forms of ophthalmia neonatorum is reported to be as low as 0.9% in the United States, but studies of varying populations around the world report a range from 0.04% to 12%.^{2,3,7,8,13-17}

The two most common causes of ophthalmia neonatorum worldwide remain chlamydia and GC.^{1-3,7,8,13-17} The incidence of neonatal chlamydia infection ranges from 1.4 to 4.4 per 1000 live births.^{1,2,7,9} Although a dramatic decrease in gonorrheal infection (0.04% to 1.6%) has occurred in most western cultures, this remains a prevalent problem (3.6%) in some third world countries.^{1,2,7,9,16,18-26}

Reported incidence of positive cervical cultures in third trimester patients for GC is 2.3% to 3.6%, and 5% (range 2-18%) most often reported for chlamydia.^{1,3,21-27} Women infected with GC at the time of membrane rupture impart an 18-50% of neonatal infection and those positive for chlamydia impart a 10-70% chance of infection in the neonate.^{3,21-28} Those women with positive herpes virus cultures from the birth canal are at a high risk for causing ocular (16-23%) and systemic (40-60%) infection of the newborn.²⁹⁻³⁷ Although some studies have suggested a higher incidence of ophthalmia neonatorum in premature neonates, its presence has not been correlated with APGAR score, length of the second stage of labor, or mechanical intervention during delivery.^{2,8-10}

In a study of bacterial flora from the conjunctiva of 100 eyes of newborns in which 75% had positive cultures, Isenberg et al discovered 78.4% of these positive cultures to have been nonaerobic, represented largely by lactobacilli and diphtheroids.³⁸ They suggest that some culture negative (no predominant organism, e.g., bacteria, GC, chlamydia) ophthalmia neonatorum may be due to these organisms. In studies of bacterial conjunctivitis in older age children and adults, the incidence of infections attributed to anaerobes alone have been reported to be from 3.3% to 11.5%.^{1,4,8,10,13,16,27,38} In children from eight months to 14 years of age this is 16.7%. In reports of ophthalmia neonatorum since 1970, the frequency of "sterile" cultures or those due to traditional non-pathogenic organisms cultures has been reported to be 6% to 87%.^{13,27,38-40} These "sterile" infections may in fact be due to anaerobes.

Differential Diagnosis

Although ophthalmia neonatorum is traditionally due to an infectious agent, other clinical conditions may appear similar. Ocular trauma during any stage of labor or delivery may stimulate an inflammatory response in the first few hours to days after birth. This response may behave like silver nitrate toxicity with minimal hyperemia, chemosis, watery discharge, and even corneal clouding (diffuse steamy edema).⁴¹ This can be easily differentiated from ophthalmia neonatorum by obstetric history, unilateral occurrence as well as other signs of trauma such as con-

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Figure 1: Neonatal birth trauma showing an intraocular hemorrhage (arrow) in the right eye and conjunctival hemorrhage (arrowhead) in the left eye simulating ophthalmia neonatorum.



Figure 2: Neonate with congenital glaucoma showing enlarged, cloudy corneas with watery discharge and mild hyperemia of the conjunctiva simulating ophthalmia neonatorum.

sions, abrasions, lacerations, and hemorrhages (Figure 1). Congenital glaucoma, if severe, can present at birth with mild conjunctival hyperemia and watery discharge. This is easily differentiated from ophthalmia neonatorum by associated enlarged eye(s), cloudy cornea(s), and increased intraocular pressure (Figure 2). Congenital lacrimal system obstruction also may present with inflammation of the ocular surface, and this can be differentiated by purulent reflux from the nasolacrimal system occasionally associated with a swollen lacrimal sac and overlying skin inflammation (dacryocystitis) beneath the medial canthal tendon (Figure 3). This acute inflammatory process is usually due to hemophilus species and streptococcus pneumonia.⁴² Treatment includes direct massage, topical and systemic antibiotics, occasional drainage of the lacrimal sac, and probing and irrigation of the nasolacrimal system to relieve the obstruction.

Silver Nitrate Toxicity

Clinical Presentation

When Crede's prophylaxis (1% silver nitrate) is properly administered, chemical conjunctivitis occurs in 50-100% of the treated eyes.⁴¹ This is a mild reaction which occurs from 24-72 hours after administration and is characterized by conjunctival hyperemia and some tearing or discharge that clears in one to two days. If higher concen-



Figure 3: Neonate with inflammation of the lacrimal sac (arrow) (acute dacryocystitis) simulating ophthalmia neonatorum.

trations of silver nitrate are used (e.g., 2%, originally used by Crede) or vials are left open for some time prior to use (increasing the concentration by evaporation), severe conjunctivitis may result. There may be pseudomembrane or membrane formation, mucopurulent or purulent exudate, severe edema of the conjunctiva and eyelids, and corneal clouding. This inflammatory reaction can result in corneal neovascularization with resultant scarring in both the conjunctiva and cornea.

Laboratory Findings

Epithelial scrapings or exudate smears from the conjunctiva show a nonspecific inflammatory reaction with a predominance of polymorphonuclear leukocytes (PMN) if there is either a true or pseudomembrane. No pathologic bacteria are seen in the smears or recovered from culture.

Treatment

Prevention of this can be almost uniformly obtained by application of 1% silver nitrate from wax ampules immediately after opening to the neonate's ocular surface, after the skin of the eyelids has been cleansed by two assistants (one holding the lids open and the other applying the solution). This can be performed either in the delivery room or the nursery. Irrigation of the silver nitrate solution from the neonate's eyes after instillation is not recommended with use of the 1% concentration. If this is accomplished, minimal conjunctival reaction is observed which needs no treatment. If severe conjunctivitis occurs then the accumulated exudate should be removed from the conjunctival sac by frequent, careful irrigations. Bulbar to palpebral conjunctival synechiae can be broken with a glass rod. Topical instillation of prophylactic broad spectrum antibiotics (e.g., trimethoprim/polymyxin) and steroids may be needed to prevent or limit damage caused by superinfection or an exuberant inflammatory response.

Neisseria Gonorrhea

Clinical Presentation

Unequivocally, in all cases of ophthalmia neonatorum, neisseria gonorrhea infection



Figure 4: Neonate with early GC infection characterized by lid edema, conjunctival hyperemia, and chemosis with a serosanguineous discharge.

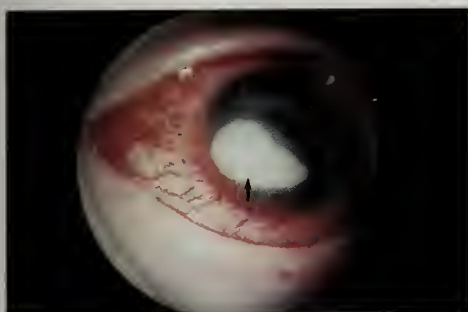


Figure 5: Corneal ulceration and abscess formation (arrow) which may result from direct corneal invasion of GC bacteria.

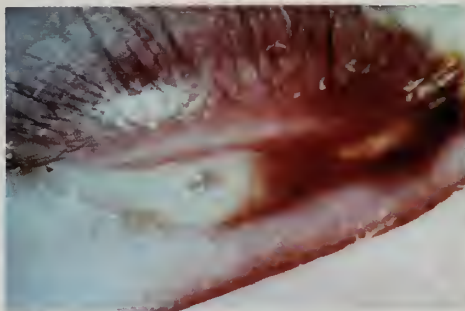


Figure 6a and 6b: Typical "hyperacute" mucopurulent discharge associated with GC ophthalmia neonatorum.

must be ruled out. If this is not possible, then treatment for GC must be carried out in order that blindness caused by this infection be prevented. Although it can occur any time up to 28 days of life, the incubation period for this infection is usually the first three to five days after birth.^{1,3,18,19,45} Onset more than a week after birth usually indicates post-partum exposure. *Neisseria meningococcal conjunctivitis* can also occur in the newborn and appear similar, and the difference is firmly established by culture characteristics. *Neisseria gonorrhea* in neonates has a slightly milder appearance than GC conjunctivitis in adults and is characterized by three stages. The first stage (infiltrative) is characterized by edema of the lids, severe chemosis, and a watery or serosanguinous discharge (Figure 4). It is during this initial stage that corneal and intraocular invasion can take place (Figure 5). If untreated, the second stage is followed within four or five

days by increasing mucopurulent discharge (purulent) (Figure 6a and 6b). The final (healing) stage occurs after another seven to 10 days and may continue for weeks, depending on the ocular surface or intraocular damage. The inflammatory signs gradually diminish. *Neisseria gonorrhea* is one of the few organisms which can penetrate an intact corneal epithelium. The likelihood of keratitis, corneal ulceration, corneal abscess, and full thickness corneal necrosis is high if there is no treatment. Corneal involvement can lead to irreversible visual loss and even loss of the eye itself.

Laboratory Diagnosis

The organism should be cultured on chocolate blood agar or Thayer-Martin medium at reduced oxygen tension and fermentation studies carried out. Scrapings from the conjunctival epithelium show numerous polymorphonuclear leukocytes (PMN) and gram negative, bean-shaped intracellular (PMN) diplococci. The organisms are easily seen in smears hours before they can be identified by culture.

Treatment

The traditional drug of choice for treatment of GC is penicillin (100,000 units/kg/day aqueous crystalline penicillin G in four divided doses for seven days).^{4,44,46-48,54,65} Because of increased resistance to GC in urban areas, alternative systemic treatment is recommended. This is IV Ceftriaxone 28-50 mg/kg/day for seven days in divided doses every eight to 12 hours. Topical ophthalmic treatment consists of non-antibiotic ophthalmic irrigation solution followed by topical 0.5% erythromycin or 1.0% tetracycline ophthalmic ointments QID for 14 days. Infants must be isolated with wound precautions during the first 24 hours of treatment to avoid spread of infection in the nursery. Ophthalmic consultation is necessary for assessment of ocular disease, prevention of disease severity, and treatment of ocular complications.

At this time both parents should be evaluated and appropriately treated for any evidence of gonorrheal or other sexually transmitted diseases. All cases of GC should be reported to the Center for Disease Control.⁴ Even without clinically apparent disease, neonates born to mothers with known gonococcal infections should receive a single IV or IM injection of 50,000 units of aqueous crystalline penicillin G (20,000 units for low birth weight infants).^{1,4,44,46-48,65}

Chlamydial Infection (Inclusion "Blennorrhea")

This is the most common type of infectious ophthalmia neonatorum seen in the United States. It has an incidence of three to eight per 1000 live births and accounts for 10-46% of all cases of neonatal conjunctivitis.^{1,4,8,12,13,22,24-27} The responsible organism is chlamydia trachomatis (serotypes D,E,F,G,H,I,J,K), which is an obligate intracellular bacteria-like organism that infects the epithelium of mucous membranes.

Clinical Presentation

Chlamydial conjunctivitis of the neonate usually begins four to 12 days after birth.^{8,12,26} There have been reports of conjunctivitis occurring as early as one to three days post-partum and as late as five to six weeks.^{22,24-27} The conjunctivitis has variable manifestations, ranging from mild hyperemia to severe purulence with membrane or pseudomembrane formation (Figures 7a and 7b). Lid inflammation correlates with the intensity of the surface response. Since there is no lymphoid tissue in the neonate, conjunctival follicle formation (characteristic of adult chlamydial infection) is absent. There are occasionally bloody tears. Unlike GC, there is rare corneal involvement, manifested by a superior micropannus (superficial fibroplasia and neovascularization). Some reports cite a high incidence of unilateral involvement (64-69%) while others show the majority of patients have bilateral disease.^{2,20-27}

Also unlike GC, this infection is self limited if left untreated. Low grade inflammation can last from two to 12 months with an average of 4.5 months.^{27,49} After six weeks of age the clinical appearance changes, due to the presence of conjunctival follicles more typical of adult chlamydial infection. Chronic untreated infection may result in both structural changes to the ocular surface and lids, which can affect vision, and provide a reservoir of contagion.

Congenital or neonatal chlamydial infection is associated with pneumonia or gas-

troenteritis in as many as 10-20% of neonates.^{9,50,51} Although the conjunctiva has been postulated to be the source for these infections, it has not been proven.^{9,12,50,51} The pneumonia gradually develops in the first three weeks of life and is characterized by nasal obstruction and discharge, tachypnea, and a staccato cough.

Laboratory Diagnosis

A positive history from the parents of urethral discharge or sexually transmitted disease is often found. The predominant inflammatory cell is the PMN. Giemsa stained conjunctival scrapings contain characteristic intracellular inclusions (large, purple, intracytoplasmic, paranuclear bodies). They are more common in neonates with conjunctivitis than the adult counterpart. Chlamydia may also be grown in specific tissue culture but this is expensive, time consuming, less available and less accurate than cytologic diagnosis. Fluorescein conjugated monoclonal antibodies of McCoy cell cultures is considered the test of choice by some investigators.^{53,55,57} Immunofluorescent antibody staining of conjunctival scrapings is a recent advancement in immediate diagnosis, which is 100% sensitive and 94% specific.⁵⁵

Treatment

Up to 75% of neonates treated with topical therapy alone will have disease recurrence.^{1,22-27} Systemic therapy is currently recommended for all neonates with chlamydial disease as it will also treat non-ocular sites of involvement.^{1,49-52,65} Erythromycin 12.5 mg/kg four times a day orally or intravenously for 14 days, is currently recommended as first line treatment.^{12,46-48,53} Resolution of disease occurs in 93% of patients who comply with full treatment.^{48,52,53} Intolerance to this regimen has led to recurrence rates of 19% to 40%.^{14,19,52,53} Patients intolerant or resistant to this therapy do well with trimethoprim/sulfamethoxazole 0.5 ml/kg/day orally in two divided doses a day for 14 days, and topical 1% tetracycline or 0.5% erythromycin ophthalmic ointments QID for 14 days.^{46,48,49} Patients should also have topical

ocular irrigation of exudate as mentioned previously regarding treatment for GC, and also be isolated if hospitalized.

Other Bacterial Conjunctivitis

The most common other organisms reported as "causing" ophthalmia neonatorum are staphylococci, coliform bacilli, pneumococci, streptococci, hemophilus, and

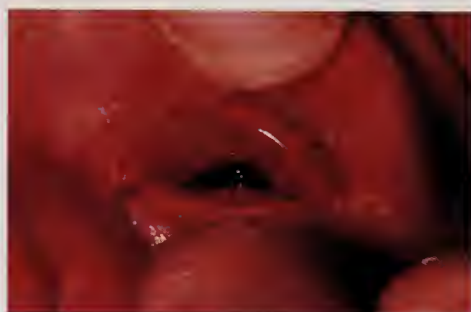


Figure 7a and 7b: Neonate with chlamydial ophthalmia neonatorum showing lid edema, conjunctival hyperemia, and chemosis (7a). Conjunctival pseudomembrane formation (7b, closed arrow) and absent corneal involvement (7b, open arrow) are typical clinical findings.

Pseudomonas aeruginosa.^{1,7,8,13,14,26} Many of these organisms are cultured from neonates without conjunctivitis and considered to be "normal flora." Because of this, it is unclear what organisms are responsible for ophthalmia neonatorum and what factors in the neonate predispose to these infections. Although ophthalmia neonatorum was attributed to *S. aureus* in 10% of cases from one series, another reported only two cases of conjunctivitis in 57 neonates with positive *S. aureus* cultures.^{1,7,8,14} A recent report found that 78.4% of positive cultures from normal newborns contain nonaerobic bacteria.³⁸ As mentioned previously, these authors also postulate an etiologic role of anaerobic organisms in the 20-60% of "culture negative" ophthalmia neonatorum cases.

Clinical Presentation

These bacterial infections present most commonly in the second to fourth week with lid edema, erythema, conjunctival hyperemia, mild chemosis, and a mucopurulent exudate (Figure 8). This is especially severe when due to coliform bacilli, pneumococci, hemophilus, and pseudomonas. Conjunctivitis due to most other bacteria usually follows a self limited, less severe course. However, *pseudomonas aeruginosa* can cause a severe sight threatening infection due to its ability, like GC, to penetrate an intact corneal epithelium; and streptococci can result in membranous conjunctivitis. This type of conjunctivitis can destroy ocular surface tissues with resultant lid and tear dysfunction or corneal opacification.

Laboratory Diagnosis

Conjunctival scrapings show a predominance of PMNs. Geimsa stain reveals no inclusion bodies and gram stains display abundant bacteria with typical staining and morphology. Aerobic and anaerobic cultures confirm the predominant, usually causal organism.

Treatment

If there is no corneal involvement, topical irrigation and broad spectrum antibiotics (e.g., trimethoprim/polymyxin drops, 0.5% erythromycin ointment, polysporin ointment, neosporin ointment) QID for 14 days are all that is needed.

Viral

Herpes simplex virus (HSV) is the most common viral cause of ophthalmia neonatorum.³⁰⁻³² In King County, Washington, the incidence of neonatal HSV infection was 28.2 per 100,000 births in 1982.⁵⁸ This form of ophthalmia neonatorum is usually associated with systemic infection and a 70-80% incidence of mortality or severe brain damage.³⁰⁻³⁷ Ocular disorders occur in 16-23%

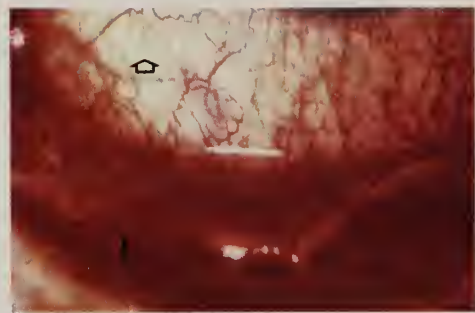


Figure 8: Neonate with typical appearance of ophthalmia neonatorum due to bacteria other than GC or chlamydia. There is palpebral (closed arrow), greater than bulbar (open arrow), conjunctival hyperemia and stringy exudate.



Figure 9: Neonate with typical vesicular dermatitis associated with herpes simplex virus ophthalmia neonatorum.

of neonates with HSV infection.³⁰⁻³⁷ There have been only a few reports of other responsible viral agents. Coxsackie A9 was isolated in a patient with chlamydial infection, and adenovirus type 8 in a two week old with keratoconjunctivitis similar to adult epidemic keratoconjunctivitis.⁵⁹

Clinical Presentation HSV Infection

In 90% of involved neonates disease will present within two weeks, with a mean onset of seven days.³⁰⁻³⁷ Infection is first apparent by localized skin, mouth, or ocular surface (lid, conjunctival, and/or corneal) lesions (Figure 9). Seventy percent of neonates with localized skin or ocular infection will develop systemic disease within three weeks.³⁰⁻³⁷

Conjunctivitis, characterized by hyperemia and serosanguinous discharge, may be the initial or only manifestation. If no skin vesicles are present the diagnosis may be difficult. Keratitis can occur at any time during the illness. Fluorescein staining of the cornea reveals involvement varying from typical dendritic epithelial infection to geographic ulcers, and stromal abscess or necrosis. Intraocular infection can also occur at any time during the illness and commonly presents as either panuveitis or necrotizing retinitis.

Diagnosis

Because the most common causes of viral ophthalmia neonatorum are the HSVs 1 and

Table 1

Etiology	Onset	Smear	Culture	Features	Treatment
Silver Nitrate	24 Hours	- Organisms + Polys	No Growth	Mild	None
GC [^]	2-7 Days	Gram Stain Intracellular Diploci	Typical penetration may be necessary	Hyperacute Inflammation Marked chemosis Excessive exudation Penetrates intact epithelium Possible meningitis	Aggressive topical Systemic antibiotics *1
Chlamydial	24 Hours to 4 Weeks	+ Polys Intracellular Inclusions (Giemsa) + IFA	- Routine Bacterial	Mucopurulent discharge +/- Pneumonitis	*2
Bacterial (Non-GC)	Anytime	Free or Intracellular + + Polys	Specific Media	Variable Mild to severe endophthalmitis Corneal ulcer Sepsis	Topical & Systemic Specific Rx
Herpes Type I and II	Anytime	Multinucleated Giant Cells	- Routine Bacterial	+/- Dendritic corneal ulcer Mucopurulent discharge Vesicular dermatitis +/- Encephalitis	*3

[^] = Gonococcal Conjunctivitis

*1 = Aqueous penicillin G 100,000 units/kg/day IV QID for seven days, or Ceftriaxone 28-50mg/kg/day IV q 8-12 hours, acular irrigation followed by topical 0.5% erythromycin or 1.0% tetracycline ophthalmic ointments QID for 14 days.

*2 = Oral erythromycin syrup (12.5 mg/kg/day) in four doses for 14 days. Topical 0.5% erythromycin or 1.0% tetracycline ophthalmic ointment QID both eyes for 14 days. Recurrence or intolerance treated with trimethoprim/sulfamethoxazole 0.5ml/kg/day in two divided doses for 14 days and topical ointments.

*3 = Topical anti-herpetic therapy trifluorothymidine (Viroptic solution) nine times a day for at least 14 days or idoxuridine (Stoxyl ointment) five times a day for 14 days, +/- systemic acyclovir (Intravenous solution).

2, diagnosis is largely clinical. Laboratory diagnosis is useful for differentiating HSV 1 from HSV 2 and other viruses. Because as many as 70% of mothers are asymptomatic and only 65% of any parent will give a history of a genital lesion, a high index of suspicion is indicated.^{17,32-34,39} As mentioned previously, typical vesicular dermatitis, keratitis, retinitis, or encephalitis are major diagnostic signs. Conjunctival cytology shows multinucleated giant cells. Tissue and cell culture techniques are helpful for identification but are time consuming and expensive.³²⁻³⁴ Immunocytochemical diagnosis is reliable and available in some centers and may prove to be the most useful.³⁵⁻³⁷

Treatment

Topical and systemic anti-herpetic therapy is administered for all cases of ophthalmia neonatorum due to HSV infection. Treatment of ocular surface disease includes trifluorothymidine drops (Viroptic nine times/day), or idoxuridine ointment (Stoxyl five times/day) which are applied to both eyes for a minimum of 14 days. Systemic intravenous acyclovir (Zovirax) or vidarabine have shown to be beneficial for intraocular (uveitis, retinitis) and other systemic (encephalitis) involvement.

Prophylaxis

Until recently, neonatal ocular prophylaxis was universally accepted and, in fact, is presently mandated by law in many states in the US.^{4,15,46,47} Controversies in uniform prophylaxis using silver nitrate solution are due to recent reports on disease etiology, incidence, prophylaxis compliance, and efficacy.^{2,10,16,60-64} The United Kingdom stopped requiring prophylaxis of any form more than 25 years ago and Sweden stopped more than eight years ago.⁶⁰⁻⁶³ The issues making universal prophylaxis policies difficult include prevention of blindness, prevalence of infectious diseases, differences in intensity and frequency of prenatal care, cost-effectiveness, social customs, geography, and parental bonding. Bell et al recently reported a 22% incidence of nongonococcal conjunctivitis in unprophylaxed neonates who were the offspring of women without cervical gonorrhea infection and under continual obstetric care.⁵⁶ This conjunctivitis did not require treatment. The incidence of conjunctivitis in the same population decreased to 14% using silver nitrate prophylaxis and 16% using erythromycin prophylaxis. These results suggested a well defined population in which prophylaxis may not be necessary. Unfortun-

nately, this is not a common situation in many obstetric practices.

In recent years, chlamydia trachomatis has been recognized as the most common cause of ophthalmia neonatorum.^{1,4,8,12,13,24-27} There are conflicting reports on the efficacy of silver nitrate's ability to prevent chlamydial conjunctivitis.^{5,16,48,61-63} Laga et al have shown silver nitrate to reduce the incidence of chlamydial conjunctivitis by 68% compared to 77% for tetracycline ointment.⁶⁴ Effect of this prophylaxis on non-ocular involvement was not mentioned. Although Hammerschlag et al found a decreased incidence of conjunctivitis in offspring of mothers with chlamydial infections using tetracycline (11%) or erythromycin ointment (14%) prophylaxis, this was not significantly different than silver nitrate (20%).⁶¹ Data from a study performed in Nairobi indicated that either 1% silver nitrate or 1% tetracycline markedly, but not completely, reduced the number of infections with either GC or chlamydia trachomatis when given in conjunction with cleansing of the lids immediately after birth.¹⁶

As a result of recent reports showing efficacy of other topical therapy, a changing pattern (chlamydia predominance) of disease, and a continued need to prevent the blinding effect of gonococcal ophthalmia, we support the recommendations of the American Association of Pediatrics and Center for Disease Control regimen for neonatal ocular prophylaxis.^{4,15,65} The strongest reason to recommend universal neonatal prophylaxis is that GC ophthalmia neonatorum remains a potentially blinding disease. Discontinuing prophylaxis as a universal policy is not advisable unless GC exposure can be clearly determined and its presence detected with absolute certainty. All current available data suggest that properly administered silver nitrate drops (1% solution), 0.5% erythromycin or 1% tetracycline ointments are effective prophylaxis against GC ophthalmia neonatorum. The cost, availability, legal requirements, and practice of application may be factors in choosing the specific prophylactic treatment. Given that these methods of prophylaxis are all less effective against chlamydia and not effective against herpetic disease, the best method of control may be screening of pregnant women (prenatal and perinatal obstetric care). Neonatal ocular prophylaxis is using a 1% silver nitrate solution or an

ointment containing 1% tetracycline or 0.5% erythromycin instilled without subsequent irrigation in both eyes of all infants following birth remains the standard of care. Hygiene of the lids after birth has been a traditional part of prophylaxis and allows access of the medication to the ocular surface. Immediate cleansing of the face and eyelids at birth with removal of blood and secretions may also minimize infections by preventing infected secretions from contacting the ocular surface. Prophylaxis may be delayed by no more than one hour to facilitate maternal-infant bonding. Infants delivered by cesarean section should also receive prophylaxis because of the possibility of ascending infection even without rupture of membranes.

Prophylaxis is not a substitute for prenatal identification of sexually transmitted disease. If undiagnosed, prophylaxis will not prevent infection from postnatal contact. Prenatal screening has been helpful in reducing the incidence of ophthalmia neonatorum, but since it is not 100% reliable, it further enhances rationale for prophylaxis. When an infant is born to a mother with known untreated disease, prophylaxis alone is inadequate. Treatment regimens proposed for the neonate in this situation vary and range from a single systemic dose for the suspected organism to a full course of antibiotics. It is clear that more than prophylaxis is needed in these patients.

It is not clear that ocular prophylaxis influences the systemic sequelae of chlamydial infections, and, in fact, may prolong the diagnosis due to the absence of warning that results from ocular involvement. Since the recommended prophylaxis does not completely prevent ophthalmia neonatorum or influence the less common causes, all patients with ophthalmia neonatorum should have complete examinations and laboratory evaluations. If the clinical picture is unclear and laboratory tests are not immediately available, treatment for presumed GC ophthalmia neonatorum should begin.

The impact of 100 years of prophylaxis in preventing and decreasing the prevalence of blinding disease from ophthalmia neonatorum in neonates must not lead to complacency. Until predisposing perinatal conditions are eliminated, this remains a potentially significant medical problem. Changing patterns of disease, diagnostic and treatment methods as well as their efficacy, all require continued study. □

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Sudden Onset of Diplopia

Diplopia or double vision is a distressing, disabling, and sometimes disorienting condition. Diplopia may arise from isolated benign oculomotor disturbances or it may herald a more serious underlying systemic disorder. The purpose of this article is to review common causes for acute-onset diplopia, to review the diagnostic evaluation of diplopia, and to briefly summarize management of patients with diplopia.

Single binocular vision requires fine coordination of the action of the six extraocular muscles of each eye. These muscles not only must function with the same rate of contraction, they must also pull with the same degree of strength. Any alteration of the innervation to, or in the contractile forces of, these muscles may cause diplopia.

The ability to maintain alignment of the visual axes of the eyes when viewing at distance or near requires a fine balance and coordination of the muscle forces. In addition, this coordination must extend to fields of right, left, up and down gaze and also compensate for tilting of the head with appropriate cyclotorsional movements of the eyes. Activities such as swinging a golf club and following the ball after it has been struck require exquisite fine tuning of the movement of the eyes. Coordinated movement of both is regulated by afferent and efferent pathways of the central nervous system which include the optic nerves, optic radiations, visual cortex, associative areas of the cerebral cortex, brainstem, and cranial nerves III, IV, and VI. Additional input into reflex eye movements and eye position/orientation comes from the otoliths, the stretch receptors in the neck, and the cerebellum.

Causes of Diplopia

The most common cause of diplopia is an acute disruption of the innervation to one or more of the extraocular muscles. This may be caused by either a III, IV, or VI cranial nerve palsy or combination thereof. In most large series, the most common cranial nerve palsy causing diplopia is a VI nerve palsy followed by III and IV nerve palsy.¹⁻³ How-

ever, incidence rates may vary, depending on whether the series is collected from a general population or from a population with a referral bias.

Sixth Cranial Nerve Palsy

An acute VI nerve palsy causes a loss of lateral (i.e., toward the temple) eye movement. The most common causes of acquired VI nerve palsy in adults include trauma, microvascular ischemia (such as in diabetes), aneurysm, and neoplasm (Table 1). Miscellaneous causes include increased intracranial pressure, multiple sclerosis, migraine, and inflammatory disorders; in a significant percentage of cases, no cause is found.

In children, the leading causes of VI nerve palsy include trauma, neoplasm, and a large percentage of miscellaneous causes including hydrocephalus and post-viral idiopathic palsy.³ Because of the latter condition, also known as benign sixth nerve palsy of childhood, otherwise healthy children with acute sixth nerve palsy may be observed and the palsy will resolve over six to eight weeks (Figure 1). If the palsy becomes worse or additional neurologic findings develop during this period, neuroradiologic evaluation is indicated to rule out intracranial disease such as brainstem glioma.

Third Cranial Nerve Palsy

Some common causes of acute III cranial nerve palsy are listed in Table 2. Oculomotor or III nerve palsy presents with the eye deviated out and down, and poor rotations in all fields except abduction. Ptosis and pupil dilation also usually are present but the pupil may be "spared" if the paralysis is incomplete.⁴ This is of diagnostic significance in adults because pupil sparing oculomotor palsy is commonly caused by microvascular ischemia, (e.g., diabetes), whereas pupil in-

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Table 1

Common Causes of Acute VI Cranial Nerve Palsy	
Adults	Children
Diabetes (microvascular)	Inflammatory (postviral illness)
Aneurysm (vascular)	Trauma
Hydrocephalus	Hydrocephalus
Tumor	Tumor - Pontine glioma
Trauma	
Inflammatory - infectious	
Demyelinating disease	

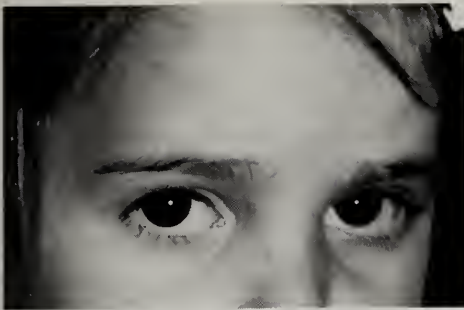


Figure 1: A four-year-old child developed a face turn four days following a viral illness. The left eye abducted poorly and the patient had resolution of her diplopia and face turn over the ensuing eight weeks.

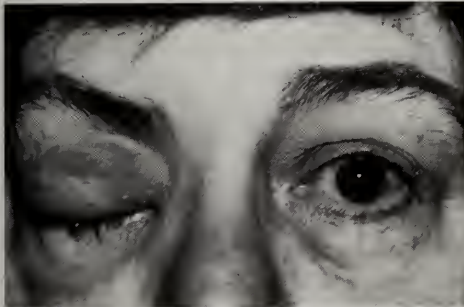


Figure 2: This woman had a third cranial nerve palsy as a manifestation of metastatic carcinoma. The eyelid covers the eye. When the lid is elevated, the eye is directed downward and outward and cannot adduct.

involvement suggests the likelihood of an aneurysm of the posterior communicating and internal carotid arteries, compromising the nerve externally. Other more obvious causes for III cranial nerve palsy are trauma and as a late sign of an intracranial tumor (Figure 2).

In children, acute III cranial nerve palsies are rare and occur most often in the setting of head trauma.³ Tumors, infections, and inflammatory conditions usually will have obvious signs and symptoms which suggest the correct diagnosis. Rarely, some patients will have ophthalmoplegic migraines causing diplopia due to transient III cranial nerve palsy.

Fourth Cranial Nerve Palsy

Acute IV nerve palsy is characterized by weakness of the superior oblique muscle. This causes double vision described as vertical with often one image being tilted, the latter a result of the weakened torsional function of the superior oblique muscle.

The most common cause of acute IV cranial nerve palsy in adults is closed head trauma. Another common cause includes decompensated congenital IV nerve palsy (Figure 3). This occurs when a patient with a long-standing mild IV nerve paresis loses the ability to control the underlying weak-

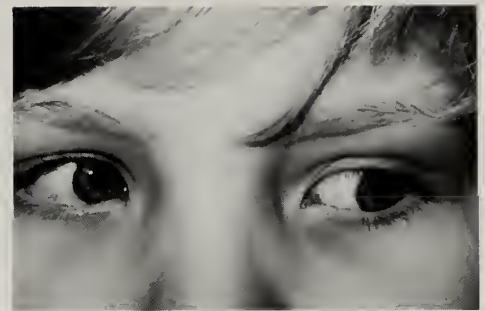


Figure 3: This patient has a right IV nerve palsy. The head is tilted to the opposite side. Note the elevation of the right eye in adduction. The elevation is due to the unopposed action of the inferior oblique muscle.

ness due to age or illness. This may be particularly troublesome in the reading position, since the superior oblique is an important depressor of the eye. Microvascular ischemic mononeuropathy is another cause, particularly in older adults.

Children also will develop IV cranial nerve palsy following head trauma.³ A posterior fossa tumor rarely may cause a IV cranial nerve palsy but it usually will present as a late sign. Children with a congenital IV nerve palsy often will not complain of diplopia, but will tilt the head in order to compensate for the muscle weakness.

Other Causes for Sudden Onset Diplopia

There are causes of diplopia that are unrelated to cranial nerve palsy. Diplopia may also arise due to disease intrinsic to the extraocular muscles (Table 4). Thyroid ophthalmopathy (Grave's disease) causes inflammation and enlargement of the extraocular muscles with restriction in eye movement leading to diplopia. Orbital myositis can mimic this condition (Figure 4). Myasthenia gravis, a disease of the neuromuscular junction, may present as vari-

Table 2

Common Causes of Acute III Cranial Nerve Palsy	
Adults	Children
Aneurysm	Trauma
Diabetes; pupil usually "spared"	Tumor
Tumor	Inflammatory-Infectious
Trauma	Migraine

Table 3

Common Causes of Acute IV Cranial Nerve Palsy	
Adults	Children
Trauma	Head trauma
Decompensated congenital IV cranial nerve palsy	Posterior fossa tumor (rare and usually not the presenting sign)
Vascular disease	Encephalitis

Table 4

Other Conditions to Consider With Acute Onset of Diplopia

Myasthenia Gravis
Pseudotumor and orbital myositis
Thyroid eye disease
Decompensated strabismus
Tetanus
Botulism



Figure 5: Coronal cuts of the right orbit show a blow out fracture as the cause for diplopia in up gaze.

able diplopia that worsens during the day. Diplopia in up gaze can be caused by entrapment of the inferior rectus following orbital trauma (Figure 5).

Evaluation

The history of onset of diplopia related to a cranial nerve palsy characterizes: the degree of palsy; whether it was complete or partial; and the onset, whether sudden or occurring over days or weeks to develop. The duration of the palsy may be transient and accompanied by a classic migraine headache, or the headache may be dull and accompanied by a change in personality or lethargy which may suggest hydrocephalus. Children should have questions directed to ascertain the presence of an antecedent viral illness.

The visual acuity should be measured, with any needed optical correction in place, to detect amblyopia or to document any other process that may cause a decrease in visual acuity. Some patients with old comitant strabismus may have residual amblyopia. This would suggest that the patient has had previous strabismus and now is unable to control the deviation, resulting in diplopia.

Patients should have a careful examination of their ocular motility. Versions or movement of both eyes together should be demonstrated in the nine positions of gaze, that is, up, down, right, left, up and right, down and right, etc. The eyes should be moved quickly into each of these positions and the saccadic velocity or rate of movement of the eyes should be noted. If a manifest strabismus is present, the magnitude should be



Figure 4: This 12-year-old child developed an acute VI nerve palsy with proptosis and chemosis. Biopsy showed orbital myositis. Two months after treatment with oral prednisone, the proptosis and chemosis and diplopia resolved.

quantitated using an alternate prism and cover test. When this is done sequentially, these measurements will give the examiner information on whether the cranial nerve palsy is in a recovery phase or if the palsy is progressive. This is particularly important in children who have had viral illnesses and VI cranial nerve palsy. It is not practical to perform neuroimaging on all children who present with a mild VI nerve palsy. Those that are progressive, however, should be evaluated for a pontine glioma. Measurement also will provide information regarding stabilization of the strabismus. Acquired nystagmus in the presence of acute cranial nerve palsy usually indicates posterior fossa disease.

A dilated fundus exam should be performed to examine the optic nerve for signs of papilledema. Additional information can be gained by looking for torsional rotation of the globe. Excyclorotation of the fundus may suggest involvement of the IV cranial nerve which innervates the superior oblique muscle, a cyclovertical muscle.

The need for additional studies or tests will be determined by the degree of suspicion for a specific condition. Diabetes can be excluded by blood sugar determinations. Symptoms that suggest tumor or hydrocephalus may be further investigated with magnetic resonance imaging or CT scanning. The focus of the scan should be directed at the brainstem area. Coronal cuts through the orbit may be requested to investigate restrictive strabismus related to trauma or muscle hypertrophy and infiltration related to thyroid eye disease.

If myasthenia gravis is suspected, a Tensilon[®] test may be performed. The end point of the test is resolution of diplopia following the administration of Tensilon[®]. This test may be considered for patients who have decreased saccadic velocity of the eye movements, variable vertical double vision and ptosis. Tensilon[®] will temporarily correct neuromotor deficits related to myasthenia gravis, confirming the diagnosis.

Acute phases of thyroid eye disease may also cause acute gaze related diplopia due to restriction of movement of the globe. This usually occurs in up gaze but restriction of the medial rectus may cause diplopia in lateral gaze also. Patients with thyroid eye disease usually will have chemosis of the conjunctiva, dilated blood vessels overlying the extraocular muscles, and proptosis.

Management

The management of the diplopia will include covering the good eye for periods of time to improve movement of the affected paretic eye. This also will serve to prevent contracture of the unopposed antagonist of

the paretic muscle. This is especially true in patients with profound sixth cranial nerve palsy. Following resolution of the palsy, esotropia will persist due to the contracted inelastic medial rectus muscle. When occlusion is performed, caution should be given regarding driving and performing other tasks that require binocular function. In children less than seven years of age, visual acuity should be carefully monitored since excessive occlusion can cause amblyopia.

The patient may be instructed to tilt the head or posture the head away from the muscle affected by the cranial nerve palsy and thus reduce the diplopia. For example, patients with a right superior oblique palsy will frequently tilt their head to their left shoulder. Patients with a VI cranial nerve palsy will frequently posture their face to the side of the palsy so as to achieve single vision.

Glasses may be prescribed to sharpen the images falling on the retina. This will enhance the fusion reflex which will attempt to correct the ocular misalignment. Prism glasses are usually not helpful for acute cranial nerve palsy. On the other hand, if the palsy becomes chronic, they may be a satisfactory solution.

Patients with acute VI cranial nerve palsy that do not require observation to exclude serious conditions may elect to have the medial rectus muscle injected with botulinum A toxin (Botox[®]) to balance the paretic lateral



Figure 6:

Top: Botulinum A toxin may be used to treat acute VI nerve palsy.

Center: A 45-year-old man with a nasopharyngeal carcinoma developed on acute VI nerve palsy.

Bottom: Two weeks following treatment with botulinum A toxin, the right eye is well aligned. It still cannot abduct or adduct, but the patient is relieved of diplopia in primary gaze.

rectus muscle.⁵ The duration of the toxin effect is about three months, a time interval similar to the time it takes for a VI cranial nerve palsy to resolve (Figure 6).

Most cranial nerve palsies will show improvement between one and three months following onset. Usually 95% of the improvement will be seen and the amount of residual strabismus will become stable at six months. Strabismus surgery may be indicated for patients who have stable deviations that are associated with persistent diplopia. The principles in strabismus surgery are to balance the muscle forces on the globe by performing graded weakening procedures of the opposing rectus or oblique muscles.

Summary

Patients will recognize diplopia without prompting and will present themselves to physicians with disabling symptoms. Evaluation should be focused based on the history and the examination. Tests requested should be directed toward discovery of the most likely cause for the diplopia. Recovery is common following cranial nerve palsy. Diplopia due to myopathic etiologies usually does not resolve but tends to stabilize with time. Patients who become stable after six months and who have persistent diplopia can be effectively treated with strabismus surgery. □

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Sudden Unilateral Visual Loss

Excluding trauma, most entities that cause acute, unilateral visual loss occur in the posterior segment (the structures behind the lens—vitreous cavity, retina, choroid, optic nerve). The fundus is that part of the posterior segment visible with ophthalmoscopy (retina, choroid and optic nerve).

Careful attention should be given to the history when a patient presents with a complaint of sudden visual loss in one eye. In some instances, the visual loss has been gradual, and is noticed when the patient fortuitously covers the eye with better vision. For this reason, a specific history should be taken. The question should be asked, "How did you notice the visual loss?" If the patient states that he or she just happened to cover one eye and noticed blurred vision in the other, it may imply a less acute process than the case in which a patient states he or she was watching the television and noted that one eye suddenly went blank without covering the other.

Additionally, the physician should assess whether the vision in one eye or the visual field was affected. For example, patients with a left homonymous hemianopsia may state that the vision in the left eye suddenly became cloudy, whereas in fact it was the left visual field in both eyes that was affected. In this instance, the clinician should suspect a central nervous system abnormality, rather than a local ocular problem.

The *rapidity* of the visual loss is important, and should be specifically addressed. For example, vascular obstructive phenomena of the retina or optic nerve, as well as vitreous hemorrhage, can occur over seconds to minutes, whereas retinal detachment usually develops over hours to days, but occasionally weeks to months.

With the exceptions of trauma and optic neuritis, most causes of sudden, unilateral visual loss are *painless*. This is not surprising, since the retina, which has no pain fibers, is the structure most often involved.

An *afferent pupillary defect* (Marcus Gunn pupil) is usually seen if the optic nerve is involved, even if the visual acuity is only minimally impaired. It can also occur sec-

ondary to retinal damage, such as with vascular obstructive events or retinal detachment, but in this instance the afferent defect is usually associated with marked visual loss. In essence, an afferent pupillary defect is a more sensitive indicator of optic nerve damage than retinal damage. It may or may not be present with vitreous hemorrhage, and is usually absent in eyes with macular degeneration.

The purpose of this chapter is to help the clinician differentiate between the *more common* causes of sudden, nontraumatic, unilateral visual loss. An overview, particularly considering the temporal aspects of the differential diagnosis, is presented in Table 1.

Acute Visual Loss

For the purpose of this article, acute visual loss will be defined as that occurring over a period of seconds to hours or longer. The clinician should be aware that the time ranges are somewhat arbitrary, and occasionally can fall outside the values listed herein.

Retinal Artery Obstruction Diagnosis¹

Retinal artery obstruction typically causes acute, unilateral loss of vision occurring over a period of seconds. An afferent pupillary defect is most often present. With central retinal artery obstruction, the whole field of vision is usually affected, whereas with branch retinal artery obstruction only that area of field corresponding to the blocked vessel is compromised.

The visual acuity with acute central retinal artery obstruction usually drops to the counting fingers to hand motions level. Fundus examination (Figure 1) reveals whiten-

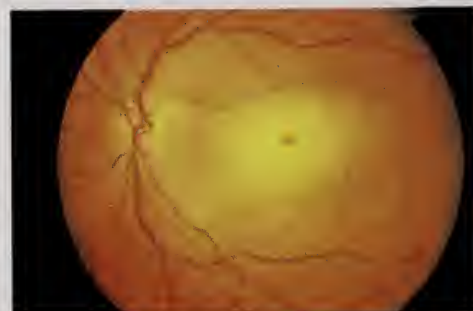


Figure 1: Central retinal artery obstruction. The superficial retina demonstrates ischemic whitening, and a cherry-red spot is visible in the foveola.

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Table 1

Causes of Sudden, Unilateral Visual Loss		
<i>Acute</i>		
Cause	Rapidity of onset	Comments
Retinal artery obstruction	Seconds	Retinal whitening Cherry red spot + Marcus Gunn
Vitreous hemorrhage	Seconds to minutes	No fundus view - Marcus Gunn (unless severe) Most commonly from diabetic retinopathy
Ischemic optic neuropathy	Minutes to days	Swollen optic nerve + Marcus Gunn (consider diagnosis of optic neuritis in patient under age 50)
<i>Subacute</i>		
Cause	Rapidity of onset	Comments
Retinal vein obstruction	Hours to days	Retinal hemorrhages, swollen optic disc, dilated retinal veins
Retinal detachment	Hours to days	Often preceded by flashes and floaters May present as "curtain coming across the vision"
Wet macular degeneration	Days to months	Metamorphopsia may be a presenting symptom

ing of the superficial retina in the macular area, with a cherry-red spot in the foveola. The retina in the foveola is only 0.1mm in thickness, whereas the perfoveolar retina is approximately 0.5mm in thickness. Thus, the ischemic whitening is most pronounced and visible in the thicker perfoveolar retina. In the foveola, the underlying retinal pigment epithelium and choroid give the color to the cherry-red spot.

Approximately 20% of eyes with acute central retinal artery obstruction have ophthalmoscopically visible intra-arterial emboli. These can be cholesterol (Hollenhorst plaques), which are usually small, glistening yellow, and arise from the carotids, or calcific (Figure 2), which are larger, whiter, and most commonly arise from the cardiac valves.

The pathophysiologic causes of retinal arterial obstruction are similar to those within other arterial vessels in the body and include embolus, thrombosis, hemorrhage under an atherosclerotic plaque, inflammation, dissection and hypertensive necrosis.

With branch retinal artery obstruction, there is ischemic retinal whitening in the distribution of the obstructed vessel (Figure 3).



Figure 2: Large calcific plaque on the optic disc.



Figure 3: Branch retinal artery obstruction demonstrates ischemic retinal whitening in the distribution of the obstructed vessel. An obstructing embolus, most likely the cholesterol variant, is present within the inferotemporal branch artery.

The visual acuity is variable, and may be normal if the foveola is spared.

Management

Unfortunately, no therapy is consistently effective for the restoration of visual loss in eyes with acute central retinal artery obstruction. Breathing into a bag to raise the pCO₂ and cause vasodilatation has been advocated, as have digital ocular massage and anterior chamber paracentesis in association with breathing of carbogen (95% oxygen and 5% carbon dioxide). Other therapies have included the administration of sublingual nitroglycerin (1/150gr) and systemic administration of urokinase. After 24 hours, treatment is generally not administered.

If giant cell arteritis is suspected as the cause, aggressive, high dose, systemic corticosteroid therapy should be given on an urgent basis, since the second eye can become involved within hours after the first. Corticosteroid therapy reduces the chance of involvement of the second eye, although rarely this type of treatment can improve the vision in the first eye.

The visual prognosis is generally grim after acute central retinal artery obstruction, and most eyes remain legally blind (with vision < 20/200).

Ocular therapy is usually not given for branch retinal artery obstruction because the visual prognosis for central acuity is so much better than with central retinal artery obstruction.

A systemic workup should be considered to ascertain underlying etiologic factors. They are similar for central and branch retinal artery obstructions. Associated systemic abnormalities include systemic arterial hypertension, diabetes mellitus, cardiovascular disease, and peripheral vascular disease. Giant cell arteritis accounts for approximately 1-2% of central retinal artery obstructions in the older population. In the population under age 30, associated systemic abnormalities include migraine, collagen vascular disease, cardiac valvular disease, and coagulopathies.

A list of systemic abnormalities that have been associated with retinal arterial obstruction is shown in Table 2.

Vitreous Hemorrhage Diagnosis²

Patients with the onset of vitreous hemorrhage generally relate a history of seeing large black floaters in one eye. If the bleeding is severe, they may experience marked loss of vision to the counting fingers or worse range. Ophthalmoscopy may be difficult or impossible because of the blood in the vitreous cavity (Figure 4).

The most common causes of nontraumatic vitreous hemorrhage are:

1. Diabetic retinopathy (from neovascularization)
2. Branch retinal vein obstruction (from neovascularization)
3. Sickle cell retinopathy (from neovascularization)
4. Posterior vitreous detachment
5. Posterior vitreous detachment with a retinal tear

In patients with diabetic retinopathy, branch retinal vein obstruction, and sickle cell retinopathy, retinal capillary nonperfusion can develop and stimulate the growth of new blood vessels on the surface of the retina and/or optic disc. These new vessels are fragile and attach to the vitreous gel. The vessels cause contracture of the overlying vitreous gel, thus leading to bleeding into the vitreous cavity.

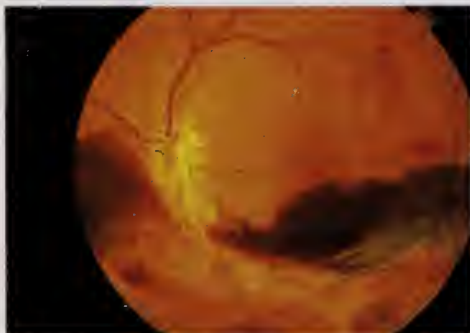


Figure 4: Preretinal blood in the eye of a patient with diabetic retinopathy.

The vitreous gel normally shrinks with age, so that in approximately 30% of people by age 50 it pulls away from the posterior retina. This anomaly is called a posterior vitreous detachment. In some instances, the gel tears a retinal vessel, with or without tearing of the full-thickness retina itself. Although vitreous traction on the retina is painless, it can cause momentary light flashes (photopsias).

Table 2

Abnormalities Associated with Retinal Arterial Obstruction

- A. Entities contributing to embolus formation
 1. Arterial hypertension (via atherosclerotic plaque formation)
 2. Carotid atherosclerosis
 3. Cardiac valvular disease
 - a. rheumatic
 - b. mitral valve prolapse
 4. Mural thrombus after myocardial infarction
 5. Cardiac myxoma
 6. Tumors
 7. Intravenous drug abuse
 8. Lipid emboli
 - a. Pancreatitis
 - b. Purtscher's retinopathy (trauma)
 9. Laiaias
 10. Radiologic studies
 - a. Carotid angiography
 - b. Lymphangiography
 - c. Hysterosalpingography
 11. Head and neck corticosteroid injection
 12. Retrobulbar corticosteroids
- B. Trauma (via compression, spasm, or direct vessel damage)
 1. Retrobulbar injection
 2. Orbital fracture repair
 3. Anesthesia
 4. Penetrating injury
 5. Drug- or alcohol-induced stupor
- C. Coagulopathies
 1. Sickle cell disease
 2. Hemocystinuria
 3. Oral contraceptives
 4. Platelet factor abnormalities
 5. Pregnancy
 6. Lupus anticoagulants
 7. Protein S deficiency
 8. Protein C deficiency
 9. Antithrombin III deficiency
- D. Ocular conditions associated with retinal arterial obstruction
 1. Preopillary arterial loops
 2. Optic disc drusen
 3. Increased intraocular pressure (with sickle cell hemoglobinopathy)
- E. Collagen vascular disease
 1. Systemic lupus erythematosus
 2. Polyarteritis nodosa
 3. Giant cell arteritis
- F. Other associations
 1. Ventriculography
 2. Fabry's disease
 3. Migraine
 4. Hypotension
 5. Sydenham's chorea
 7. Fibromuscular hyperplasia
 8. Optic neuritis
 9. Orbital mucormycosis
 10. Lyme disease

(Modified from Brawn GC. Retinal arterial obstructive disease. In: Ryan S, ed. *Retina*. Baltimore: CV Mosby, 1989; v. 2, chap. 73, with permission.)

Management

Vitreous hemorrhage will often clear if given time. In patients with diabetic retinopathy, branch retinal vein obstruction and sickle cell retinopathy, laser panretinal photocoagulation can be given as the blood clears to cause regression of the neovascularization and prevent further bleeding. If the bleeding is severe, a pars plana vitrectomy may be required to restore vision.

Particularly in nondiabetic patients, the onset of a vitreous hemorrhage should alert the clinician that a retinal tear could be present. Prompt referral to an ophthalmologist should be considered, since laser therapy or cryotherapy of a retinal tear can prevent progression to a retinal detachment.

Ischemic Optic Neuropathy

Diagnosis

Ischemic optic neuropathy, also called anterior ischemic optic neuropathy, can occur in two forms: nonarteritic and arteritic.³ Both occur secondary to blockage of the small arterial vessels that supply the optic nerve head. The nonarteritic variant is likely related to atherosclerotic damage and anatomic anomalies in the nerve head, and accounts for about two-thirds of cases, while the arteritic variant occurs secondary to giant cell arteritis and comprises the remaining third.

The entity causes sudden visual loss occurring over minutes to hours, although the process can take days. An afferent pupillary defect is typically present, and the visual acuity can vary from slightly diminished to no light perception. The arteritic variant usually causes more pronounced visual loss than its nonarteritic counterpart. Ocular pain on movement is generally absent.

Fundus examination reveals a swollen optic disc (Figure 5), occasionally in association with peripapillary hemorrhages. The disc is often hyperemic with the nonarteritic variant, while with the arteritic variant it is more commonly pale due to the greater degree of ischemia.

The arteritic variant is seen in patients over the age of 55 years, but more often those 70

Table 3

Clinical Features of Anterior Ischemic Optic Neuropathy		
	Nonarteritic Variant	Arteritic Variant
Peak age	55-70 years	70-80 years
Involvement of second eye	40%	75%
Disc appearance	Hyperemic swelling	Pale swelling
Erythrocyte sedimentation rate (Westergren)	<40mm/hour	>50mm/hour
Polymyalgia rheumatica	Rare	Common

or older. It is often accompanied by the symptoms and signs of polymyalgia rheumatica (malaise, weight loss, joint pain, jaw claudication, scalp tenderness, etc.). An erythrocyte sedimentation rate should be obtained at the initial visit, since approximately 75% of patients will have involvement of the second eye unless systemic corticosteroid therapy is instituted. If involvement of both eyes is seen at the same time, the diagnosis of giant cell arteritis is very likely. Approximately 40% of patients with the nonarteritic type will have involvement of the second eye.

The salient clinical features of the disease are shown in Table 3.

With the clinical picture of relatively sudden visual loss in association with a swollen optic disc and an afferent pupillary defect in a person under the age of 50, the diagnosis of optic neuritis should be considered. In some cases, it can be bilateral. Unlike ischemic optic neuropathy, pain on ocular movement is often present. Underlying causes include viral, syphilis, Lyme disease, demyelinating disease, toxoplasmosis, toxocariasis and others. In many instances, no underlying etiology can be found. The degree of visual impairment is variable, but in most patients the vision improves over a period of weeks.

Management

No medical therapy has been shown to be of consistent benefit for the treatment of nonarteritic, anterior ischemic optic neuropathy. Optic nerve sheath decompression has been suggested to be of help in the manage-

ment when gradual progression has been demonstrated; clinical trials are in progress to confirm pilot studies.

Unfortunately, systemic corticosteroid therapy is not usually of benefit for eyes with the arteritic variant of anterior ischemic optic neuropathy. Treatment of the underlying disease can reduce the chances of involvement in the second eye dramatically.

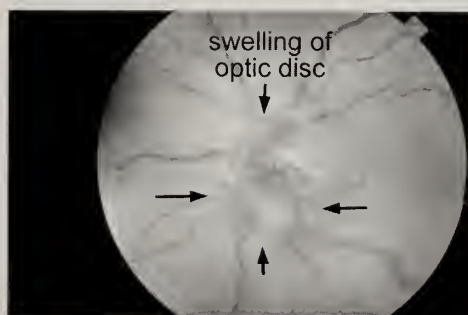
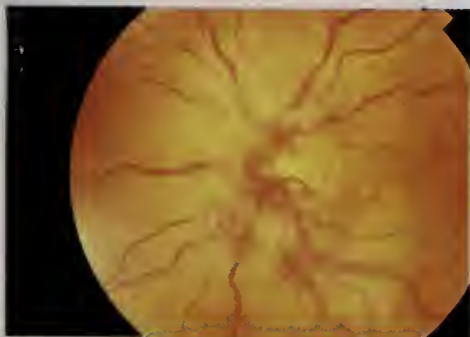


Figure 5: Hyperemic swelling of the optic disc in an eye with nonarteritic, anterior ischemic optic neuropathy.



Figure 6: Central retinal vein obstruction.

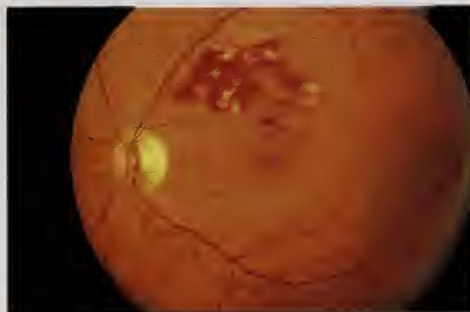


Figure 7: Branch retinal vein obstruction.

Systemic corticosteroids have not been shown to improve the long term visual prognosis in patients with optic neuritis. Nevertheless, the administration of high dose, intravenous methylprednisolone has been shown to reduce the incidence of development of multiple sclerosis over the following two-year period from 17% to 8%.⁴

Subacute Visual Loss

Subacute visual loss, in this article, is defined as loss of vision occurring over a period of hours to days.

Retinal Vein Obstruction

Diagnosis

The visual acuity in eyes with retinal vein obstruction most often decreases over a period of hours to days, although rarely it happens over minutes. Both central retinal vein obstruction and branch retinal vein obstruction can occur. Some patients with each are actually asymptomatic and have a visual acuity of 20/20, while in others the vision is reduced to counting fingers or worse.

Fundus examination in an eye with central retinal vein obstruction (Figure 6) discloses dilated and tortuous retinal veins in conjunction with retinal hemorrhages, and retinal edema.⁵ The optic disc may also be swollen. With branch retinal vein obstruction there is intraretinal blood and retinal edema along the distribution of the blocked vessel (Figure 7). Most branch retinal vein obstructions occur at arteriovenous crossings.

Management

No proven effective treatment exists for stabilizing or improving the vision in eyes with central retinal vein obstruction. Anticoagulation with aspirin has been recommended, and in severe cases anticoagulation with warfarin or streptokinase or tissue plasminogen activator has been attempted.

Laser therapy can help to prevent iris neovascularization and neovascular glaucoma in eyes with a markedly ischemic central retinal vein obstruction, but has not been shown to be of benefit for improving visual acuity.

In some eyes with branch retinal vein obstruction, laser treatment can give a better long term visual prognosis by reducing macular edema.⁶ Additionally, laser treatment can reduce the incidence of vitreous hemorrhage in eyes with branch retinal vein obstruction that have developed neovascularization of the optic disc and/or retina.⁷

Patients with central retinal vein obstruction should be considered for a systemic workup, including evaluation for systemic arterial hypertension, hyperlipidemia, diabetes mellitus and hyperviscosity syndromes. Those with branch retinal vein obstruction should be evaluated for systemic arterial hypertension.

Retinal Detachment

Diagnosis⁸

Patients with a retinal detachment usually experience the symptoms of floaters and flashes (photopsias) beginning days prior to the development of the detachment. The photopsias occur secondary to vitreoretinal traction, and the floaters secondary to contracting collagen fibrils of the shrinking vitreous gel, as well as vitreous hemorrhage. Some patients see the detachment as a curtain coming across the vision from the periphery toward the center. When the detach-

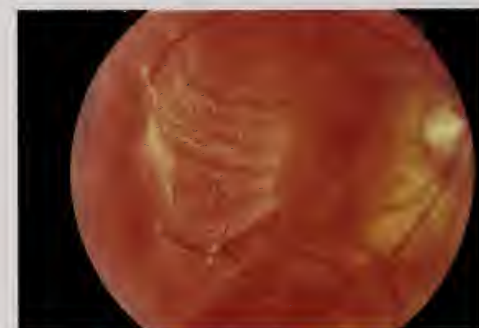


Figure 8: Retinal detachment extending from the temporal side into the macular region. Folds are present in the detached retina.



Figure 9a: "Wet" macular degeneration. Subretinal blood and subretinal fluid are present in the fovea due to leakage from the choroidal neovascular membrane.

ment reaches the central macula, the vision drops precipitously.

Retinal detachments can be rhegmatogenous (with a hole) or nonrhegmatogenous. With a rhegmatogenous retinal detachment, traction by the vitreous gel creates a tear in the retina and liquefied vitreous travels from the vitreous cavity into the subretinal space between the retina and the retinal pigment epithelium. Nonrhegmatogenous detachments (traction retinal detachments; those without a retinal hole) are most commonly seen in diabetic eyes in which neovascularization of the retina stimulates the overlying vitreous gel to shrink and pull the retina away from the underlying retinal pigment epithelium.

Ophthalmoscopy in the presence of a retinal detachment reveals an elevated retina with folds. The underlying choroidal vascular pattern is usually obscured.

Management

Any patient with the sudden onset of floaters and/or photopsias should be expediently referred for ophthalmologic evaluation. If the patient sees a curtain crossing the visual field, the referral should be on an emergency basis.

The visual prognosis is better if the retina can be repaired before the macula becomes detached. Repair is accomplished with scleral buckling and vitrectomy techniques, as well as intravitreal air and gas injections.

Age-Related Macular Degeneration⁹

The macula is essentially the area of the fundus located within the temporal vascular arcades. Macular degeneration, deterioration of the retina in this region, is the leading cause of legal blindness in the United States. There are two types, dry (atrophic) and wet (exudative).

Approximately 10% of the population will develop dry age-related macular degeneration, and 10% of patients with dry macular degeneration (1% of the total) will develop wet, or exudative, macular degeneration. Both most commonly occur in the sixties and beyond.

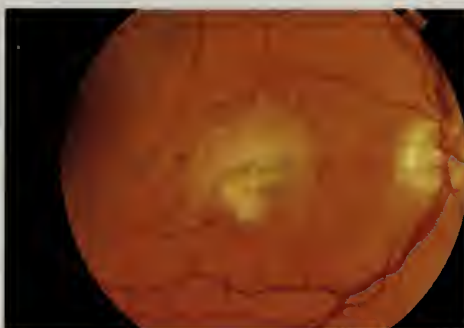


Figure 9b: Figure 9a at six months later. The choroidal neovascular membrane has enlarged and a cicatricial subretinal scar has formed.

With dry macular degeneration there is slow visual loss that occurs over months to years. Macular drusen and retinal pigment epithelial changes can be seen with ophthalmoscopy. Visual disturbances can vary from mild to severe.

In eyes with wet macular degeneration there is a growth of choroidal blood vessels (choroidal neovascular membrane) through

Bruch's membrane into the subretinal pigment epithelial and subretinal spaces. The blood vessels bleed, leak plasma, and eventually form a cicatricial scar associated with severe visual loss to 20/200 or worse. If one eye is affected by wet macular degeneration, the chance of the second becoming similarly involved within five years is approximately 40%.

A major early symptom of wet macular degeneration is metamorphopsia (distortion). This can be demonstrated when the patient looks with each eye individually at a dot in the center of an Amsler grid, a piece of graph paper. If the straight lines appear curved, metamorphopsia is present.

Management

The presence of metamorphopsia should alert the clinician that the early stages of wet macular degeneration may be present. Prompt referral to an ophthalmologist should be considered, since the new blood vessels can grow within days.

Laser photocoagulation is the mainstay of treatment for wet macular degeneration. No therapy has yet been proved effective for dry macular degeneration. □

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Sudden Bilateral Visual Loss

Simultaneous, sudden bilateral loss of vision is an extremely rare event as the inciting lesion must affect both sides of the visual system. This should be distinguished from sequential visual loss.

Ophthalmologists often apply the analogy, "the eye is a camera" when discussing pathological conditions that affect the eye.

This is an appropriate comparison, as the eye has the cornea and lens in front which are equivalent to the optics of a camera. Similarly, the retina functions as film. However, an in-depth explanation of the visual system requires more sophisticated photographic technology. In this case the eye becomes a videocamera or camcorder, that is connected by a cord (the optic nerve) which interfaces with a VCR and TV (occipital cortex). Furthermore, in the human, vision functions in stereo with duplicative systems that share data at the chiasm where the cord or optic nerve is spliced.

Simultaneous, sudden bilateral loss of vision is an extremely rare event as the inciting lesion must affect both sides of the visual system. This should be distinguished from sequential visual loss. Some patients may be unaware of a previous loss of vision in one eye. This may be insidious, as a patient may adapt to the slowly progressive loss of vision from a cataract in one eye. If the non-cataractous fellow eye sustains a sudden loss of vision, the patient will perceive their loss of vision as being simultaneous and bilateral. In many such cases, two different events may be responsible for the blindness. This type of visual loss is discussed elsewhere in this publication. If the sequential visual loss is rapid, then the same etiology can usually be implicated and is considered in this discussion.

Retina

The retina is a wallpaper that lines the inside of the eyeball. Retinal detachment results as a mechanical separation from the eyewall, and once the macula is affected, there is profound loss of vision. These are bilateral in 10-20% of cases, but are rarely simultaneous.¹ Blunt and penetrating trauma may occur bilaterally, and result in simultaneous loss of vision. The retina is fu-

eled by its vasculature, and any interruption of its blood supply can cause a sudden loss of vision. Central retinal artery occlusion is the most common event, and yet a simultaneous, bilateral occurrence is distinctly uncommon. There are several non-infectious inflammatory conditions that can produce a unilateral or bilateral, sudden loss of vision. These include acute multifocal placoid pigment epitheliopathy (AMPPE)², serpiginous choroidopathy,³ and birdshot or vitiliginous choroidopathy.⁴ Acute retinal necrosis syndrome (ARN) is bilateral in 30% of cases and can cause a rapidly progressive loss of vision.⁵ Varicella zoster virus and herpes simplex virus are the etiologic agents in this disease. Cytomegalovirus retinochoroiditis is becoming increasingly common in our AIDS population, and can also result in a sudden, unilateral or bilateral loss of vision.⁶ Serous retinal detachments can occur in toxemia of pregnancy,⁷ metastatic tumors to the choroid (a vascular layer beneath the retina),⁸ and in Harada's Disease⁹ which is an inflammatory disease.

In almost all of these cases, a retinal source for sudden bilateral loss of vision can be readily identified by simply performing a dilated fundus examination.

The Optic Nerves, Chiasm and Cortex

Sudden bilateral vision loss may occur by insult at the level of the optic nerve, chiasm, or visual cortex.

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Table 1

Retina
Infections
cytomegalovirus, acute retinal necrosis
Vascular
hypertension, toxemia of pregnancy, central retinal artery occlusion, central retinal vein occlusion
Hereditary
metabolic storage, hereditary degenerative
Toxic
Trauma
Congenital
Inflammatory
Harada, AMPPE, birdshot choroidopathy, serpiginous choroidopathy
Vitreal hemorrhage
Terson's syndrome
Retinal detachment

The Optic Nerves

The most common cause of an abrupt onset of vision loss in the optic nerve and cortex is vascular. Ischemia to the optic nerve is, for practical purposes, always visible as disc swelling and never embolic. Ischemic optic neuropathy (ION) is, unfortunately, relatively common, and although almost always unilateral, the contralateral eye may become involved in 30-40% of cases of non-arteritic ION. This is likely because of the risk factors (anatomic configuration of the disc, diabetes mellitus, and systemic arterial hypertension) that favor infarction of the optic nerve at the disc prevail for both eyes of an individual. Nonetheless, in non-arteritic ION simultaneous bilateral disc swelling is rare, and when it occurs, vasculitis or severe reno-vascular hypertension should be considered.¹⁰ There is also evidence that patients with chronic hypertension that have aggressive lowering of blood pressure by medical intervention may develop bilateral non-arteritic ischemic optic neuropathy. Similarly extreme hypotension from rapid blood loss, for example, may also result in bilateral ischemic optic neuropathy by dropping perfusion pressure.

The most common vasculitic cause of ION is temporal arteritis, and while it doesn't usually cause simultaneous bilateral ischemic optic neuropathy, it can cause rapidly sequential ischemic optic neuropathy. It is sequential in 75% of cases.¹¹ If temporal arteritis is suspected, management must be swift and aggressive and temporal artery biopsy performed within two weeks of onset of therapy to confirm the diagnosis.

There are several toxins that may damage the optic nerve including methanol and ethylene glycol. These may result in a rapid onset of bilateral optic neuropathy with or without disc swelling.¹² Isoniazid and ethambutol are two of the more common pharmaceutical agents that may cause a relatively rapid loss of vision from bilateral optic nerve toxicity.

Rapid onset of visual loss from bilateral optic neuropathy may result as well from radiation damage. The onset of vision loss usually occurs from a few months to several years after therapeutic radiation. Radiation damage may occur as well at the levels of the retina, chiasm, and visual cortex.

Infiltrative and inflammatory conditions affecting the dural sheath of the optic nerves may produce rapid bilateral vision loss. Examples are carcinomatous meningitis, sarcoidosis, leukemic and lymphomatous infiltration.¹³ Luetic perineuritis in patients with AIDS may cause rapid and irreversible bilateral vision loss.¹⁴

Table 2

Optic Nerve/Chiasm	
Toxic	methanol, ethylene glycol, lead, ethambutol
Ischemia	vasculitic, non-vasculitic
Compressive	tumors, vascular
Pituitary apoplexy	Sheehan's syndrome
Demyelinative	MS (optic neuritis), Devic's
Hereditary optic atrophies	Leber's
Radiation	
Trauma	
Infiltrative, inflammatory, infectious	

Of course, trauma may cause acute loss of vision bilaterally throughout the entire visual pathway. The mechanism may be direct tissue trauma, interruption of blood supply, or compression by hemorrhage.

Terson's Syndrome (vitreous hemorrhage after subarachnoid hemorrhage) may cause abrupt bilateral vision loss.

The only hereditary optic neuropathy that produces acute vision loss is Leber's hereditary optic neuropathy,¹⁵ and this is sequential rather than bilateral.

The Chiasm

Compressive lesions of the chiasm commonly cause gradually progressive visual loss. Meningiomas have been reported to cause abrupt vision loss, though this is usually monocular. Pituitary apoplexy, in the sense of hemorrhage from a pituitary tumor, may cause acute bilateral vision loss. Aneurysms have been known to cause acute loss of vision. Bilateral vision loss is a potential complication as well from neurosurgical procedures involving the area around the chiasm.

Demyelinating disease, as in Devic's disease, may cause relatively rapid bilateral vision loss, although this usually proceeds over days.

The Visual Cortex

As previously stated, the most common cause of sudden vision loss at the level of the cortex is vascular. Stroke here may be embolic, vasculitic, hemorrhagic, or due to shock. Rupture of an occipital arteriovenous malformation may cause rapid loss of vision.

In contrast to lesions of the optic nerves and chiasm, pupillary light responses would remain normal with cortical lesions as the pupillary fibers leave the afferent visual pathway before the cortex. It may therefore become a challenge to distinguish between cortical blindness and that due to hysteria or malingering. Some details of the visual

Table 3

Retrogeniculate lesions bilateral	
Stroke	post angiography, post cardiopulmonary bypass, hypotension
Trauma	
Toxic	
Demyelinating disease	
Hemorrhage	

fields, if obtainable, may be useful in distinguishing true cortical blindness.

An extremely constricted visual field with a central island of a few degrees may be present in both visual loss of organic or non-organic etiology. Detailed formal visual field testing in a case of organic visual loss will show a vertical step which reflects the strict vertical segregation in the visual cortex. The field of a malingering or hysterical patient may show only a central island of vision, but no vertical respecting step will be seen. Also the malingering or hysterical patient will be able to avoid bumping into objects placed in his path, whereas the patient with an organic etiology will be unable to avoid such objects. There are many methods used to determine vision loss of non-organic etiology, but these are beyond the scope of this paper.

In cases of sudden bilateral visual loss the following approach may be productive. A thorough history should be taken and vital signs noted. Some assessment of remaining vision including peripheral vision should be made. Pupils should be evaluated. If they react poorly to light but quite well to near, that points to a defect in the retina, optic nerve or chiasm. If the pupils react normally to light then either the defect is not profound or it is in the occipital cortex or it is non-organic. The fundus should be evaluated for a retinal abnormality, a vascular abnormality or disc swelling.

Sudden bilateral visual loss is devastating. Unless the cause is immediately apparent ophthalmic consultation should be obtained and neuroimaging considered. Magnetic resonance imaging is generally the best modality for evaluating the retrobulbar portion of the afferent visual system. □

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Intraocular Foreign Bodies and the Ruptured Globe

Ocular trauma is commonly seen in all hospital emergency rooms and outpatient emergency facilities. Ocular trauma accounts for 3% of urban emergency room trauma visits and 5% of hospital trauma admissions.¹ Ocular trauma, especially if bilateral, can result in a severe long-term disability. Severe ocular trauma (ruptured globe or intraocular foreign body) is six times more common in males.² The home is the most common injury setting, followed by the workplace and assault. In some urban hospitals, assault is the most common setting. Age specific rates of severe trauma are distributed bimodally, with the highest peak in adolescents and young adults, and another peak in the elderly over age 65.^{2,3} This second peak is the result of falls associated with ruptured globes in the elderly population. As with most forms of trauma, a disproportionate share occurs in African-Americans.

A ruptured or open globe injury can occur either as the result of a penetrating object or projectile, or from blunt trauma causing a scleral rupture. The eye is a closed sphere and the volume of a closed space cannot be changed. When the eye is compressed along its anterior-posterior axis by blunt trauma, it will expand in the horizontal plane until the sclera ruptures. Penetrating ocular injuries with retained intraocular foreign bodies are usually preventable with proper care and eye protection. Projectile weapons (BB guns or firearms), hammering of metal on metal, and explosions are frequent causes.⁴

Evaluation of Severe Ocular Trauma

When evaluating trauma around the eye or face there are two important points to remember. First, it is important to consider the possibility of an eye injury and to evaluate the eyes. Patients under the influence of alcohol or drugs or patients with head trauma may not be able to communicate eye pain or decreased vision. Second, it is important not to overlook more serious head injuries when faced with an obvious ruptured globe. This is particularly important with perforating eye injuries when the perforating instrument or foreign body extends through the bony orbit and into the brain.

History

A detailed description of how the injury occurred is extremely important. This history may guide the diagnostic studies involved, specifically with regard to the pres-

ence of an intraocular foreign body. Anytime there is hammering of metal on metal an intraocular foreign body is possible. Injuries involving an explosion, shattered glass, or flying debris should also raise this suspicion. The history surrounding the incident should be carefully documented and may be important for future medico-legal actions.

The patient's pre-injury ocular status is also important. If the eye had very limited vision prior to the injury, the management of the current injury may be different. Some mentally impaired patients or patients with alcoholism experience repeated episodes of ocular trauma and the true timing of the injury may be difficult to determine. Since surgery is likely, a history of systemic diseases, known allergies, and current medications should be obtained. The patient should be kept from eating or drinking until immediate surgery is excluded. Inquiry as to the patient's last tetanus immunization should be made.

Examination

The patient should first be evaluated for associated injuries, including serious head injury. Other injuries can be missed by the patient or examining physician in the presence of a painful disfiguring eye injury (Figure 1). The patient's best possible visual acuity should be measured in each eye separately. Vision should be checked with eyeglasses on and through a pinhole to correct any refractive error. In the absence of an eye chart the patient's vision may be checked with a newspaper by asking the patient to read either the fine print or larger headlines. If the patient is unable to read an eye chart, acuity should be recorded as follows: ability to count fingers at the farthest possible distance, ability to see a moving hand in front of face, light perception, or no light perception. To evaluate vision or examine a traumatized eye with severe lid swelling, it may be necessary to assist the patient by holding the eyelid open. This should be done by holding the lid against the orbital rim, avoiding any pressure on the globe.

In the presence of a gross ocular rupture, examination and handling should be minimized to avoid further disruption of the eye. Any extruding ocular tissue should be left and dealt with in the operating room. In the absence of a gross rupture, slit lamp examination is carefully performed. The integrity

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Figure 1: Perforating eye injury with gross ocular disruption. CT scan reveals an intra-orbital and two intracranial metallic foreign bodies.



Figure 2: A dense white cataract forming hours after a small perforating corneal wound with disruption of the lens capsule.

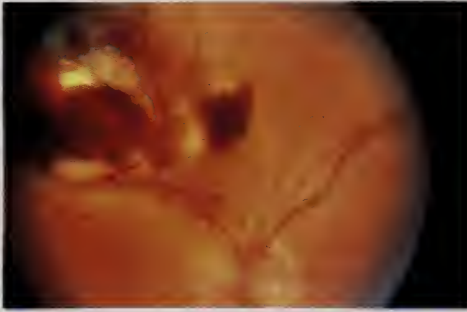


Figure 3: Intraocular foreign body embedded in the retina and partially obscured by hemorrhage.

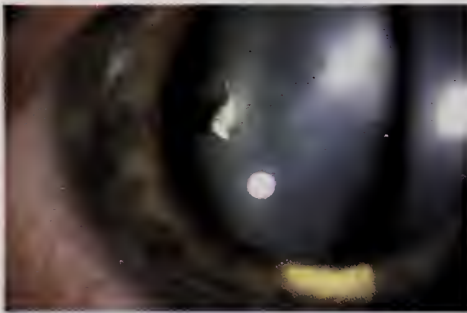


Figure 4: Foreign body embedded in the lens in an eye with good initial vision.

of the conjunctiva and cornea are first examined. Scleral lacerations or penetrations may be occult with only subtle signs of conjunctival disruption. A scleral laceration should always be suspected when there is a conjunctival laceration. Corneal or corneoscleral lacerations may result in a flat anterior chamber with prolapsed iris tissue. This prolapsed tissue often results in an irregular or teardrop-shaped pupil. Disruption of the lens may be subtle or hidden by the iris. A dense white cataract in an eye with prior sight is an obvious sign of lens disruption (Figure 2).

Fundus examination by indirect ophthalmoscopy may not be possible due to anterior segment disruption or vitreous hemorrhage. If possible, fundus examination is necessary to exclude a retinal detachment or significant retinal injury. Intraocular foreign bodies may be seen either in the vitreous cavity or embedded in the retina (Figure 3). Small intraocular foreign bodies may

cause little disruption of the anterior segment, little or no pain, and no change in vision (Figure 4).

Ocular findings associated with an occult scleral rupture from blunt trauma include very poor initial vision, conjunctival chemosis, subconjunctival hemorrhage, hyphema, a deep anterior chamber, below normal or very low intraocular pressure and limited eye movement (Table 1). Conjunctival chemosis (swelling of the conjunctiva) and subconjunctival hemorrhage (Figure 5) may be generalized or it may be confined to

the region of the rupture. A deep anterior chamber (Figure 6) is the result of the iris and lens shifting posterior as a portion of the intraocular contents extrude from the rupture. A hyphema (bleeding in the anterior chamber layering inferior) is often total and may preclude the evaluation of the anterior chamber depth (Figure 7). Low intraocular pressure is common with ruptured globes, but a normal or elevated intraocular pressure does not exclude the possibility of a rupture. The scleral rupture can be closed by a blood clot or orbital contents allowing the intraocular pressure to rise, even above normal.

Diagnostic Studies

Radiologic studies are helpful, especially when there is concern for an intraocular foreign body. Computerized tomography (CT) scanning with thin cuts through the orbits is the preferred method of evaluation and has replaced plain x-ray films. A CT scan will often reveal scleral ruptures and accurately localizes intraocular foreign bodies (Figure 8).

Table 1

Findings Associated with an Occult Scleral Rupture

Initial visual acuity less than hand motions
Low intraocular pressure
Subconjunctival hemorrhage: diffuse or focal
Conjunctival chemosis: diffuse or focal
Hyphema
Deep anterior chamber
No fundus view
Poor ocular motility

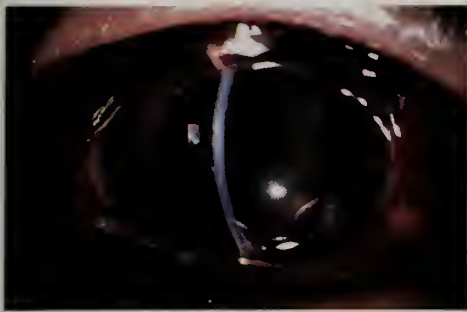


Figure 5: Eye with massive conjunctival chemosis and subconjunctival hemorrhage. Exploration revealed occult scleral rupture (Figure 10).

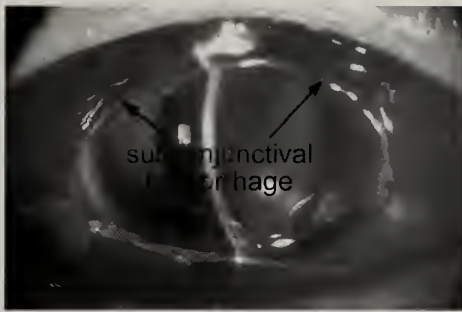


Figure 6: Subconjunctival hemorrhage and deep anterior chamber in a traumatized eye with an occult scleral rupture.



Figure 7: Traumatic hyphema with blood layered in the anterior chamber and clotted blood in the pupillary space.

The accurate localization of foreign bodies is crucial when planning their surgical removal. Metallic foreign bodies are easily seen with CT scanning or plain x-ray films. Non-metallic foreign bodies are usually missed with plain films but are usually picked up by CT scanning or B-mode ultrasonography. Ultrasonography is also helpful for finding most occult scleral ruptures. Although imaging studies are helpful for finding small scleral ruptures, some can be missed with any imaging method. CT scanning also helps rule out orbital and intracranial injuries. Magnetic resonance imaging is contraindicated if there is any possibility of an intraocular metallic foreign body.

Management of Severe Ocular Trauma

Eyes with known or suspected ruptures should be protected with a hard shield sup-

ported by the bones of the face. Analgesia is helpful in reducing patient anxiety and reducing eyelid spasm, thus relieving pressure on the globe. Broad spectrum antibiotics are recommended in obviously ruptured globes or eyes with foreign bodies. Tetanus immunization should be given if appropriate. The timing of surgery is often dependent

on the patient's history of last known food or fluid intake because general anesthesia is preferred. Local anesthesia requires injections around or behind the eye, increasing pressure on the eye and risking further loss of ocular contents. Anesthetic induction without succinylcholine is preferred because it is associated with extraocular muscle contraction, causing increased intraocular pressure.

Exploration and Repair of Ruptured or Open Globes

Any ruptured globe or eye with an intraocular foreign body requires urgent repair to prevent further disruption of ocular contents and to decrease the chances of intraocular infection (endophthalmitis). Although there is some urgency to the repair, this does not preclude waiting until general anesthesia is safe if the patient has recently eaten or if the patient is under the influence of drugs or alcohol. Surgery should also be delayed until informed consent can be obtained from the patient or legal guardian.

Penetrating ocular injuries should be approached by repairing the anterior segment first before moving more posterior. If there is a corneoscleral laceration or limbal rupture, the limbal landmarks should be approximated first to maintain proper orientation of the wound (Figure 9). The conjunctiva is cut free

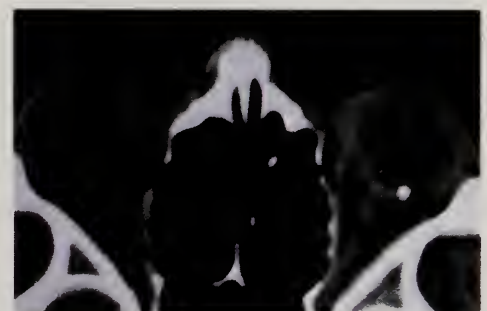
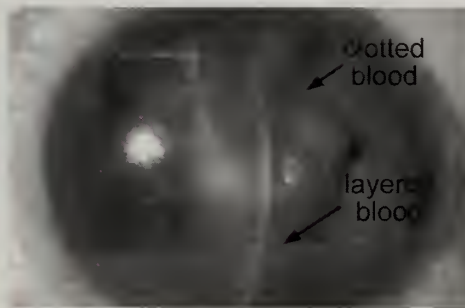


Figure 8: Axial CT scan of intraocular metallic foreign body localized to the posterior scleral wall.

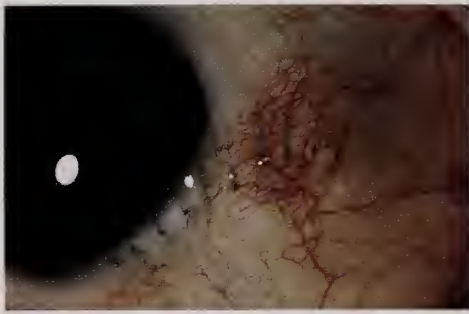


Figure 9: Repaired corneoscleral laceration.

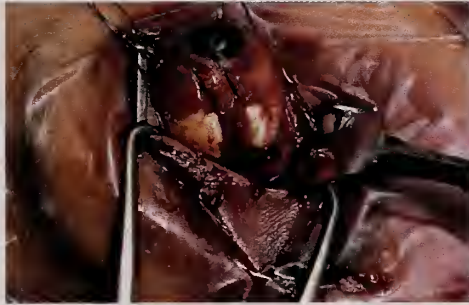


Figure 10: Posterior scleral rupture with extruding uvea under the lateral rectus muscle.

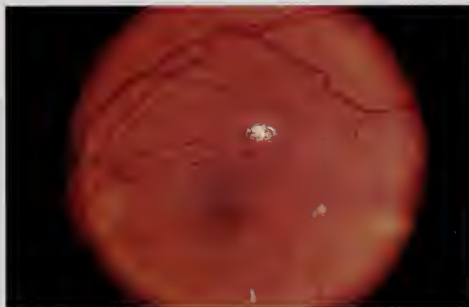
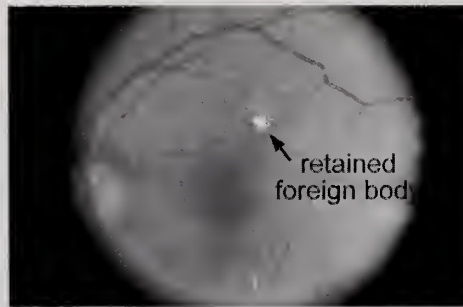


Figure 11: Retained intraocular foreign body in an eye with normal visual acuity.



from the limbus and gently lifted up. The scleral laceration is then sutured as it is exposed to prevent further extrusion of ocular contents. Extruding intraocular contents are repositioned unless necrotic, infected or disorganized.

Injured eyes with any signs of an ocular rupture should be explored surgically if an adequate fundus view cannot be obtained. Exploration for an occult rupture or laceration produces few, if any, postoperative complications and the primary risk is the general anesthesia. The anterior sclera is inspected and repaired first while cautiously moving more posterior. Each rectus muscle is carefully hooked and the sclera under the muscle is inspected. The sclera is thinnest under the muscles and this is a frequent site of occult rupture (Figure 10).

The initial objectives for surgical repair of a ruptured or open globe are closure of the wound and removal of any foreign bodies. If the lens capsule is disturbed the lens may be removed during the initial operation. Repair of damaged intraocular contents including the uveal tract (iris, ciliary

body, and choroid) and retina is frequently deferred for one to 10 days. This deferral decreases the risk of uncontrolled intraocular hemorrhage and allows for careful ultrasonographic evaluation to assess the problems present. If there is significant choroidal hemorrhage present repair is frequently delayed for seven to 10 days to allow the clotted blood to liquefy. Repair of posterior segment intraocular damage should not be unduly delayed because significant fibrous ingrowth begins after one to

two weeks which may prevent adequate repair. Repair of these problems requires either vitrectomy surgery, scleral buckling surgery, or both.

Many eyes with severe ocular trauma will eventually require surgical removal of the eye (enucleation). This is rarely performed at the time of the injury because it may be difficult to predict the prognosis for the eye and psychologically it is very difficult to accept immediate enucleation. The loss of an eye is easier to accept several days after the traumatic event with the realization that the eye does not function and that attempts were made to save the eye. However, when the eye is severely disorganized it may require primary enucleation.

Removal of a blind eye is not necessary unless there is severe pain or cosmetic disfiguration. Enucleation of a blind eye may also be considered if the eye is severely disorganized to reduce the risk of sympathetic ophthalmia.

Intraocular Foreign Bodies

Ocular injuries with retained intraocular foreign bodies represent a distinct subgroup requiring special therapeutic considerations. Most foreign bodies are metallic. In adults this injury is frequently the result of hammering metal on metal.⁴ In children projectile weapons, primarily BB guns, are the most common cause. Magnetic metallic foreign bodies can be removed from the eye with strong external electromagnets. However, the role of this method has diminished with improved vitrectomy techniques which offer a more controlled foreign body extraction and an immediate repair of intraocular damage. For non-magnetic foreign bodies vitrectomy surgery is the only method of removal.

There are many instances where intraocular foreign bodies have been left in the eye



Figure 12: Endophthalmitis with a small anterior chamber hypopyon following an unrepaired perforating wound to the superior cornea.

and some eyes have retained good vision (Figure 11). However, some forms of iron, if left in the eye, can result in progressive leeching of ferrous ions which cause retinal degeneration and eventually blindness. Copper is particularly toxic inside the eye and should be removed immediately. Many materials such as aluminum, metal alloys, plastic, and others are known to be non-toxic inside the eye. However, these should be removed, if possible, soon after the injury to decrease the chance of infection.

Foreign bodies which perforate the eye (enter anterior and exit posterior) are usually left in the orbit (Figure 1). Except for an initial risk of infection these pose little risk for future problems. Removal of these orbital foreign bodies may be difficult or impossible without causing further ocular damage. Perforation through the orbit into other structures, especially the brain, obviously should be excluded.

Endophthalmitis Associated with Ocular Trauma

Intraocular infection complicates only 2-7% of penetrating ocular injuries.⁵ Although uncommon, endophthalmitis is much more common after trauma (Figure 12) than following intraocular surgery. Postoperative endophthalmitis is usually due to staphylococcal species and has a relatively favorable prognosis. In contrast, post-traumatic endophthalmitis is generally more severe with a poorer prognosis due to organisms such as *Bacillus* species.

While their benefit is yet to be demonstrated conclusively, prophylactic systemic antibiotics are widely used following penetrating trauma. Prophylactic antibiotics are not required in occult ruptures because there is no exposure of intraocular tissue except in the operating room. Due to the poor penetration of systemic antibiotics into the eye, intraocular antibiotics are required

whenever endophthalmitis occurs. Intraocular prophylactic antibiotics are not routinely given with trauma because there is potential toxicity. However, in selected cases intraocular antibiotic injections should be considered even without signs of infection.⁶ Organic and soil contaminated penetrating objects and intraocular foreign bodies are at high risk for severe infections which can cause complete ocular destruction in less than 24 hours.

Sympathetic Ophthalmia Following Severe Ocular Trauma

Sympathetic ophthalmia is a rare condition that can occur subsequent to ocular trauma, which causes damage or destruction of the eye which was not injured. It is believed that ocular trauma with exposure of uveal pigment in the inciting eye creates an immune response to uveal pigment. This results in a granulomatous uveitis affecting both the inciting eye and the uninjured or sympathetic eye (Figure 13). Control of this immune response may require chronic steroids or immunosuppressive agents to prevent severe damage to the sympathizing eye. The incidence of this condition in older literature was much higher but today it occurs in less than 0.5% of ocular injuries.⁷ It is believed that prompt surgical repair with restoration of ocular organization decreases the incidence of sympathetic ophthalmia. Enucleation of blind, severely disorganized eyes following ocular trauma should be considered to reduce the risk of this rare but devastating condition.

Prognosis

The prognosis following severe ocular trauma is highly variable. If the injury is limited to the anterior segment useful vision, sometimes normal vision, can often be preserved. Eyes with retained intraocular foreign bodies can also recover well depending on what tissues were penetrated. Some injuries with foreign bodies, especially weapons-related injuries, carry a very poor prognosis. The prognosis for posterior segment injuries, especially posterior scleral ruptures, is often poor. Even when the scle-

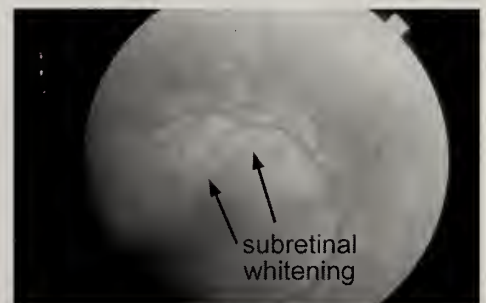


Figure 13: Uveal inflammatory infiltration two weeks after an unrepaired penetrating wound to the opposite eye.

ra is closed without loss of intraocular contents the damage to the retina and uveal tract is frequently severe. However, with improved vitreous surgery techniques and instrumentation, certain eyes can be salvaged that were previously lost. In the future methods of controlling fibrocellular proliferation will allow even more eyes to be saved. □

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Endophthalmitis

In contrast to superficial ocular infections such as conjunctivitis and keratitis, endophthalmitis is an infection of the interior cavities of the eye, particularly the vitreous. Therefore, endophthalmitis is particularly vision threatening and physicians have an important role in the diagnosis and management of this condition. This role includes: to recognize the predisposing factors, symptoms and signs of endophthalmitis in their patients; to assist ophthalmologists in appropriate antibiotic selection; and third, to help to manage associated systemic disorders.

Endophthalmitis can be classified into two general categories: endogenous and exogenous. While exogenous endophthalmitis is much more common, we will first consider endogenous endophthalmitis because of its significance for systemic disease.

Endogenous Endophthalmitis

Endogenous endophthalmitis is uncommon in the general population, but is a major potential concern in patients with systemic sepsis. While several studies have found a high frequency of endophthalmitis in patients with systemic fungal infections (28-45%), a recent prospect study found that none of 118 patients with Candidemia developed frank endophthalmitis, although chorioretinitis was found in 9% of the patients.¹ These results suggest that routine ophthalmologic screening of septic patients may not be warranted. However, patients with decreased vision, a red eye, or hypopyon (pus in the anterior chamber) should receive prompt ophthalmological evaluation.

Symptoms and signs of metastatic endophthalmitis are qualitatively similar, but may differ in degree depending on the organism. Since endophthalmitis is, by definition, an infection involving the vitreous, patients will invariably describe floaters and/or decreased vision if they are sufficiently alert. The floaters are due to inflammatory cells in the vitreous. Most patients also will have white lesions in the retina indicating retinitis. In addition to the posterior ocular seg-

ment inflammation, patients usually will exhibit varying degrees of anterior segment inflammation such as ciliary flush (injection of the blood vessels around the cornea), keratic precipitates (inflammatory cells adherent to the corneal endothelium), visible cells floating in the anterior chamber and aqueous humor flare, and if severe, a hypopyon. Milder degrees of inflammation, usually with a vitritis and anterior segment inflammation are more likely to be seen in metastatic fungal endophthalmitis such as due to *Candida*, whereas metastatic bacterial infections, regardless of the species, generally produce more severe inflammation and are more likely to be associated with hypopyon. Suppurative infections from *Clostridia* can affect the orbits and tissues, resulting in a panophthalmitis.

Metastatic endophthalmitis should be suspected in patients with known or possible septicemia. The most common form of metastatic endophthalmitis is fungal, usually *Candida*, *Aspergillus*, *Cryptococcus*, and less likely *Coccidioides immitis*, or *Blastomycosis*. Predisposing factors to endogenous fungal endophthalmitis are shown in Table 1.

Case Report

A 58-year-old female with poorly controlled, long standing Type II diabetes presented with low back pain of several months' duration. She was found to have group B streptococcal sepsis with endocarditis, a lumbar epidural abscess, and meningitis. She was treated with intravenous antibiotics for one month but continued to have a low grade fever, and sterile blood cultures. She then was noted to have mild redness and decreased vision in her

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Table 1

Conditions Predisposing to Metastatic Endophthalmitis²

- | | |
|--------------------------------------|------------------------------|
| • Intravenous hyperalimentation | • Malignancy |
| • Prolonged antibiotic therapy | • Diabetes mellitus |
| • Systemic corticosteroids | • Massive trauma |
| • Immunosuppressive therapy | • Alcoholism |
| • Abdominal surgery | • Hepatic insufficiency |
| • Hemodialysis | • Post-partum prematurity |
| • Intravenous drug abuse | • Genitourinary manipulation |
| • Acquired Immunodeficiency Syndrome | |

right eye. Visual acuity in her right eye was 20/100 and in the left eye was 20/25. The right cornea had keratic precipitates and there were cells floating in the anterior chamber but no hypopyon. There was a mild ciliary flush, pupillary dilation was restricted because of adhesions between the iris and anterior lens, and there were numerous white opacities in the vitreous which impaired visualization of the retina. The left eye had nerve fiber layer hemorrhages, infarcts, and microaneurysms consistent with nonproliferative diabetic retinopathy. The right eye was treated with topical cycloplegics and steroids for 24 hours, but did not improve. Because of her diabetes, an indwelling catheter, and long term intravenous antibiotics, metastatic fungal endophthalmitis was suspected. A vitreous aspiration was performed under subconjunctival anesthesia at the bedside with a 25 gauge needle. Gram stain and fungal stains revealed no organisms, but *C.albicans* grew on Sabauroud's medium. Five micrograms of amphotericin B were injected into the vitreous cavity at the time of the aspiration. Systemic intravenous amphotericin B was begun, and over two weeks the ocular inflammation subsided and her vision gradually improved.

The above case is typical of metastatic fungal endophthalmitis. For endogenous bacterial endophthalmitis the predisposing risk factors are similar, with diabetes, gastrointestinal disorders, hypertension, heart disease and malignancy leading the list. A recent review found that *Streptococci* and *Staphylococcus aureus* were the most common organisms, with endocarditis and urinary tract or gastrointestinal tract infections, the most common sources of infection.³

Meningococcal endophthalmitis is an uncommon entity, but deserves a particular mention. Children with meningococcemia may develop conjunctival and corneal edema, hypopyon, vitreous inflammation, and increased intraocular pressure. This is one situation in which intravitreal antibiotics are generally not indicated and vitrectomy is probably contraindicated. Fortunately, penicillin penetrates the eye very well and meningococcal endophthalmitis often has a very good visual outcome.

Successful treatment of endogenous metastatic endophthalmitis depends on proper identification of an inflamed eye as an endophthalmitis, identification of the positive organism and its source, and appropriate ocular treatment. Cultures should be obtained from any

available source including blood, urine, skin abscesses, or indwelling intravenous catheter tips. For systemic fungal infections amphotericin B is often the treatment of choice; however, amphotericin B penetrates the eye very poorly and fluconazole provides better ocular penetration. When bacterial infection is suspected the antibiotics should cover *Streptococci* and *Staphylococci* unless gram negative organisms such as *E.coli* are identified.

Exogenous Endophthalmitis

Endophthalmitis from organisms arising outside of the eye constitutes the most common route of infection. Some penetration of the globe is required, and this usually follows cataract surgery, although other forms of ocular surgery including vitrectomy or glaucoma filtering surgery may also be involved. Endophthalmitis generally complicates approximately one in 1,000 cases of routine ocular surgery and is a cause of great distress to the patient and surgeon who share high expectations. Predisposing factors include preoperative conditions in the patient such as diabetes, urinary tract infection, poor hygiene, blepharitis, or dacryocystitis.

Intraoperative risk factors include prolonged operating time, escape of vitreous out of the eye into the wound (vitreous loss), and contact of surgical instruments with eyelids and lashes. Postoperative factors include wound leaks, trauma, or contact lens wear. The risk of endophthalmitis can be minimized by addressing the overall status of the patient preoperatively, as well as by applying povidone-iodine solution in the cul-du-sac and in the surgical field. Although preoperative topical antibiotics can help to reduce the bacterial counts of the conjunctiva there is no established data which proves that this treatment reduces the risk of endophthalmitis.

Classically, postoperative endophthalmitis presents one to seven days postoperatively with decreased vision, floaters, marked conjunctival injection and chemosis, corneal edema, hypopyon, fibrin in the anterior chamber, and inflammatory reaction in the vitreous. Vi-



Figure 1: Corneal edema, conjunctival injection, and hypopyon in an eye three days after uneventful cataract surgery.

sual acuity is often 20/200 or less (Figure 1). Any patient with increasing ocular inflammation after surgery should be considered to have endophthalmitis until proven otherwise. The diagnosis depends upon adequate sampling of the vitreous fluid; removal of aqueous fluid from the anterior chamber has a high rate of false-negative cultures. The vitreous sample may be obtained by aspiration of vitreous through the limbus with a needle in a clinical or office setting under topical anesthesia. However, vitreous biopsy during vitrectomy has a higher yield. The ocular fluid should be cultured on media for aerobic and anaerobic organisms, as well as fungi. The most common organisms are *Staphylococci*, but *Pneumococci* and Gram negative organisms, particularly *Klebsiella*, should be considered, especially after glaucoma surgery. *Streptococci* cause a particularly fulminant endophthalmitis with a very poor prognosis.

In addition to the classical acute postoperative presentation of endophthalmitis, more chronic forms of endophthalmitis have recently been recognized. Such patients typically have persistent low grade ocular inflammation which waxes and wanes for weeks to months, and some patients have presented up to one year following cataract surgery. The organisms to consider in chronic endophthalmitis include coagulase-negative *Staphylococcus*, *Candida* species, and *Propionibacterium acnes*. When the last organism is considered, the vitreous fluid should be inoculated into thioglycollate medium and be kept for at least two weeks by the microbiology laboratory.

The endophthalmitis which follows non-surgical penetrating ocular trauma usually has its onset within one week and *Bacillus* infections must be considered from the outset since these highly destructive organisms have particularly devastating effect.⁴

The optimal treatment of endogenous endophthalmitis is controversial at the time of

this writing (September, 1994). That is, successful treatment of postoperative endophthalmitis can be obtained using intravitreal antibiotics, with and without vitrectomy, and with and without intravenous antibiotics. Clearly intravitreal antibiotics should be applied and vancomycin with either amikacin or ceftazidime is generally appropriate initial therapy unless *Bacillus* is suspected, in which case one should add clindamycin.

To address the issue of optimal treatment of postoperative endophthalmitis, the Endophthalmitis Vitrectomy Study,⁵ a National Eye Institute sponsored multi-center randomized clinical trial, was conducted. This study of over 400 patients was designed to answer two questions: first, does initial vitrectomy improve the outcome compared to vitreous tap or biopsy; second, do intravenous antibiotics improve the outcome compared to ocular therapy alone? Patients who entered the study received intravitreal, subconjunctival, and topical antibiotics, as well as subconjunctival and oral steroids. They were followed with standardized visual acuity measurements, clinical examinations, and photographs for at least nine months from the initial diagnosis. Although patient recruitment has been completed, follow-up and data analysis are not yet finished so the answer to these questions remains temporarily unresolved.

Despite the current limitations in our understanding, the laboratory and clinical investigations by numerous investigators, and the increased emphasis on early diagnosis have improved the visual prognosis for patients with endophthalmitis. Nevertheless, high index of suspicion and prompt diagnosis and treatment remain the foundation of management, and optimal outcomes depend on close communication and collaboration between the ophthalmologist and the patient's general physician. □

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Pupillary Abnormalities

Examining and understanding pupillary reactions is important in all fields of medicine, from ophthalmology and neurology to internal medicine and family practice. The pupil examination is crucial in many medical and surgical emergencies and can help differentiate between life-threatening and completely benign situations. For ophthalmologists, the pupil examination is of critical significance because it is the only objective evaluation of visual function.

Nary an admission physical examination performed by a medical student or resident in any discipline fails to include the abbreviation “PERRLA” (or some variation thereof) within the context of a head and neck exam. The medical students at our institution have informed me that this ubiquitous abbreviation suggests that the pupils are equal and round and that they react to light and accommodation. Few students, however, have been able to provide me a cogent clarification of the importance of performing a pupil examination as part of a complete physical on every patient; fewer still even know what accommodation means. It has been my contention that it is bad for the patient when the doctor doesn’t know what she or he is doing; it is bad for the doctor when he or she records a poorly understood physical finding on a medicolegal document.

The purpose of this endeavor is to review the relevant and critical neuroanatomy of the pupillary pathways, describe the proper examination of the pupils, and discuss important abnormalities affecting the pupils. Hopefully, the reader will better understand this critical part of any physical examination.

The eye-as-camera analogy is oft-repeated and will be invoked here as well. The pupil of the eye acts as the aperture of a camera, adjusting the amount of light reaching the retina (film) to optimize vision in different illuminations and increase the depth of field required to do exacting near work. The size of the pupil is regulated by the antagonistic components of the autonomic nervous system, the sympathetic and parasympathetic limbs.

In order to understand the clinical implications of pupillary abnormalities, it is necessary to first review the pertinent neuroanatomy.

Anatomy of the Afferent Pupillary Pathway

The afferent limb of the pupillary response to light begins with the photoreceptors (rods and cones) of the retina. Once activated by light, the photoreceptors transfer the signal to the retinal ganglion cells. The axons of the ganglion cells form the nerve fiber layer of the retina and coalesce at the optic disc. Along with the axons originating from ganglion cells subserving vision, the pupillomotor fibers comprise the 1.2 million axons of each optic nerve.

Afferent pupillomotor fibers, as well as visual sensory fibers, undergo hemidecussation (fibers originating from ganglion cells in the nasal retina cross; fibers from temporal retina do not) at the optic chiasm. The pupillary pathway continues to follow the visual pathway into the optic tracts. Unlike the visual pathway (which is destined for the lateral geniculate nucleus), the pupillary pathway enters the brainstem via the brachium of the superior colliculus. The axons synapse finally in several pretectal nuclei, including the pretectal olivary and sublentiform nuclei. These pretectal nuclei then project via intercalated neurons to both ipsilateral and contralateral Edinger Westphal nuclei within the oculomotor nuclear complex. The afferent limb of the pupillary light reflex is thus complete and the efferent parasympathetic limb (see below) is activated.

Anatomy of the Efferent Pupillary Pathways

While pupillary size and reactivity are determined by input from both parasympathetic and sympathetic fibers, the more powerful controlling force is the parasympathetic system because of the relative strength of the iris sphincter compared to the dilator. Both systems will be considered in turn.

Parasympathetic Pathway

Parasympathetic control of the pupil originates in the midbrain in a complex group of subnuclei within the oculomotor nuclear complex. These paired midline nuclei include the Edinger Westphal complex, the anterior median nucleus, and Perlia’s nucleus. These nuclei contain the cell bodies of

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the neurons that supply the preganglionic parasympathetic fibers to the ciliary ganglion. The efferent parasympathetic fibers course through the midbrain with the fascicles of the oculomotor nerve and exit the midbrain in the interpeduncular space with the oculomotor nerve. The oculomotor nerve travels in the subarachnoid space, through the cavernous sinus, and enters the orbit through the superior orbital fissure. Within the orbit, the oculomotor nerve physically divides into superior and inferior divisions and the pupillary fibers follow the inferior division to synapse at the ciliary ganglion at the apex of the orbit, about 1 cm in front of the medial end of the superior orbital fissure. The ciliary ganglion lies between the optic nerve and the lateral rectus muscle. Postganglionic fibers then innervate the iris sphincter and the ciliary body.

Sympathetic Pathway

The motor control of the iris dilator muscle is supplied by the sympathetic pathway. The oculosympathetic pathway is functionally a three-neuron arc. First order neurons originate in the hypothalamus and descend through the brainstem to terminate in the intermediolateral cell column at levels C8 to T1 or T2 (ciliospinal center of Budge-Waller). The second order neurons ascend in the cervical sympathetic paraspinal chain, course over the apex of the lung, and synapse in the superior cervical ganglion, which is located roughly at the level of the angle of the mandible. The first and second order neurons comprise the preganglionic portion of the oculosympathetic pathway. The postganglionic axons of the third order neurons run on the surface of the common carotid artery. After the bifurcation of the common carotid, oculosympathetics follow the internal carotid artery and sudomotor and pilomotor facial fibers follow the external carotid. Within the cavernous sinus, the oculosympathetics hitch a brief ride with the sixth cranial nerve before joining the fibers of the ophthalmic nerve (the first division of the trigeminal nerve) and entering the orbit through the superior orbital fissure. Postganglionic sympathetic fibers then innervate structures including the iris dilator muscle and the smooth muscle of Müller, a thin strip of muscle in the upper eyelid. Interruption of the oculosympathetic pathway at any point will result in a smaller pupil (miosis) and a small amount of ptosis.

Examination of the Pupils

The pupils should be examined in both a semidarkened and lighted room. The shape and size of the pupils are carefully recorded in both illuminations. An irregularity in the pupil shape can be secondary to trauma, in-

cluding surgical, and local iris disease (e.g., melanoma). Abnormalities of pupil shape should be noted, but are seen best with the slit lamp. Any difference in the size of the pupils (anisocoria) is compared in the dark and in the light. Anisocoria secondary to a sympathetic pathway interruption is greater in the dark; that due to a parasympathetic lesion is greater in the light.

A bright source of light is used to test the pupillary light reactions in a room with the least amount of ambient light practical to make observations.¹ The patient is instructed to fixate in the distance to prevent the miosis that accompanies convergence and accommodation in the near triad (see below). When light is shined in either eye of a normal patient, both pupils constrict equally. The pupillary reaction in the illuminated eye is the direct response; the reaction in the other eye is the consensual response.

Recall that the afferent limb of the pupillary light reflex undergoes a hemidecussation at the optic chiasm and again in the brainstem (after synapsing in the pretectal nuclei). The light information recorded by one eye is split at the optic chiasm and again in the brainstem. Ipsilateral and contralateral Edinger Westphal nuclei are equally innervated and the ipsilateral and contralateral efferent limbs (the parasympathetic fibers coursing with the oculomotor nerves) innervate both pupil sphincters equally. Consequently, the direct and consensual responses are commensurate. Therefore, examining the direct and consensual pupillary light reactions is actually a test of a reflex arc. The afferent limb of the reflex is the optic (second cranial) nerve; the efferent limb is the oculomotor (third cranial) nerve.

After examining the direct and consensual responses of each pupil, the examination light is swung rapidly and regularly back and forth several times (swinging flashlight test²). In a normal patient, the pupils should not change in size when the light is moved quickly from one eye to the other since the afferent pathways are healthy and equivalent. Any change in pupil size during the swinging flashlight test is noted.

If the pupillary responses to light are normal, there is no need to check the responses to a near stimulus.³ There are no clinical situations in which the near response will be abnormal if the light response is normal. If, on the other hand, the pupils react poorly to light, the near response should be evaluated. The best near target to use is the patient's own thumb; in this way, proprioceptive as well as visual stimulation helps drive the near response. If the pupils react poorly to light but normally to a near stimulus, the condition of light-near dissociation is present.

Miosis is part of the so-called near triad, which also includes convergence and accommodation (recall “PERRLA”). Miosis (a small aperture) increases depth of field. Convergence of the visual axes places the image of the object of regard on the fovea of each eye and permits single binocular vision. Accommodation refers to contraction of the ciliary muscle and the resultant change in shape of the lens that adds focusing power to the eye. Accommodation technically does not characterize a pupillary reaction at all.

We will now consider in turn abnormalities of the afferent and efferent regulation of the pupils.

Afferent Pupillary Abnormalities

As noted above, shining light in either eye of a normal patient causes equal constriction of both pupils. A defect in the afferent limb (optic nerve) of the pupillary light response causes decreased or absent pupillary constriction. An optic nerve lesion decreases the afferent impulse and results in relative loss of the direct response to light on the ipsilateral side and the consensual response on the contralateral side. If, in the case of a unilateral optic nerve lesion, light is shined in the contralateral (unaffected) eye, the direct response of the illuminated (unaffected) eye is normal, as is the consensual response in the affected eye. The afferent information is conducted normally along the unaffected optic nerve, is divided at the optic chiasm and brainstem, and transmitted normally along both normal efferent limbs.

If the swinging flashlight test is performed on such a patient with a unilateral optic neuropathy, the pupil in the unaffected eye will consistently constrict as the light is moved to that eye, while the pupil in the affected eye will consistently dilate. The information is being transferred back and forth between a functioning afferent pathway and a disabled afferent pathway. It will appear as though the pupil in the eye with the optic nerve lesion is dilating to light stimulation. In fact, the pupil is not actually dilating to light, but the light is shifted from the normal side to the side with the afferent defect and less light information is conducted along the abnormal pathway.

The apparent dilation of the pupil to light during the swinging flashlight test is called a relative afferent pupillary defect (RAPD or Marcus Gunn pupil). Why is the afferent pupillary defect relative? Keep in mind that the pupillary light reaction of one side is being compared to that of the other during the swinging flashlight test. Consider the case of bilateral symmetric optic neuropathies, as in

Table 1

Causes of Relative Afferent Pupillary Defect

Optic neuritis
Ischemic optic neuropathy
Compressive optic neuropathy
Asymmetric optic atrophy of any etiology
Diffuse asymmetric retinal disease

ethambutol toxicity. While the afferent limb is damaged on both sides and both pupils will be less reactive than normal, we will not see a Marcus Gunn pupil because there is no relative difference in the afferent pathways.

The presence of an RAPD usually indicates ipsilateral optic nerve disease. A relative afferent pupillary defect will be detected in any case of unilateral or asymmetric bilateral optic neuropathy. Causes include optic neuritis, ischemic optic neuropathy, compressive optic nerve lesions, or any cause of optic atrophy. Other possible causes include asymmetric and significant retinal disease such as a retinal detachment or a central retinal artery occlusion.⁴ Occipital lesions, cataracts, refractive errors, functional visual loss, small macular lesions, or corneal abnormalities do not cause relative afferent pupillary defects (Table 1).

Efferent Pupillary Abnormalities

Parasympathetic Pathway

A lesion affecting the pupillary parasympathetic limb results in paralysis of the iris sphincter, producing pupillary dilation (mydriasis). The anisocoria is greater in the light than in the dark. Both direct and consensual responses on the ipsilateral side are absent.

Oculomotor Nerve Palsy

A complete oculomotor nerve palsy will result in a dilated nonreactive pupil due to involvement of the pupil parasympathetics. Because the oculomotor nerve also innervates the levator palpebrae, superior rectus, medial rectus, inferior rectus, and inferior oblique muscles, the patient will have an associated ipsilateral ptosis and the eye will be in the characteristic “down and out” position.

Pupillary involvement in an oculomotor nerve palsy is almost always accompanied by ptosis and an ocular motility problem. Isolated pupillary dilation as the lone sign of an oculomotor nerve palsy may rarely occur in uncal herniation, when the oculomotor nerve is compressed against the tentorial edge, or in basal meningitis.

Conversely, patients with acute oculomotor nerve palsies may present with or without pupillary involvement. In fact, pupillary involvement helps to diagnose acute oculomo-

Table 2

Common Causes of Oculomotor Nerve Palsies in Adults

Aneurysms

Infarcts

Trauma

Tumors

tor nerve palsies. Acute oculomotor nerve palsies may result from relatively benign problems (diabetic cranial mononeuropathy) or life-threatening lesions (aneurysm at the junction of the posterior communicating and internal carotid arteries) (Table 2). If the pupil is involved, an aneurysm must be considered. If the pupil is spared but all other oculomotor nerve functions are significantly affected, an aneurysm is virtually excluded. The workup of a patient with a pupil-involving oculomotor nerve palsy includes an emergency MRI scan to exclude a large pituitary tumor that might have invaded the cavernous sinus and compressed the oculomotor nerve. If the MRI scan is unrevealing, a selective carotid arteriogram is indicated to rule out an aneurysm. A pupil-involving oculomotor nerve palsy is treated as an emergency because of the likelihood of an intracranial aneurysm.

The traditional teaching concerning pupillary involvement in compressive oculomotor nerve palsies is that external compressive lesions preferentially involve the pupillomotor fibers which run in the periphery of the nerve, while microvascular palsies preferentially involve the fibers furthest from the blood supply (those fibers to the extraocular muscles riding in the center of the nerve).

Tonic Pupil (Adie's Syndrome)

Adie's syndrome is seen most often in women (70%). It occurs in young adults (20-40 years of age) and is most often unilateral. The pupil is dilated and reacts extremely poorly to light and only slightly better to near stimuli. The characteristic finding on careful examination is segmental palsy of the iris sphincter muscle. Close observation may reveal vermiform undulations of the iris which occur even in the absence of light stimulation. The pupil redilates very slowly after near effort. The etiology is most often unknown; the localization of the lesion is in the post-ciliary ganglion pathway. It is a benign condition. The "syndrome" also includes diminished deep tendon reflexes. The pupil in Adie's syndrome is supersensitive to topical parasympathomimetics and the diagnosis can be confirmed by demonstrating pupillary constriction with dilute (1/8%) pi-

locarpine (a cholinergic agent typically used to treat glaucoma).

Sympathetic System

Horner's Syndrome

A lesion anywhere along the oculosympathetic pathway results in a Horner's syndrome.⁵ The clinical signs include miosis of the affected pupil which is more pronounced in dim illumination and ptosis that is usually 3mm or less due to involvement of the sympathetic control of the muscle of Müller in the upper eyelid. Painful stimuli or sudden loud noises can increase the anisocoria. Anhidrosis occurs only if the lesion occurs proximal to the bifurcation of the common carotid artery, where the sudomotor fibers split from the pupillomotor fibers. Thus, facial anhidrosis localizes the lesion to the preganglionic pathway. Enophthalmos is apparent only and due to the ptosis, as well as some elevation of the lower eyelid.

While the clinical presentation of a Horner's syndrome is usually sufficient to make the diagnosis, on occasion pharmacological confirmation is necessary. Instillation of cocaine 4-10% blocks the reuptake of norepinephrine at the neuromuscular junction of the iris dilator muscle. In the normal patient, this will cause the pupil to dilate but in a Horner's syndrome the pupil will not dilate due to the lack of norepinephrine at the synapse.

Localization of the lesion in Horner's syndrome is possible with topical hydroxyamphetamine 1%, which releases norepinephrine from the presynaptic terminal and causes pupillary dilation. In order for hydroxyamphetamine to work, the third order (postganglionic) neuron must be intact. Thus, in a patient with Horner's syndrome, pupillary dilation with hydroxyamphetamine implies an intact third

order neuron and therefore a preganglionic lesion. If the pupil does not dilate well to hydroxyamphetamine, the lesion is postganglionic.

The importance of localizing the lesion in Horner's syndrome lies in the difference in the differential diagnosis of first, second, and third order lesions (Table 3). First order neuron lesions include CNS and upper cervical cord problems (stroke, tumor, disk disease) and are accompanied by other significant neurological problems. Second order neuron lesions include apical lung tumors (Pancoast tumors) and chest trauma. A patient

Table 3

Causes of Horner's Syndrome

First order neuron

Stroke (lateral medullary syndrome of Wallenberg)

Tumors

Syringomyelia

Cervical disk disease

Second order neuron

Apical lung tumor (Pancoast tumor)

Brachial plexopathy

Thoracic aortic aneurysm

Chest surgery

Third order neuron

Neck tumors

Carotid artery surgery

Carotid artery dissection

with a Horner's syndrome and arm pain must be evaluated for apical lung or mediastinal tumors. Postganglionic (third order neuron) lesions include neck tumors or trauma and carotid artery dissection. Most isolated postganglionic Horner's syndromes are benign and do not require further evaluation.

In a young child, the presence of a Horner's syndrome is considered more ominous. A Horner's syndrome in the pediatric population might signal the presence of a neuroblastoma, as well as leukemia or lymphoma.

Miscellaneous Pupillary Abnormalities

Argyll Robertson Pupils

In 1869 Argyll Robertson published two papers reporting pupillary abnormalities in patients with tabes dorsalis. The characteristic abnormalities were: (1) the retina was sensitive to light (the patient had good vision); (2) the pupil did not respond to light; (3) there was normal pupillary constriction on near effort; (4) the pupils were very small (less than 2mm); and (5) the pupils constricted further to physostigmine but dilated poorly with atropine. Thus, light-near dissociation is the hallmark of Argyll Robertson pupils. In the vast majority of cases, Argyll Robertson pupils are bilateral.

Light-near dissociation is also seen in the dorsal midbrain (Parinaud's) syndrome, in which case the pupils are larger (4-5mm), as well as diabetes and chronic alcoholism.

Unilateral Pupillary Dilation

As mentioned previously, isolated pupillary dilation is a very uncommon presentation of an oculomotor nerve palsy. Other possible causes include seizure disorders and migraine.

Another relatively common cause of an isolated fixed and dilated pupil is inadvertent (or otherwise) instillation of atropinic agents in the eye. This problem particularly plagues ophthalmic assistants, nurses, and other healthcare workers. Typically, a young woman presents with an isolated unilateral fixed and dilated pupil complaining of a headache. The absence of supersensitivity to dilute (1/8%) pilocarpine helps rule out an Adie's syndrome; lack of response to more concentrated (1%) pilocarpine excludes an oculomotor nerve palsy and confirms atropinization (Figure 1).

Simple Anisocoria

Simple (physiological) anisocoria is the most common cause of a relative difference in the size of the pupils. In fact, most individuals have some degree of pupillary irregularity at one time or another. The difference is typically less than 1mm and the amount can vary from day to day. The anisocoria



Figure 1. Pharmacologically dilated pupil. A 27-year-old ophthalmic assistant presented with headache and markedly dilated and fixed right pupil. Pilocarpine 1/8% did not constrict either pupil, suggesting that an Adie's syndrome was not the cause. After instillation of pilocarpine 1% in both eyes (above), the left pupil constricted, but the right pupil did not change in size. The diagnosis of a pharmacologically dilated pupil was established.

may be greater in the dark, but is most often constant under various illumination levels. In contrast to most other pupillary abnormalities, the pupillary light and near reflexes are normal and ocular motility is full. It is more common with advancing age and can be confused with Horner's syndrome when a concomitant senile ptosis is present. Topical cocaine testing differentiates a pseudo-Horner's syndrome from true oculosympathetic paresis.

Conclusion

Evaluation of the pupils should be part of any complete physical examination. Normal pupillary function depends on the integrity of a variety of structures including the second and third cranial nerves, as well as mesencephalic nuclei. Anisocoria can be a presenting sign of a life-threatening emergency. Armed with a basic understanding of the neuroanatomy of pupillary regulation, the clinician is able to diagnose and further evaluate most clinically significant pupillary abnormalities. □

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Fractures of the Orbit

Virtually all cases of head and mid-face trauma have potential ocular or neuro-ophthalmic sequelae. Once stabilized, these patients' visual and ocular symptoms often are their most significant concerns. The ophthalmologist must therefore assume an active role in their management. When facial fractures involve the orbit, ophthalmic considerations are central to the timing and scope of intervention. The indications for surgery are often substantially ocular and depend on the preoperative, intraoperative and postoperative assessment of the eyes.

The bones and soft tissues of the midface have evolved to support and protect the globe and its central nervous system connections. As with any good frame design they function both as a shield and, when their structural integrity is exceeded, as a mechanism to absorb the force of impact. Thus by anatomical design orbital fractures occur in fairly predictable patterns.

Evaluation of the Head Trauma Patient With Orbital Fractures

Given the proximity of the orbit to the airways, jaw, and intracranial space, an evaluation of a patient with orbital trauma includes a complete ocular, neurologic and facial assessment. Globe perforation and injury to the anterior segment, retina, optic nerve and ocular adnexal structures can occur directly from the impact or from bone fragments. Inquiry as to symptoms and signs may turn up unrecognized injuries such as airway obstruction from pharyngeal hematomas, epistaxis from sinus injury, dental malocclusion and trismus from mandibular instability, rhinorrhea from dural tears, and flattening of the cheek or antimongoloid slant of the lateral canthus from zygomatic displacement.

Computed tomography scans are the standard of care today and should be obtained in cases of severe facial trauma or if there is a suspicion of fractures in order to identify completely all areas of injury. Specifying axial and coronal fine cuts of the bones in question (bone windows) will improve the sensitivity of a scan. In this age of CT, plain films are redundant. MRI does not visualize bones as well as CT.

Orbital Floor Fractures

For several decades the treatment of orbital floor fractures has been the subject of debate. Published reports on the subject of-

ten have reflected significant patient referral and selection bias and frequently lacked data supported by proper ophthalmologic evaluation. Applying conclusions from the literature therefore requires considerable scrutiny. To date no large prospective study has been organized.

Isolated floor fractures typically occur medial to the infraorbital bundle. Two mechanisms of fracturing have been proposed.^{1,2} The hydrostatic theory stated that increased pressure of the orbital contents from direct trauma causes a downward force on the thin orbital floor. Alternatively the buckling theory implicates floor buckling with subsequent fracture resulting from an impact to the inferior orbital rim. Since the thickness of the floor is 0.5mm and that of the medial wall only 0.25mm, any theory ought to explain the occurrence of isolated floor fractures with seemingly direct evenly applied force. Most evidence supports the latter theory,³ however, both mechanisms may occur clinically.

Such bony injury may damage the infra-orbital neurovascular bundle. Downward migration of the inferior rectus and oblique muscle complex into the maxillary sinus can occur, but the findings of entrapment result predominantly from displacement of the surrounding fat and connective tissue. These result in numbness in the V2 distribution, enophthalmos, hypoglobus, orbital pain and diplopia. Edema, hemorrhage and tissue emphysema from the injury are more likely to initially cause proptosis. Unless there is a large amount of tissue displaced, enophthalmos tends to be a later finding that develops over the ensuing weeks to months with progressive scarring and orbital fat atrophy. Similarly, forced ductions can be deceptively difficult to interpret early on and diplopia can result from nerve injury and self limited soft tissue swelling rather than frank entrapment. In short the severity of the initial findings on exam do not necessarily correlate with the severity of the fracture nor do they necessarily indicate which patients are operative candidates. The importance of a thorough initial eye exam is that it serves as a baseline with which to compare subsequent exams for evidence of progression.

In 1974 Putterman and Urist⁴ retrospectively looked at a series of floor fractures treated without surgery and found that although 50% had diplopia at their initial ex-

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amination, none had symptomatic diplopia or “cosmetically unacceptable” enophthalmos at six-month followup. They concluded that pure blowout fractures of the orbital floor were usually a self limited condition and should all be followed for six months before treating enophthalmos or diplopia.

Their opinion reflected the belief⁵ that surgery at this later time, once scarring had stabilized, would ensure proper implant sizing for the amount of enophthalmos and diplopia. Others had similarly questioned the indications for surgery to treat diplopia except in cases of severe fractures.^{6,7}

In contrast the observation that the late treatment of enophthalmos was

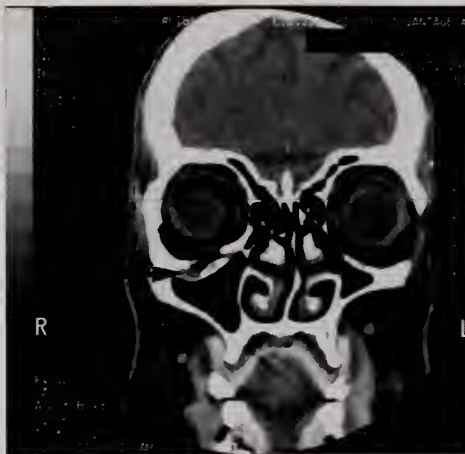


Figure 1a: CT scan showing a large orbital floor fracture with inferior soft tissue displacement into the maxillary sinus.

size. Their results indicated that prolonged observation and late surgical repair (> two months) yielded much less satisfactory results and contributed to debilitating diplopia and unacceptable enophthalmos.

Lastly they found that the dysesthesias from infraorbital nerve injury tend to resolve over the first post-operative year. The conclusions were that early enophthalmos is an indication for early intervention but its absence isn't predictive and that patients with a fracture large enough to create a risk for enophthalmos or with diplopia within 30° of primary gaze from orbital tissue entrapment benefit from early intervention.

In repairing a floor fracture the incision can be subciliary, or transconjunctival at the margin of the tarsus or in the inferior fornix. Cutting down to the orbital rim in either case can be done without violating the septum or entering orbital fat. A suture placed around the inferior rectus allows for its manipulation intraoperatively to confirm that tissue restriction is released. The fracture should be visualized to its most posterior extent. A transconjunctival approach provides the best exposure for visualization of the medial and lateral orbital walls as well. The transantral approach is now used only rarely as a means of elevating severely prolapsed tissue. A floor implant must be large enough to cover the defect and overlie stable bone. It should be thick enough particularly posteriorly to reduce enophthalmos but not to impinge on the muscle cone or optic nerve. A wide variety of implants have been utilized over the years including autogenous bone, allogenic sheets of dura and cartilage and alloplastic materials.¹² Bone plating undergoes unpredictable amounts of resorption. Allogenic tissues have a theoretical complication of infection when exposed to the open sinus; alloplasts such as gelatin film, silastic and supramid give good functional support but run the risk of extrusion and displacement. Bone substitutes such as polyethylene may prove useful to enhance orbital volume. As discussed below, plating systems can now provide a rigid scaffolding across larger fractures.

When performed by experienced orbital surgeons complications are uncommon but potentially catastrophic in that the involved eye often has normal acuity prior to surgery. A layered dissection rather than a direct skin incision over the orbital rim helps prevent complications from cicatricial vertical lid shortening and careful dissection avoids damage to entrapped structures. Implant extrusion can be minimized with proper fitting



Figure 1b: Upgaze is limited due to entrapment and displacement of the inferior tissues.

more difficult and less successful because of scarring and tissue atrophy led Smith and others to advocate “early treatment to minimize late complications.”^{1,7-9} Putterman subsequently modified his clinical approach so as to follow the patient until Hertel readings and motility had stabilized and then operate if still significantly symptomatic.¹⁰

Hawes and Dortzbach retrospectively looked at 51 floor fractures and divided them by the size of the fracture, volume of displaced tissue and time of repair.¹¹ A large fracture was taken as greater than half of the floor involved. The consideration of tissue volume was important because a seemingly small “trap-door” fracture could displace a disproportionately large amount of tissue. They found that none of their cases that presented early had enophthalmos, while 88% (7/8) of those presenting after two months had more than 2mm of enophthalmos, confirming that enophthalmos is not an early finding but rather a progressive condition. As had been suspected, patients with large fractures were most likely to develop enophthalmos. An additional finding was that diplopia in primary gaze that had not resolved within the first two weeks was less likely to resolve without surgery, although this could not be correlated with fracture

and fixation while using the smallest size possible. Blindness has been reported as a complication of floor fracture repair.¹³ This is thought to be from direct injury or vascular compromise of the optic nerve resulting from implant manipulation, excessive intraoperative retraction, orbital swelling and hemorrhage. An oversized or migrated implant can also compress neurovascular structures. It is prudent to estimate intraocular pressure at the time of closure with the implant in position.

Medial Wall Fractures

Medial wall fractures are less likely to be the cause of chronic enophthalmos and eye muscle entrapment. Nevertheless, in cases of unresolved symptoms following floor fracture repair, it is worth keeping in mind the estimate that one-third of floor fractures have associated medial wall fractures. These often go undetected without a careful review of the CT scan.

In the transcutaneous approach to medial wall fractures, care is taken when encountering the medial canthal tendon, lacrimal sac, trochlea and ethmoidal arteries.¹⁴ These fractures are generally more difficult to reduce with an implant because of the lack of bony support of the ethmoid air cells. As was mentioned they can be approached from a floor fracture incision as well.

Zygomatic Complex Fractures

The zygomatic bone and its articulations with the frontal, sphenoid, maxillary and temporal bones make up the zygomatic complex, fractures of which are the second most common facial fractures (second to those of the nose). The body of the zygoma is stronger than its neighbors and fractures infrequently.¹² Zygomatic complex fractures (ZCF) predictably involve: (1) a fracture from the inferior orbital fissure anteriorly through the floor and rim; (2) a fracture from the inferior orbital fissure through the maxilla and superiorly through the zygomatic buttress of the maxilla; (3) along the zygomaticosphenoidal suture and often through the frontal articulation; and (4) through the temporal articulation usually 1cm posterior to the zygomaticotemporal suture. Instability of these fractures can cause facial deformity, masticatory impairment, ocular misalignment and sensory nerve dysfunction. Because of the muscle forces, particularly the masseter muscle, across the fracture lines, reduction of ZCFs

must be rigid. Furthermore repair should take place in a timely fashion before fibrosis and resorption of bone limits the opportunity for adequate stabilization.¹⁵

Methods of repair such as antral packing and wire fixation have now almost exclusively been replaced by bone plating with miniplate (1.6mm thick), and microplate (0.8mm thick) systems. These give superior three dimensional stability and faster bone healing.¹⁶ Plating systems now utilize compression plates to add a vector counterforce across a fracture line under tension and countersinking so that the screws are flush with the plate. They do not limit CT or MRI studies.

Titanium and Vitallium (a cobalt-chromium-molybdenum alloy) micromesh has been utilized to span large or multiple internal orbital wall fractures.^{17,18} These can be fixed to the orbital rim and autogenous or alloplastic materials placed over them. They appear to be well tolerated, do not extrude and are not associated with an increased risk for infection.

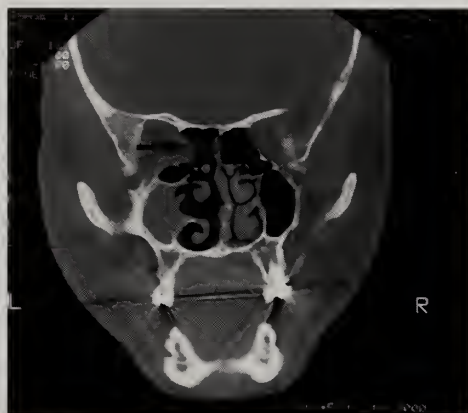
Three point fixation has been shown to achieve optimal rigid fixation in a complete zygomatic complex fracture.¹⁹ Fixation at the frontozygomatic site is the most important point of stability and can be approached through a brow or upper lid incision.^{12,15} A subciliary or transconjunctival incision exposes the inferior orbital rim and floor fractures which are typically present. Sometimes ZCF repair must be undertaken sooner than the indications for floor repair would advocate. The rim and floor are then explored, but repair should still follow the guidelines for isolated floor fractures since this does not affect the stability of the ZCF repair. An intraoral approach is used to plate the fracture of the zygomatic buttress. In less severe fractures two point fixation or two point plus wire fixation may be adequate. Non-displaced fractures, isolated arch fractures or stable minimally displaced zygomatic fractures require no fixation or a closed reduction through a Gillies approach if they remain stable with followup.^{15,20,21}

Orbital Roof Fractures

The primary evaluation and management of orbital roof fractures must involve a neurosurgeon. Cerebral edema from bone fragments or from attempts to reduce the fracture can be life threatening. In addition, intracranial hemorrhage and meningitis are possible complications. The most significant orbital sequelae is persistent



Figure 2: CT of a medial wall fracture.



leakage of CSF causing proptosis. Fortunately this usually resolves spontaneously and can thus be followed. Orbital intervention may become necessary if involvement of the frontal or ethmoidal sinuses leads to mucopyocele formation or if bony fragments impinge on the levator/superior rectus complex.

Complex and Apical Fractures

Le Fort II fractures extend through the maxillary and nasal bones in a pyramidal configuration and by definition involve the orbital floors. Le Fort III fractures separate the maxilla from the cranial bones in a line extending through the medial and lateral orbital walls. These are approached through combinations of bicoronal flaps and techniques described above for zygomatic fractures. Intraorbital bone fragments have been associated with high impact injuries.²² Direct injury to orbital structures can result and the fragments should be removed. Orbital apex fractures involving the sphenoid bone can encroach on the structures of the optic canal and superior orbital fissure. In these instances a transcranial approach is the most efficacious but should be reserved for well defined cases of bony impingement.

Conclusions

In summary, as assessment of facial trauma has improved with CT scanning and with better techniques of rigid fixation of complicated fractures, surgeons have tended to be more aggressive in their management of patients with facial trauma. Clearly, severe cases need to be operated on early although only cases of orbital fractures where the globe or optic nerve are threatened require surgery within hours. More typically the situation permits time to observe with sequential eye exams including forced ductions and binocular diplopia visual fields. As the substantial amount of orbital edema dissipates over the first four to seven days, the accuracy of the exam improves, the more common and self-limiting causes of ocular symptoms begin to resolve, and indications for surgery become better defined. If marked improvement is observed during this time or the ensuing two weeks, surgery can be postponed. Evidence of optic nerve injury or unstable neurologic status may delay surgical intervention into the orbit even further.

Furthermore, although repair of an orbital fracture may prevent progression of enophthalmos, it is difficult to fully correct existing enophthalmos and even more difficult to completely correct diplopia even when the entrapped tissue can be released. Diplopia in gaze other than those that are functionally

important should therefore not be the sole indication for surgery. Adjustable extraocular muscle surgery delayed for at least six months may offer a more safe and simple alternative or adjunct procedure.

Particularly in chronic cases the expectations of the orbital surgeon and the patient need to be realistic. Nevertheless when indications for surgery exist, delay may lead to diminished success rates and an increased potential for complications. More specific criterion for orbital fracture management await future carefully designed clinical studies. □

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Orbital Infections

Abstract

The orbit, a bony cavity that contains the globe, the extraocular muscles, nerves, blood vessels and fat, is a closed space that is susceptible to infection. The reason for this susceptibility and the spectrum of clinical manifestations are related to the anatomical features of this region. The pathogenesis, clinical presentation, strategies for diagnosis, and management will be discussed. Prompt recognition and treatment may prevent blindness, intracranial complications and death.

Pathogenesis

Independent of the source of the infection, the anatomy of the periorbital region determines the pathogenesis. Direct spread from contiguous structures, hematogenous spread in septicemia, or implantation from external trauma can occur. Direct spread can arise from the sinuses, dental structures, lacrimal system or eyelids.^{1,2}

The orbit is composed of seven bones (Figure 1) that form the common walls of the orbit and paranasal sinuses. The ethmoid bone is particularly thin and porous, and presents little barrier to infection. Natural conduits include congenital defects and blood vessel foramina. The periosteum of these bones, known as the periorbita, and the orbital septum are important overlying structures that help to limit the spread of infection (Figure 2). The teeth are adjacent to the maxillary sinus; the lacrimal gland and ducts lie within a fossa in the lacrimal bone abutting the ethmoid sinus; and the lacrimal gland rests against the frontal sinus. The skin serves as an essential epithelial barrier.^{2,3}

The eyelid and orbit share a common vascular supply and drainage system. The superior and inferior ophthalmic veins pass through orbital fissures to the cavernous sinus. These valveless veins allow retrograde flow and hematogenous spread of infection from distant sites. In addition, anterograde spread to the cavernous sinus from superficial implantation or infection can occur.²⁻⁴

Spectrum of Disease

Orbital infections are often categorized by the extent of involvement. One widely used classification^{2,5,6} follows:

- Group I: Pre-septal Cellulitis
- Group II: Orbital Cellulitis

- Group III: Sub-periosteal Abscess
- Group IV: Orbital Abscess
- Group V: Cavernous Sinus Thrombosis

This simple classification, however, can be misleading:

1) The clinical presentation alone can be insufficient to classify the extent of disease (orbital imaging may be required),

2) Orderly progression from one stage to the next does not necessarily occur.^{1,5}

The clinical presentation, diagnostic evaluation and current management options will be discussed for each group.

Pre-Septal Cellulitis

Definition

Inflammatory edema confined to the eyelids (anterior to the orbital septum).

Clinical Presentation

Acute onset of swollen, tender and erythematous eyelids is classic. Lid swelling can be significant because of the loose attachment to the underlying structures and the compliant nature of the thin lid skin. The degree of swelling, however, is not predictive of infection severity or extent.^{1,2} Chemosis and injection of the conjunctiva are often present. Anterior abscess formation, a collection of purulence anterior to the septum, is possible. Fever, headache and a mildly elevated white blood cell count may occur. These signs, accompanied by malodorous breath, are suggestive of underlying sinus disease.^{3,4} By definition, orbital structures should not be involved. Extraocular motility and visual function should therefore be normal (Figure 3).

Diagnosis

The history should focus on potential risk factors: trauma, local infection, insect bites, rashes, recent upper respiratory infections and allergic exposure (Table 1). The latter is an important point of confusion—both type I and type IV allergic responses can result in inflammation and significant swelling of the eyelids. A history of antigenic exposure in conjunction with itching or eczematoid skin changes is suggestive of allergy. The associated swelling is often non-tender and very erythematous.⁶

Inspection of the lids and pressure over the lacrimal sac should be performed to determine if a local infection exists. Visual acuity, extraocular motility and position of

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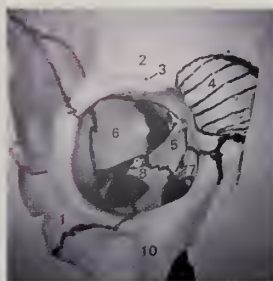


Figure 1: The Orbital Bones. Right Orbit. (1) zygomatic bone; (2) frontal bone; (3) superior orbital fissure; (4) frontal sinus; (5) ethmoid bone; (6) greater wing of the sphenoid; (7) lacrimal bone; (8) roof of maxillary sinus (darkened area represents very thin bone); (9) palatine bone; (10) maxilla.

Table 1

Preseptal Cellulitis Differential Diagnosis

Allergic:

- Type I (hypersensitivity)
 - pollen/animal hair
 - recurrent itching and swelling
- Type IV (cell-mediated)
 - eye drops/make-up
 - eczematoid skin changes

Edema secondary to infection elsewhere:

- Lacrimal sac: dacryocystitis
- Lacrimal gland: dacroadenitis
- Eyelids:
 - blepharitis
 - hordeolum
 - herpes zoster
 - erysipelas
- Conjunctiva: adenovirus

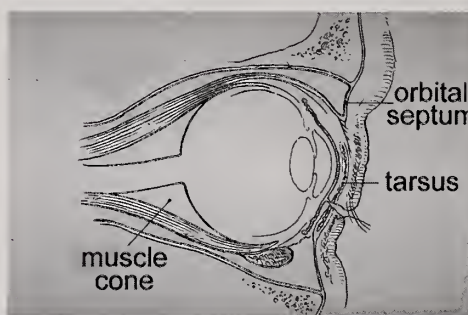
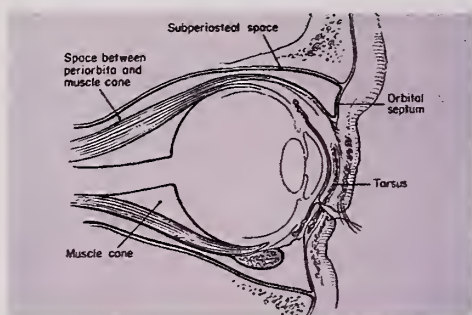


Figure 2: The orbit. Note the relationship of the orbital septum to other orbital contents.

Table 2

Orbital Cellulitis Differential Diagnosis

- 1) Thyroid-associated ophthalmopathy
- 2) Idiopathic orbital inflammatory syndrome
- 3) Rapidly progressive tumors (rhabdomyosarcoma, lymphoma, leukemia)
- 4) Ruptured dermoid cyst
- 5) Orbital trauma

the globes in the orbit should be documented and followed throughout therapy.

Cultures of the conjunctiva, lids, nasal mucosa and pharynx are not helpful and are frequently misleading. A "cellulitis aspirate" (normal saline infected and withdrawn from the involved area) is never indicated.^{2,5}

Although a complete history and careful eye exam is usually sufficient to determine the extent of infection, a CT scan is indicated if there is any suspicion of posterior extension (Figure 4).

Children, especially those less than four years of age, deserve careful attention. A complete white blood cell count with differential and computed tomography (CT) scans should be obtained. Blood cultures should be performed if the white count is elevated.

Table 3

Bacteriology of Cellulitis in Children

- Hemophilus Influenzae*
- Streptococcus Pneumoniae*
- Moraxella Catarrhalis*
- Staphylococcus Aureus*
- Streptococcus Pyogenes*

A white count greater than 15,000, particularly in a child with violaceous swelling and a high fever, should alert the physician to possibility of *H. Influenzae* infection. Infants should have lumbar punctures performed to rule out meningitis.⁷⁻¹⁰

Management

Children should be imaged, admitted and treated with intravenous antibiotics until significant improvement occurs (usually < 72 hours) and then treated with oral antibiotics for a total 10 day course of therapy.⁸⁻¹⁰ Adults can be managed as outpatients on oral antibiotics unless they are diabetic, immunocompromised or have an unusual source of infection.^{1,2,11}

Initial antibiotic therapy is directed against *B lactamase* producing gram positive organisms (Tables 3 and 4). Failure to improve within the first 24 hours of therapy implies posterior extension of infection, abscess formation or atypical infectious agent(s) (Table 6). The latter is beyond the scope of this brief overview.^{2,12} The former mandate imaging.

Orbital Cellulitis

Definition

Diffuse inflammation, edema and infiltration that extends posterior to the orbital

septum without discrete abscess formation.

Clinical Presentation

The hallmark of posterior extension is dysfunction of orbital structures. Infiltration of the fat and extraocular muscles causes proptosis and limitation of ocular motility (Figure 5).

Inflammation or secondary compression of the optic nerve can result in decreased vision, altered color perception, an afferent pupillary defect and visual field abnormalities. Fever and malaise are common at this stage.^{2,3,11}

Table 4

Bacteriology of Cellulitis in Adults

Preseptal:

- Staphylococcus Aureus*
- Group A *Streptococci*

Postseptal:

- Streptococci*
- Pneumococci*
- Bacteroides*
- Fusobacterium*
- Anaerobic Cocci

Trauma/Foreign Body:

- Staphylococcus Epidermis*



Figure 3a: Preseptal cellulitis secondary to allergic response.



Figure 3b: Preseptal cellulitis secondary to allergic response.



Figure 3c: Preseptal cellulitis secondary to chicken pox rash in a child.



Figure 3d: Preseptal cellulitis secondary to sinusitis with anterior abscess formation.

Diagnosis

The risk factors are the same as for preseptal cellulitis. Sinus infection is the most common inciting factor. Allergy is not a relevant consideration because allergic inflammation does not extend posterior to the orbital septum.^{3,5}

Orbital cellulitis is the leading cause of proptosis in children and the third leading cause in adults, behind thyroid-associated ophthalmopathy and idiopathic orbital inflammatory syndrome (Table 2). Although a complete history and eye examination can usually distinguish preseptal from postseptal involvement, early identification of an abscess is often difficult.^{2,3} Therefore, all patients with evidence of orbital involvement

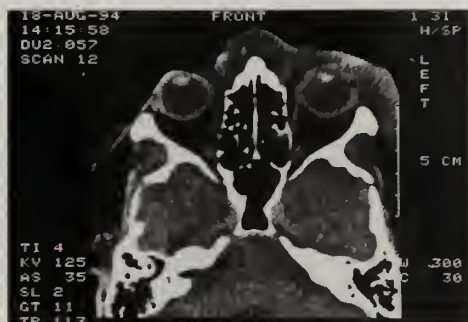


Figure 4: Axial view of CT scan demonstrating preseptal cellulitis.

Table 5

Antibiotic Recommendations

Oral

Adults: Augmentin 500mg TID x 10 days

Intavenous

Children: Cefuroxime (Zinacef)

100-200mg/kg divided TID x 10 days

Adults: Ampicillin/Sulbactam (Unasyn)

1.5-3gm QID x 10 days

should be imaged. The CT scan should include thin sections (2mm), coronal and axial views and bone windows (Figure 6).

Management

Prompt institution of intravenous antibiotic therapy is necessary. Single organism infections are thought to be more common in children less than 10 years of age (Table 3). Conversely, infections in older children and adults are more likely to be polymicrobial mixtures (Table 4).¹³ Infectious disease consultation should be pursued in difficult cases. Corticosteroids have no role in the management of orbital infections.^{1,6} A complete white blood cell count with differential and blood cultures should be obtained. Careful and frequent documentation of visual function should be performed. A team approach utilizing an internist/pediatrician, an ophthalmologist and an otolaryngologist is preferred.

Imaging should be repeated and surgical exploration performed if:

- 1) visual function deteriorates,
- 2) proptosis increases or becomes non-axial,
- 3) cranial III, IV, V or VI dysfunction develops,
- 4) mental status deteriorates,
- 5) a dental source is identified,
- 6) signs and symptoms fail to improve within 48 hours.

Subperiosteal Abscess

Definition

Collection of purulent material between a bony wall of the orbit (usually ethmoid) and the periorbital.

Table 6

Unusual Infections of the Orbit

Fungal

Mucormycosis
Aspergillosis

Bacterial

Pseudomonas
Pasteurella Multocida
Tuberculosis
Syphilis

Parasitic

Echinococcosis
Cysticercosis
Trichinosis



Figure 5a: Orbital cellulitis. Erythema, swelling and mechanical ptosis are evident.



5b: Orbital cellulitis. Note the proptosis.



Figure 6a: Axial view of orbital cellulitis concentrated in the superior orbit.

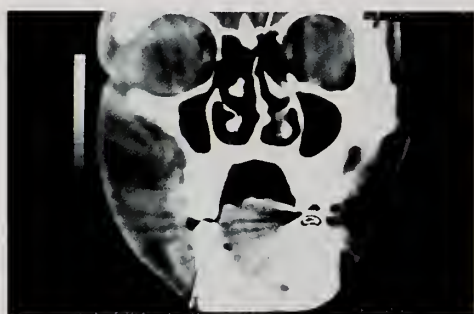
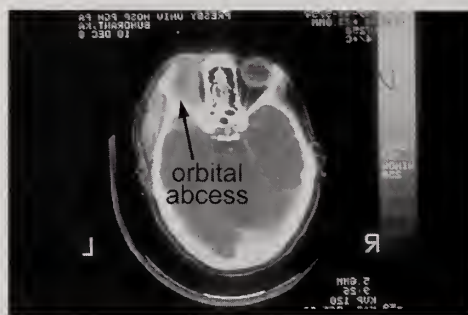


Figure 6b: Coronal view of same patient.



Diagnosis

A CT scan with contrast is indicated to delineate the extent of abscess formation (Figure 7). Ultrasound (B-scan) is very helpful in identification of an abscess and can be used to follow progress during treatment.^{2,6}

Management

Although some authors have suggested observation for small abscesses in young children,¹³ loculated purulence responds best to drainage. The sub-periosteal space is avascular and therefore the penetration of antibiotic is questionable. Abscess drainage and sinus obliteration (e.g., ethmoidectomy) in conjunction with appropriate intravenous antibiotics are

usually curative. Cultures should be obtained from the sinus and abscess contents and used to modify the initial empiric therapy.^{1,11}

Orbital Abscess

Definition

Collection of purulent material posterior to the orbital septum.

Clinical Presentation

The presentation overlaps with that of orbital cellulitis and subperiosteal abscess. An

Clinical Presentation

The presentation is similar to orbital cellulitis, however non-axial proptosis is often present due to a lateral and inferior displacement produced by the position of the abscess. Rapid progression of proptosis or limitation of eye movement in one direction is very suggestive of subperiosteal abscess expansion.^{11,13}



Figure 7a: Coronal view of subperiosteal abscess extending from the ethmoid sinus.

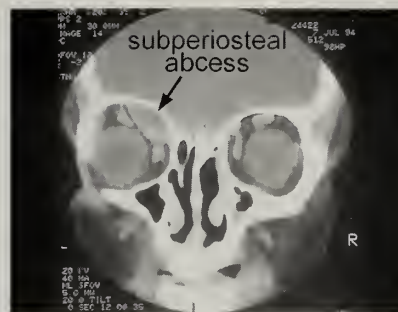


Figure 7b: Coronal view of subperiosteal abscess extending from the ethmoid sinus.

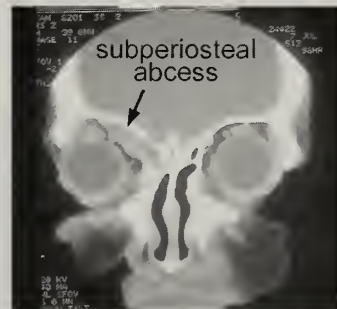
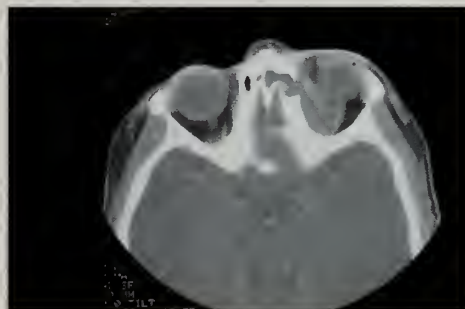


Figure 7c: Axial view demonstrating superomedial extent.



increase in proptosis, limitation of extraocular motility, decrease in visual function or failure to respond to appropriate intravenous antibiotic therapy suggests orbital abscess formation.

Diagnosis

An orbital abscess is most consistently identified by CT scan. B scan ultrasound is also effective in trained hands.^{1,6} Some abscesses, however, can only be confirmed during surgical exploration. Associated organic foreign bodies may require magnetic resonance imaging to be located.^{1,2}

Management

Surgical evacuation of the abscess cavity and obliteration of the offending sinus should be performed. Intravenous antibiotic therapy for seven to 10 days, followed by a 10 day course of oral antibiotics is required. A complete white blood cell count and blood cultures should be obtained and followed to monitor response to therapy. Cultures obtained at surgery should be used to modify initial antibiotic therapy. Failure to recognize and drain an abscess can result in in-

tracranial spread with epidural abscess formation or cavernous sinus thrombosis.¹⁻⁴ (Figure 8)

Cavernous Sinus Thrombosis

Definition

Extension of infection into the cavernous sinus usually resulting in thrombosis.

Clinical Presentation

Increasing headache, fever, nausea and emesis usually accompany mental status deterioration. Occasionally, the ocular findings will occur alone initially. Development of cranial nerve III, IV, V, or VI dysfunction in a patient with orbital cellulitis is worrisome.^{1,2} External ophthalmoplegia of the opposite eye may occur. Most ocular motility abnormalities in the setting of orbital cellulitis are due to inflammation and infiltration of the extraocular muscles. Distinguishing the restrictive, mechanical process from cranial nerve impairment can be difficult. The pattern of the motility disturbance should be observed and forced ductions performed. New pupillary abnormalities (CN

III), increasing ptosis (CN III) or corneal anesthesia (CN V) are helpful if present.

Diagnosis

Imaging is the best method to determine the degree of orbital and intracranial involvement. Both a CT scan with contrast and magnetic resonance imaging (MRI) with contrast are required to evaluate this ominous development (Figure 12).

Management

Urgent neurosurgical consultation should be obtained. Intravenous antibiotics, abscess drainage and sinus obliteration

should be performed emergently. Adequate hydration is essential. The prognosis is guarded in all cases. Adequate early treatment to prevent progression is preferable.

Conclusions

The spectrum of orbital infections has been outlined. The overlapping clinical presentations can create diagnostic dilemmas. Early involvement of appropriate specialists, especially in young children, diabetics and the immunocompromised, may preserve vision, prevent intracranial spread and avoid fatalities. □

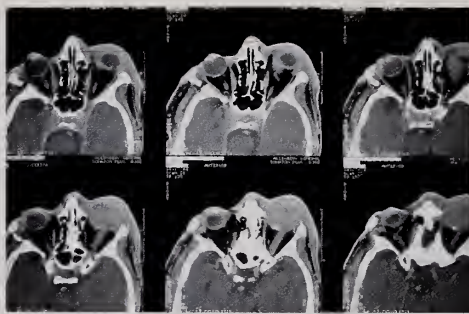


Figure 8a: Axial CT scan demonstrating extensive orbital cellulitis and abscess formation.

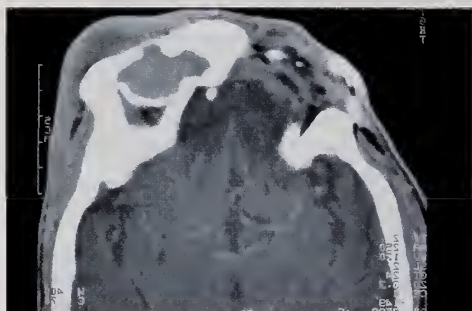


Figure 8b: Frontal sinus and intracranial extension (patient has had previous craniotomy an uninvolved side).

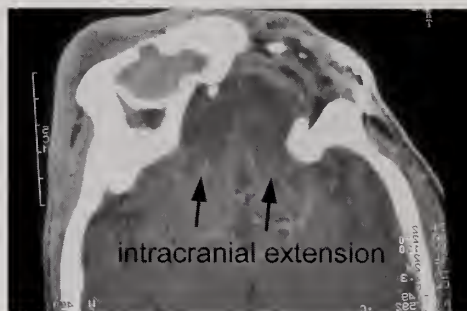


Figure 9: Axial CT scan demonstrates orbital apex involvement. An MRI would be indicated to evaluate intracranial extension and determine if cavernous sinus thrombosis is present.

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Thyroid Orbitopathy

Graves' disease is characterized by the triad: diffuse goiter with thyrotoxicosis, infiltrative orbitopathy, and infiltrative dermopathy. In the individual patient, these three phenomena may occur together or singly, and can run variable and independent courses. Although the prevalence of Graves' disease is uncertain, it has been estimated to occur in .4% of the population in the United States.¹ The Wickham survey in England demonstrated a prevalence of 1.9-2.7% in women and 0.16-0.23% in men, with an overall prevalence of 1.1-1.6% in the combined population.² The disease occurs most commonly in women between 25-45 years of age. The mean presenting age for thyroid disease and orbital disease has been reported to be 41 and 44 years respectively.³

The autoimmune nature of Graves' thyroid disease and orbitopathy is universally accepted; however, the specifics of the process have not been fully elucidated. Both arms of the immune system, i.e., humoral and cell mediated immunity, have been shown to be involved. Specifically, immunoglobulins of the IgG class have been implicated in being directed against the thyroid cell plasma membrane possibly including the TSH receptor. By binding to the plasma cell membrane they activate adenylate cyclase, initiating a series of reactions that leads to the glandular growth and secretion of thyroid hormone. This IgG protein was designated as long-acting thyroid stimulator (LATS) and is demonstrable in 50% of patients with active Graves' disease. Currently, multiple other IgG antibody clones have been demonstrated in patients with Graves' disease which interact with the thyroid gland in a myriad of ways.¹

Attempts to discover similar specific antibodies in orbital tissues have proven to be both difficult and controversial. Some authors maintain that Graves' thyroid disease and Graves' orbitopathy are different manifestations of a single immune process, while others find the thyroid and extraocular antigens to be unique from one another.⁴⁻⁶

Much attention also has been directed to studying the T-cell changes apparent in Graves' disease. Studies have shown a decrease in CD8 (T-suppressor/cytotoxic) cells with an increase in the CD4(T-helper/inducer cell):CD8 ratio in patients with untreated Graves' thyrotoxicosis.^{7,8} Pa-

tients who had achieved euthyroid status following radioactive iodine treatment or PTU treatment, or who remained thyrotoxic following PTU therapy tended to show a partial normalization of their lymphocyte population. Wilson et al⁹ further demonstrated that following radioactive iodine treatment for hyperthyroidism, those patients who subsequently became hypothyroid had a tendency to show a rise in serum anti-TSH antibody. This was felt to be due to the apparent fall in T-suppressor cell number.

Patients with Graves' ophthalmopathy exhibit a variety of changes in the CD4 and CD8 lymphocyte populations, with both increased or decreased CD4:CD8 ratios.¹⁰⁻¹⁴ Bizzarro et al¹³ showed that if the euthyroid Graves' ophthalmopathy had been present for less than three years, then the CD8 level was diminished and the CD4:CD8 ratio was elevated; conversely, if the ophthalmopathy had been present for more than five years, then both the CD8 level and CD4:CD8 ratio were normal. This change over time was thought to represent a loss in orbital muscle mass from the destructive inflammation, with the consequent loss in muscle antigen.

Immunologic changes are thought to diminish the active T-suppressor population, resulting in the abnormal proliferation of plasma cell clones which produce autoantibodies directed against extraocular muscles. Immune complexes bind to the extraocular muscles which turns on the inflammatory process. Lymphocytes, plasma cells, and mast cells are attracted to the involved area. Plasma cells mediate the release of mucopolysaccharides and collagen formation by fibroblasts within the extraocular muscles.¹ Extraocular muscle enlargement can result in orbital congestion with resultant venous engorgement, chemosis and apical optic nerve compression.

Heredity plays a role in Graves' orbitopathy. Population studies have shown an increased frequency of the disease in haplotypes HLA-B8 and HLA-DR3 in Whites, HLA-BW46 in Chinese, and HLA-BW35 in Japanese patients. Additionally, a higher concordance rate of Graves' disease is noted among monozygotic twins than dizygotic twins.

Several studies have linked smoking to increased severity of Graves' orbitopathy. Shine et al¹⁵ showed that increased smoking was associated with increased severity of or-

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Figure 1: Patient with thyroid orbitopathy presenting with severe proptosis and upper and lower eyelid retraction resulting in corneal exposure.

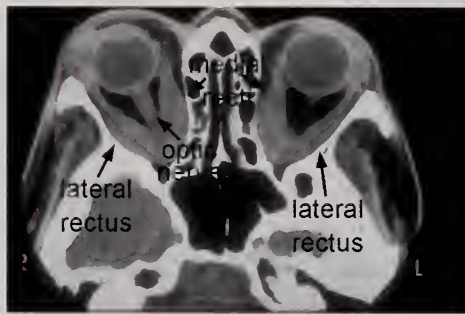


Figure 2: Axial CT scan demonstrating massive enlargement of both the medial and lateral recti resulting in optic nerve compression at the orbital apex.

bitopathy which he believed was possibly related to alterations in blood T-cell phenotypes and/or function. Prummel et al¹⁶ postulated that since smokers have been shown to have lower levels of T-suppressor lymphocyte activity and lower levels of immunosuppression, this results in less control of the naturally occurring clones of T-helper cells directed against thyroid and orbital antigens. Hughes et al¹⁷ showed that although moderate smoking is associated with a trend of increase in T-suppressor cells, these cells are impaired and less functional. Smoking is also known to increase production of acute phase reactants, complement components, anthracene derivatives and interleukin-1, as well as damage thyroid tissue directly by thiocyanates with release of thyroid autoantigens which can theoretically cross react with eye muscle antigens.¹⁵

The manifestations of Graves' disease include the following: nervousness, emotional

lability, tremor, weakness, fatigue, heat intolerance, sweating, dyspnea, palpitations, goiter, leg swelling, increased appetite, weight loss, and hair thinning.¹ The eye manifestations also are diverse and range from no signs or symptoms to complete loss of vision and tremendous facial disfigurement. The lids can be affected with swelling, lid retraction, lagophthalmos, and poor closure (Figure 1). When there is significant orbital infiltration and extraocular muscle enlargement, proptosis occurs, and corneal exposure may ensue. Muscle involvement

with restriction of motility can result in diplopia. CT scanning may demonstrate a thickening of the involved muscles. Most commonly the inferior and medial recti are involved, with resultant restriction of elevation and abduction. Posterior enlargement of the extraocular muscles at the orbital apex may compromise blood

flow and compress the optic nerve, resulting in an optic neuropathy which can be irreversible.^{3,18-21} (Figures 2 and 3)

The ophthalmic evaluation of patients with Graves' orbitopathy should include a complete ocular exam with special attention to measurement of proptosis, eyelid and corneal evaluation, motility and optic nerve functions. Color vision and field testing are very helpful in the diagnosis of early optic neuropathy. Elevation of intraocular pressure on upgaze can confirm inferior rectus restriction. CT scanning and MRI demonstrate the extent of the muscle enlargement and optic nerve compression, and are essential prior to decompressive surgery.

Reviews in the literature have noted that orbitopathy develops in 20-50% of all patients with Graves' thyroid disease.¹⁸⁻²⁰ This association may even be stronger if sensitive imaging techniques such as orbital ultrasonography and computerized tomography are employed.¹⁸⁻²⁰ Approximately 85% of

those who develop overt orbitopathy do so within 18 months of diagnosis of the thyroid disease.¹⁸⁻¹⁹ Tallstedt et al demonstrated a two to three times greater risk of developing orbitopathy when the thyroid disease was managed with radioactive iodine treatment as opposed to surgical or medical treatment.²² Fernandez et al reported a more significant

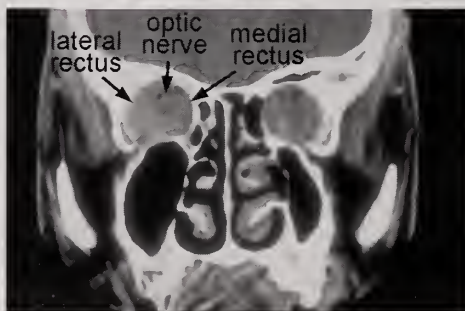


Figure 3: Coronal CT scan of the same patient as shown in Figure 2 demonstrating marked enlargement of the medial, inferior and lateral muscles resulting in congestion at the orbital apex.

improvement in the orbitopathy findings 12 months following a subtotal thyroidectomy compared to radioactive iodine treatment.²³

Management of the orbitopathy is greatly palliative and is performed to minimize pain, loss of vision, and disfigurement. The treatment armamentarium consists of observation alone, lubrication for corneal protection, steroids, radiation and surgery. When the patient is comfortable and demonstrates no evidence of corneal or optic nerve involvement, observation alone is necessary. Mild to moderate corneal involvement can be treated with lubricants and/or taping the eyelids at night. Severe corneal involvement may necessitate a bandage contact lens, tarsorrhaphy or decompressive surgery.

Acute inflammation, optic nerve compression or diplopia can be managed with either steroids or orbital radiation. Studies have compared these two alternatives. Prummel et al²⁴ reports in his study comparable results in 28 patients six months following initial treatment with either steroid or radiation treatment. The steroid treatment consisted of oral prednisone beginning with 60mg QD and tapering over a three-month period. The orbital radiation consisted of 10 sessions totaling 2000 cGy. The disadvantages of steroid use were the numerous side effects including weight gain, depression, zoster recurrence, hypertension, gastritis, hirsutism, behavioral changes, and cushingoid facies. The only side effects associated with orbital radiation consisted of mild weight gain, gastritis, and transient hair loss at the temples; however, there remains the risk of possible future malignancies at the radiated site. Lloyd et al reported that 33 of 36 patients who were treated with orbital radiation (2000 cGy) were improved and stabilized; the remaining three patients required further immunosuppression.²⁵ Kao et al²⁶ reported no appreciable difference apparent with CT imaging of extraocular muscles one year following radiation treatment compared to no radiation treatment. Once the disease is stabilized—whether by itself, with radiation therapy, or steroids—surgical rehabilitation can proceed. Except for cases of acute visual loss secondary to optic nerve compression not responsive to steroids, surgery is rarely done in the evolving inflammatory stages of the disease.

Patients with thyroid orbitopathy can be divided into those with proptosis, lid retraction, periorbital swelling and good motility



Figure 4: Pre-operative photo of a patient with thyroid orbitopathy presenting with proptosis and lower lid retraction resulting in corneal exposure.



Figure 5: Same patient as shown in Figure 4 following an anterior bony decompression through the inferior fornix and recession of lower lid retractors.

with no restrictive myopathy (Type 1) versus those with severe extraocular muscle involvement leading to chemosis, diplopia and optic nerve compression (Type 2). Unlike women, men rarely develop thyroid orbitopathy; however, if they do they usually fall within the Type 2 group. Both groups of patients have an acute phase which lasts three to 12 months and can occasionally recur. Once the disease has stabilized, residual proptosis, diplopia, and eyelid retraction persist in some degree due to cicatricial changes.

Surgical rehabilitation needs to be individualized to each patient and performed in a staged manner. If decompression is necessary it should be done first, followed by muscle and then eyelid surgery. The extent of decompressive surgery can range from fat removal to anterior or apical posterior bone removal. The larger and more posterior the decompression the more likely the complications of diplopia and visual loss. Indications for orbital decompression include proptosis with corneal decompensation and facial disfigurement, severe lower eyelid retraction, subluxation of the globe and optic nerve compression.

Historically, each of the four walls that surround the globe have been removed, performing an orbital decompression.²⁷⁻³³ The two-wall decompression, either through the lower fornix or the transantral Caldwell-Luc approach, are most commonly done. The removal of the lateral wall allows additional expansion. The four-wall decompression of Kennerdell-Maroon is reserved for severe exophthalmos.

A fatty decompression is indicated for minimal proptosis and involves extensive removal of orbital fat through lower and upper eyelid approach.^{34,35} This can be done under local anesthesia and does not involve bony removal. Extraocular motility is not usually affected. An anterior bony decompression is usually performed through an inferior fornix approach. It is indicated for moderate proptosis without optic nerve compression and can be combined with resection of the lateral wall for greater reduction of exophthalmos (Figures 4 and 5). The inferior fornix approach offers good visualization of the anterior orbital floor, including the infra-orbital nerve. Lid surgery can be done at the same time, including lid tightening, skin removal, recession of retractors and excision of anteriorly prolapsed fat. The disadvantages of this approach are poor visualization

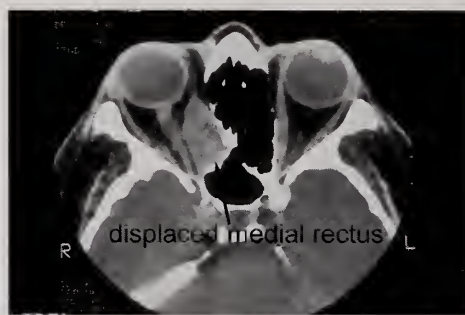
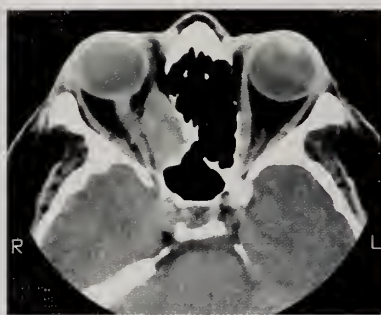


Figure 6: An oxil CT scan demonstrating a posterior medial bony decompression with displacement of the medial rectus into the ethmoid sinus.

posteriorly and medially; retraction of the globe increases orbital pressure; and if the opening lid incision is not closed properly eyelid malpositions can result, with scar formation and poor eyelid closure. The posterior medial wall orbital decompression through a Caldwell Luc approach is indicated for severe proptosis, especially if optic nerve compression is present (Figure 6). The advantages of this approach are good visualization of the posterior medial wall, no traction on the orbital contents, and minimal post-operative orbital and eyelid swelling. The disadvantages include poor visualization of the anterior orbital floor, lower eyelid malpositions must be corrected separately, greater risk of post operative sinus infections and oro-sinus fistulas especially in patients with dentures. An endoscopic transnasal approach has recently been described and is particularly good for posterior medial wall decompression.³⁶

The risks of decompression surgery include blindness, hemorrhage, CSF leak, diplopia, lid abnormalities, asymmetry, and infraorbital nerve hypesthesia. A review of 428 patients at the Mayo Clinic who had undergone transantral decompressions showed an improvement in vision in 65% and a decrease in 12%. New diplopia was found in 64%, entropion in 9%, CSF leak in 3.5%, and significant blood loss requiring a transfusion in 2.5%. Three percent needed an additional decompressive surgery. The decision when to perform and the extent of decompressive surgery is a matter of con-

siderable debate. Some choose to operate only when the optic nerve is compromised and medical treatment has failed,³⁷ while others advocate cosmetic decompressions.³⁸ The benefits achieved and the side effects incurred must be carefully balanced for each patient, especially if a posterior decompression is contemplated.

The loss of elasticity and fibrosis of muscles, combined with scarring from decompressive surgery, can result in restrictive motility. It may be impossible to restore single vision in all fields of gaze and the goal of strabismus surgery is to allow the greatest range of fusion in both the primary and reading positions. Careful counseling of the patient in this regard cannot be overemphasized. The patient must be stable prior to proceeding with muscle surgery. Fresnel prisms and occlusion by patching or contact lens can be used while the motility is still evolving. Once the situation is stable recessions of the involved restricted muscles can be performed using adjustable sutures. Superior oblique tenectomies or tenotomies may be necessary in patients with intorsional diplopia and A pattern exotropia following large inferior rectus recessions.³⁹

Eyelid malpositions and malfunction can include lid retraction, entropion, ectropion, ptosis, lagophthalmos and poor lid closure. The lid deformities can be due to the disease itself; however, they also can be the result of decompressive and extraocular muscle surgery. Advancement of the capsulopalpebral head when doing large inferior rectus recessions minimizes postoperative lower lid retraction.⁴⁰ Decompressive surgery can improve lower eyelid retraction; however, it can make upper eyelid retraction worse. The recession of the fibrosed and shortened levator-Müller's muscle complex of the upper eyelid can be performed with or without

spacer material depending on the severity of the retraction. In contrast to the upper eyelid, where it is almost always possible to correct retraction without a spacer, the lower eyelid often needs spacer material such as cartilage, fascia, buccal mucosa or hard palate grafts in order to achieve good lid position. Good lid function and closure is imperative to corneal well-being and in

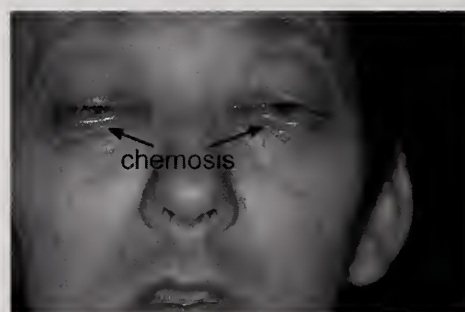


Figure 7: A patient presenting with acute orbital congestion, chemosis, inability to close the eyelids, and optic nerve compression secondary to thyroid orbitopathy. In addition to intravenous high dose steroids, this patient needed posterior orbital decompression to preserve vision.

certain situations when definitive treatment is not possible, a tarsorrhaphy can be performed to stabilize the situation.

In conclusion, Graves' orbitopathy poses difficult and challenging problems to the patient and treating physician. Its presentation and course are both complex and variable, so treatment considerations and approaches must be individualized. Steroids and radiation can be used to decrease the inflammatory response and can be especially helpful in cases of optic nerve compression. Surgical

decompression is acutely necessary in certain cases of severe orbital congestion, proptosis and optic nerve compression (Figure 7). Ideally, surgical rehabilitation should be postponed until the disease is stable and then performed in a staged manner with decompressive surgery first, followed by extraocular and eyelid surgery. The need for multiple procedures and their risks must be carefully explained to the Graves' patient prior to embarking on the long crusade towards surgical rehabilitation. □

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Management of Eyelid Lacerations

Eyelid and adnexal injuries may be isolated or accompany severe ocular or systemic injuries. Life-threatening injuries must be evaluated and treated with priority. Once involved, the primary concern of the ophthalmologist is assessment of the ocular system and protection of the eye. Visual acuity, as well as evaluation of the pupils, motility, cornea, anterior chamber, intraocular pressure, and fundus are mandatory. Once the patient's general health and ocular status is stable, evaluation and treatment of eyelid and adnexal injuries may proceed.

A careful history regarding the force and type of trauma is important. Appropriate radiologic evaluation for possible foreign bodies or fractures is appropriate. Primary repair of adnexal injuries is preferred, but repair may be delayed for days if systemic trauma, local tissue edema, hematoma, or infection precludes initial repair. Post-traumatic eyelid deformities may occur in any repair, but can be minimized with precise three-dimension closure of the wounds in horizontal, vertical, and anterior-posterior planes.¹ Removal of foreign material, replacement of avulsed tissue, and prevention of infection, helps yield the best functional and cosmetic results.

Surgical Anatomy

The eyelid's primary purpose is to provide protection to the globe. The eyelid must be able to move unrestricted constantly and lubricate the cornea from the secretions of tear producing glands, as well as close completely to prevent corneal exposure. The surgeon must possess a thorough knowledge of eyelid anatomy and physiology.^{2,3} The eyelids are complex and possess from four and up to seven layers, depending on the site. At the eyelid margin, from anterior to posterior, the skin, orbicularis muscle, tarsal plate, and conjunctiva are present. Above the upper lid crease, the skin, orbicularis muscle, orbital septum, orbital fat, levator aponeurosis, Müller's sympathetic muscle, and the conjunctiva are present (Figure 1).

The tarsus—a dense, fibrous tissue—forms the rigid structural framework of the posterior lamella of the lids. It runs 25mm in length and 10mm in height in the upper lid and 4mm in height in the lower lid. It is indirectly anchored to the medial and lateral orbital walls through its attachments to the pretarsal orbicularis muscles and their canthal

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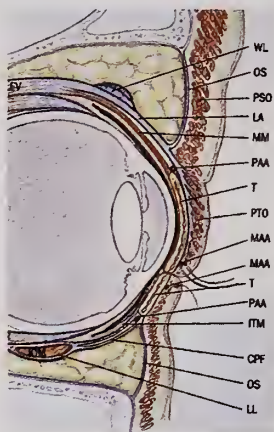


Figure 1: Cross-section of the eye. OS = orbital septum; PSO, PTO = preseptal and pretarsal orbicularis muscle; LA = levator aponeurosis; T = tarsus.

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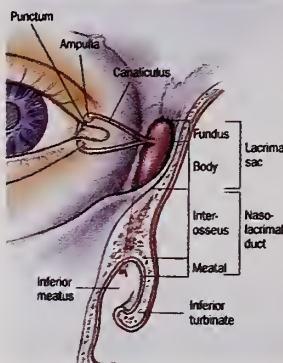


Figure 2: Lacrimal drainage system.

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tendons. Posteriorly the tarsus is firmly attached to the conjunctiva, giving it a smooth mucous membrane lining. Anteriorly, the tarsal portion of the eyelid is covered with the anterior lamella of the lid, the orbicularis muscle and thinnest skin of the body.

The eyelid margin contains several anatomic landmarks. The lashes arise from the anterior lamella and are the most anterior landmark of the margin. The gray line, visible in most patients, represents a small section of the orbicularis muscle, and separates the lamellae. The meibomian (sebaceous) glands of the tarsus open posterior to the grayline, while the mucocutaneous junction comprises the most posterior portion of the eyelid margin.

The medial one-sixth of the lid margin is specialized and contains the beginning of the lacrimal drainage system (Figure 2). The pretarsal and preseptal orbicularis muscles have superficial and deep heads which are important in the lacrimal pump system. The 0.3mm punctum are in the center of the elevated lacrimal papillae on the lid margin. This opens into the canaliculus, which courses 2mm vertically, dilates, then proceeds 8mm to the common canaliculus, then into the lacrimal sac. The canaliculus initially is very superficial along the lid margin, before traveling posterior to the superficial head of the medial canthal tendon.

The levator superioris palpebrae is the main retractor of the upper eyelid and is responsible for lid elevation. The aponeurotic portion of the muscle has multiple attachments to the tarsus and the orbicularis muscles. Above its fusion with the orbital septum, the preaponeurotic (central) fat pad separates the two and is an important landmark.

Eyelid Laceration Repair

Anesthesia

General endotracheal anesthesia is necessary in children, especially if a thorough evaluation of the globe cannot be performed. Local infiltration of 2% lidocaine with epinephrine is preferred for most isolated non-canalicular eyelid lacerations. Local infiltration may be undesirable in canalicular lacerations, as edema may interfere with the identification of the proximal lacerated epithelial opening.

Partial thickness lacerations

Even a minimal partial thickness skin laceration may be accompanied by an occult

foreign body or globe perforation. Suspicion is the key to proper diagnosis. Wound debridement should be kept to a minimum. The eyelid has excellent blood supply and usually allows preservation of apparently devitalized tissue. When simple lacerations of the skin and orbicularis muscle only are present, repair depends on the orientation and location of the injury. Contracture of the orbicularis will occur in vertical lacerations, creating tension, and may distort the wound, giving the appearance of tissue loss. Closure involves the placement of interrupted 6-0 nylon sutures or absorbable sutures in children. When tension is likely, sutures should be placed to create horizontal tension to decrease the possibility of later scarring with secondary lid margin or lid closure abnormality. A second layer of small, absorbable, horizontal interrupted sutures can be placed at the level of the orbicularis muscle.

Deeper, non-marginal eyelid lacerations require exploration. Deeper tissues must be examined for foreign bodies and anatomic landmarks. Copious saline irrigation is helpful. Severe injuries to the globe, extraocular muscles, and orbit are more likely, and must be ruled out. If yellow orbital fat is present, the orbital septum has been violated and deeper exploration is mandatory. The levator aponeurosis should be explored, preferably under local anesthesia. An eyelid crease incision may be necessary for proper exposure. If significant horizontal or tangential lacerations are present, they should be repaired with 5-0 polygalactin 910 (vicryl) interrupted sutures to avoid ptosis. Late repair is very difficult and often has less than ideal results. Lacerations of the orbital septum should not be sutured in order to avoid scarring and postoperative contracture, lid lag, and lagophthalmus with subsequent exposure keratopathy. In extensive injuries, excision of a portion of the eyelid septum may be appropriate.

Full thickness margin lacerations

Eyelid margin lacerations require precise suture placement and tension to avoid notches in the margin and secondary tearing and trichiasis. Many techniques have been described and work well. The most important principles include a meticulous margin closure that results in a moderate eversion of the well approximated wound edges, and elimi-

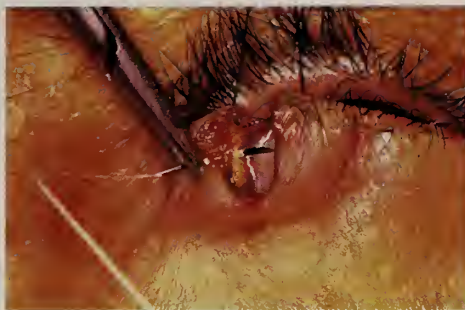


Figure 3a: Repair of eyelid margin laceration: the tarsal plate is opposed with vicryl sutures on spot-ulo needle.

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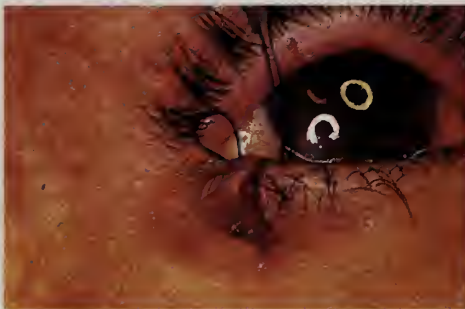


Figure 3b: Repair of eyelid laceration: a vertical mattress suture is passed through the tarsal plate of the meibomian gland orifices.

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Figure 4: Probing confirms a full thickness conolcular laceration.

nation of horizontal tension through secure tarsal repair. Scar contracture will flatten the lid margin during postoperative healing.

The tarsus should be closed first to avoid tension on the lid margin. A traction suture may be utilized through the grayline or lash line of each side of the laceration to place the lid on vertical traction to help judge alignment. Depending on the amount of tension, 4-0 to 6-0 vicryl sutures are placed through orbicularis muscle and two-thirds thickness of the tarsal plate, avoiding the posterior conjunctival surface (Figure 3). If a large amount of horizontal tension exists, a lateral canthotomy and possibly a cantholysis is performed with sharp dissection to release the lid's lateral bony attachment. The lateral canthal tendon is severed by a straight cut with scissors horizontally toward the orbital rim (canthotomy). The inferior or superior crus is then severed directly, allowing the lid to slide toward the medial canthus (cantholysis). The knots will be tied and cut on the anterior surface of the tarsus to avoid corneal irritation.

The eyelid margin is repaired with 5-0 or 6-0 silk or nylon in adults and vicryl in children. The purpose of the margin sutures are for contour, not for tensile strength. A suture is placed through the lash line. After it is tied, the ends are left long. A mattress suture is also placed near the meibomian gland orifices into the tarsus, which will evert the lid margin. This also is tied with long ends. An optional third margin suture may be utilized. The adjoining skin and muscle lacerations are then repaired as described above. The long ends of the lid margin sutures are incorporated into the two nearest skin sutures and then trimmed. The skin sutures are removed in five to seven days and the lid margin in 10 to 14 days.

Canalicular lacerations

Lacerations near the medial canthal angle or medial to the punctum demand evaluation of the lacrimal drainage apparatus and damage should be assumed until proven otherwise. Canalicular lacerations usually are avulsions of the lid, commonly seen in injuries where the eyelid is stretched against its fixed tendinous attachments such as falls and bites. The canalicular portion contains less connective tissue and is the weakest portion of the eyelid. The distal canaliculus is very superficial along

the lid margin and even trivial injuries may lacerate the canaliculus. Passing of a probe through the lacrimal punctum is mandatory to evaluate integrity of the canalicular system (Figure 4). Full thickness medial canthal injuries as a rule will involve a canalicular laceration.

Some controversy exists regarding the repair of an isolated upper lid canalicular laceration. Clinical and research studies have shown that the upper system is important in normal lacrimal drainage.⁵

The experienced surgeon will achieve greater than 90% functional success, and since most patients are in a young age group, repair of any upper or lower canalicular laceration is usually indicated. However, if the surgeon is not familiar with canalicular repair, or other injuries or factors preclude meticulous repair, it is best to do an adequate repair of the eyelid margin, since inadvertent damage may occur to the opposite or common canaliculus with aggressive exploration.

An operating microscope is helpful to locate the proximal cut edge of the canaliculus. The more medial the laceration, the more difficult the exploration. The distal cut end is easily identified by inserting a probe through the punctum. The proximal cut end is more difficult to locate and can usually be found with blunt dissection and retraction utilizing cotton swabs and forceps. The caruncle is gently retracted vertically to help expose the canaliculus in medial lacerations. The cut epithelial edge will appear white with rolled edges ("fish mouth") and be located deep to the medial canthal tendon when located close to the sac. Occasionally, fluorescein-stained viscoelastic may be irrigated through the opposite canaliculus and observed to locate the proximal cut end. Once located, the opening can be enlarged with a lacrimal dilator.

Intubation of a silicone stent is the standard of modern canalicular repair. The smooth surface of silicone allows for migration and epithelialization of the lacerated canalicular walls. Both monocanalicular and bicanalicular intubations are widely utilized. Monocanalicular stents allow repair of the laceration under local anesthesia, and is simpler to utilize since no nasal anatomy knowledge or manipulation is required. However, extrusion is more common and long-term success may not be as high as



Figure 5a: Complex canthal, canalicular, and eyelid laceration.



Figure 5b: Bicanalicular silicone intubation.



Figure 5c: Final appearance following medial canthal fixation, canthal reconstruction, and laceration repair.

with bicanalicular repair. Bicanalicular intubation requires more technical expertise and usually requires general anesthesia, but allows easier retention of the tube for many months, a high success rate, and is especially helpful in children. An end is passed through each canaliculus, into the lacrimal sac, down the nasolacrimal duct and retrieved under the inferior turbinate with a grooved director or small hemostat. The two ends are secured to each other. Once in place, gentle tightening will help place the lid in its anatomic position to plan the repair of the laceration (Figure 5).

Some surgeons utilize microscopic canalicular wall or pericanalicular sutures repair with 8-0 to 10-0 sutures. However, stable reapproximation of the eyelid and medial canthus is of greater importance. Eyelid fixation is imperative and will appose the silicone intubated canalicular ends together to allow epithelialization. Without proper and strong lid laceration repair, microscopic reapproximation of the canaliculus is futile. The anterior or posterior limbs of the medial canthal tendon, or both, may require repair. Periosteal fixation is mandatory to insure firm eyelid apposition to the globe, avoiding later ectropion and punctal malposition.

Extensive injuries

Primary closure of lid lacerations may not be possible. If canthotomy or cantholysis is insufficient, more complex eyelid reconstructive techniques may be required. The use of local flaps, especially laterally, may be necessary to allow closure of the anterior defect, while canthal fixation, periosteal flaps, or tarsal substitutes may be necessary to stabilize the posterior lamella. If non-marginal skin loss is present, sliding flaps, preferably with incisions placed in the eyelid crease or in a blepharoplasty configuration can be utilized. The use of extensive flaps should be minimized in acute trauma, especially in dirty wounds. Granulation should be monitored closely.

If extensive partial or full thickness eyelid avulsion is present, every effort should be made to retrieve the tissue from the scene of trauma. If not frankly necrotic, the tissue should be replaced (Figure 6). Layer by layer closure is performed, keeping in mind the three-dimensional relations of the layers of the lid, as well as its vascular components. The tissue will frequently survive because of the excellent vascularity of the lid. If the avulsed tissue is not available, complex reconstructive tech-

niques may be required. Flaps are usually preferred for initial coverage to allow lid closure, or even purposeful closure of the lids over the cornea may be necessary, with flaps or a tarsorrhaphy. Initial full thickness skin grafting is avoided. Later reconstruction is planned under controlled conditions and performed as an elective procedure.

Bites

Animal and human bites create tearing and crushing injuries. Margin lacerations, canthal avulsions, and canalicular lacerations are common. Serious facial and intracranial injury is possible, especially in infants, as hundreds of pounds per square inch of force are generated.⁶ Saline irrigation and early wound repair is desired. Standard tetanus or rabies considerations are appropriate.

Post-operative care

Topical antibiotic-steroid ointment prevents infection and softens exudate along wound edges and sutures. Systemic antibiotics are recommended for extensive or obviously contaminated wounds, human bites and in most dog bites. Beta-lactamase producing bacteria should be inhibited. A firm dressing is usually placed and a protective eye shield. Close monitoring is mandatory. The need and timing of secondary reconstruction is dependent on the corneal status, lid edema, residual inflammation, and wound contracture, as well as secondary exposure, ectropion, entropion, trichiasis, and distichiasis. □



Figures 6a and 6b: Seven-year-old with total eyelid avulsion secondary to dog bite.

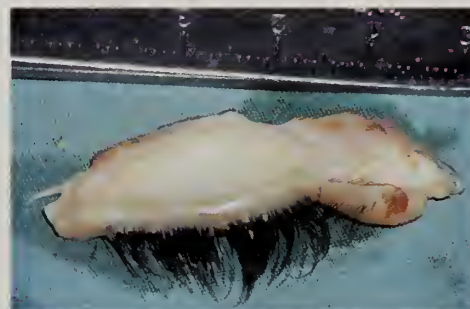


Figure 6c: Eyelid repaired with layered reconstruction, bipedicle orbicularis muscle flap, and canthal fixation.



Figure 6d: One month post-operative.

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Comments/Suggestions

The Pennsylvania Academy of Ophthalmology welcomes your comments and suggestions on
Current Concepts in Ophthalmology.

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The goal of this annual publication is to provide a helpful, clinical update on ophthalmology to non-ophthalmologists.
Please give us your comments and suggestions.

Overall:

- ☐ I found the publication helpful.
- ☐ I found the publication interesting, but not really applicable to my specialty.
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- _____
- _____
- _____

Specifics:

- | | | |
|--|------------------------------|-----------------------------|
| The articles were well-written. | ☐ Yes | ☐ No |
| The information contained in the articles was clinically useful. | ☐ Yes | ☐ No |
| I intend to keep the publication for reference. | ☐ Yes | ☐ No |
| I will pass it along to colleagues. | ☐ Yes | ☐ No |
| I am interested in receiving future issues. | ☐ Yes | ☐ No |

Suggested topics for future issues:

Comments:

The editors of PENNSYLVANIA MEDICINE are anxious to hear your comments on *Current Concepts in Ophthalmology* as a supplement to your State Society's publication. Write to:

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